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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NEVADA COUNCIL ON PROBLEM GAMBLING		D Employer identification number 88-0206247
Address change				E Telephone number (702) 369-9740
Name change		Number and street (or P. O. box, if mail is not delivered to street address) 4340 S VALLEY VIEW BLVD 220 ROOM/SUITE 220		
Initial return		Room/suite		
Terminated		City or town, state or country, and ZIP + 4 LAS VEGAS, NV 89103		F Group Exemption Number
Amended return				
Application pending				

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

**G Accounting method** ☐ Cash ☒ Accrual  
 Other (specify) ▶

<b>I Website:</b> <u>WWW.NEVADACOUNCIL.ORG</u>		<b>H Check</b> <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		



**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	446,449
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<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	214,080
	2	Program service revenue including government fees and contracts . . . . .	2	115,424
	3	Membership dues and assessments . . . . .	3	112,000
	4	Investment income . . . . .	4	4,945
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	6a	
	b	Less direct expenses other than fundraising expenses . . . . .	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	b	Less cost of goods sold . . . . .	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe <input type="checkbox"/> _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	446,449	
Expenses	10	Grants and similar amounts paid (attach schedule) <input type="checkbox"/>	10	5,000
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	226,164
	13	Professional fees and other payments to independent contractors . . . . .	13	23,378
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	101,426
	15	Printing, publications, postage, and shipping . . . . .	15	3,600
	16	Other expenses (describe <input type="checkbox"/> _____)	16	116,298
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	475,866
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-29,417
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	470,314
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>	20	-1,198
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	439,699

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	459,160	<b>22</b> 431,557
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe  )	68,569	<b>24</b> 95,244
<b>25</b>	<b>Total assets</b> . . . . .	527,729	<b>25</b> 526,801
<b>26</b>	<b>Total liabilities</b> (describe  )	57,415	<b>26</b> 87,102
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	470,314	<b>27</b> 439,699

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

Form **990-EZ** (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>CAROL O'HARE</u> Telephone no ▶ <u>(702) 369-9740</u> 4340 S VALLEY VIEW BLVD SUITE 220 Located at ▶ <u>LAS VEGAS, NV</u> ZIP + 4 ▶ <u>89103</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43	
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2010-12-31 Date
	CAROL O'HARE DIRECTOR Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	DIANNA RUSSO	Date	2011-01-17	Check if self-employed	<input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	HOULDSWORTH RUSSO & COMPANY PC 8675 S EASTERN AVE STE A LAS VEGAS, NV 891232839				EIN	
					Phone no	(702) 269-9992	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

SCHEDULE A

(Form 990 or 990EZ)

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 NEVADA COUNCIL ON PROBLEM GAMBLING	Employer identification number 88-0206247
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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 **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?  

(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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.")	197,312	280,345	302,586	313,260	324,801	1,418,304
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	197,312	280,345	302,586	313,260	324,801	1,418,304
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						1,418,304

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	197,312	9,621	302,586	313,260	324,801	1,418,304
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,358	9,621	14,374	7,570	4,945	45,868
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	3,642		526			4,168
11 Total support (Add lines 7 through 10)						1,468,340
12 Gross receipts from related activities, etc (See instructions )					12	842,406
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	96 590 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96 130 %
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 the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:




















EIN: 88-0206247

Name: NEVADA COUNCIL ON PROBLEM GAMBLING

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28</div> <div>PREVENTION &amp; OUTREACH COORDINATES STATEWIDE PREVENTION ACTIVITIES THROUGH COLLABORATIVE PARTNERSHIPS, COMMUNITY EVENTS AND MEDIA COMMUNICATIONS INCLUDES OUTREACH AND INFORMATION-SHARING TO MORE THAN 200 NEVADA AGENCIES AND ORGANIZATIONS SERVING SPECIAL POPULATIONS AND THE GENERAL PUBLIC, CREATION AND DISTRIBUTION OF PUBLIC SERVICE MESSAGES VIA INTERNET AND BROADCAST MEDIA OUTLETS, QUARTERLY NEWSLETTER DISTRIBUTION, PARTICIPATION IN LOCAL, STATE AND NATIONAL EVENTS INCLUDING HOMELESS CONNECT, RECOVERY MONTH, OLDER AMERICANS MONTH AND NATIONAL PROBLEM GAMBLING AWARENESS WEEK</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	149,992
<div>29</div> <div>WORKFORCE DEVELOPMENT PROVIDES CONTINUING EDUCATION FOR CLINICAL, LEGAL AND OTHER PROFESSIONALS PROVIDING SERVICES TO PROBLEM GAMBLERS AND THEIR FAMILIES INCLUDES HOSTING OF THE ANNUAL NEVADA STATE CONFERENCE ON PROBLEM GAMBLING, DEVELOPMENT AND PRODUCTION OF A LEGAL TOOLKIT TO SUPPORT TREATMENT DIVERSION PROGRAMS, PRESENTATIONS IN VARIOUS PROFESSIONAL SEMINARS AND WORKSHOPS RELATED TO PROBLEM GAMBLING ISSUES</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	120,344
<div>30</div> <div>HELPLINE PROVIDES 24 HOUR CONFIDENTIAL ACCESS TO INFORMATION AND ASSISTANCE FOR INDIVIDUALS AFFECTED BY PROBLEM GAMBLING TRAINED SPECIALISTS PROVIDE IMMEDIATE ASSISTANCE TO APPROXIMATELY 1400 CALLERS SEEKING HELP BY PHONE INCLUDES ONLINE RESOURCE DIRECTORY OF AVAILABLE SUPPORT GROUP AND TREATMENT PROGRAMS THROUGHOUT NEVADA, AND PRINTED RESOURCE MATERIALS SENT BY MAIL UPON REQUEST</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	58,299
<div>LITERATURE DISTRIBUTION PROVIDES LITERATURE TO EDUCATE THE PUBLIC ABOUT PROBLEM GAMBLING INCLUDES DISTRIBUTION OF OVER 190,000 BROCHURES AND MORE THAN 1,500 BOOKS AND PUBLICATIONS PUBLIC AWARENESS STRUCTURED PRESENTATIONS GIVEN TO EMPLOYEE GROUPS AND PUBLIC AUDIENCES PROVIDING BASIC UNDERSTANDING OF PROBLEM GAMBLING AND ITS IMPACT ON INDIVIDUALS, FAMILIES, WORKPLACE AND COMMUNITY INCLUDES TRAINING OF WORKPLACE AND COMMUNITY EDUCATORS TO FACILITATE PUBLIC AWARENESS PRESENTATIONS IN GROUP SETTINGS</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		65,628

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BO BERNHARD  4505 S MARYLAND PARKWAY BOX 455033 LAS VEGAS, NV 89154	DIRECTOR 0	0		
BILL BINGHAM  PO BOX 7700 LAS VEGAS, NV 89177	DIRECTOR 0	0		
ANTHONY CABOT  3933 HOWARD HUGHES PKWY STE 600 LAS VEGAS, NV 89169	DIRECTOR 0	0		
KEITH COPHER  3047 E WARM SPRINGS RD LAS VEGAS, NV 89120	DIRECTOR 0	0		
WILLIAM EADINGTON  UNIVERSITY OF NV RENO/025 RENO, NV 89557	VICE PRESIDE 0	0		
ALLEN FLAGG  1701 W CHARLESTON BLVD 480 LAS VEGAS, NV 89128	DIRECTOR 0	0		
JAMES HIPPLER  3315 E RUSSELL RD A-4 LAS VEGAS, NV 89120	DIRECTOR 0	0		
TOM JINGOLI  585 TRADE CENTER DR LAS VEGAS, NV 89119	DIRECTOR 0	0		
CONNIE JONES  1085 PALMS AIRPORT DR LAS VEGAS, NV 89119	DIRECTOR 0	0		
LAURIE MOSS  6161 W CHARLESTON BLVD LAS VEGAS, NV 89146	PRESIDENT 0	0		
CASS PALMER  3801 LAS VEGAS BLVD S LAS VEGAS, NV 89108	DIRECTOR 0	0		
JENNIFER SHATLEY  ONE CAESARS PALACE DR LAS VEGAS, NV 89109	TREASURER 0	0		
JANET THOMSON  4445 PETERSON DR LAS VEGAS, NV 89103	DIRECTOR 0	0		
GEORGE TOGLIATTI  3950 LAS VEGAS BLVD S LAS VEGAS, NV 89119	DIRECTOR 0	0		
MICHAEL TRAFICANTI  2645 S MOJAVE RD LAS VEGAS, NV 89121	DIRECTOR 0	0		
CAROL O'HARE  4340 S VALLEY VIEW 220 LAS VEGAS, NV 89103	EXEC DIR 0	80,000	2,395	
CAROL O'HARE  4340 S VALLEY VIEW 220 LAS VEGAS, NV 89103	EXEC DIR 0	0		
CAROL O'HARE  4340 S VALLEY VIEW 220 LAS VEGAS, NV 89103	EXEC DIR 0	0		
CAROL O'HARE  4340 S VALLEY VIEW 220 LAS VEGAS, NV 89103	EXEC DIR 0	0		

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service

See separate instructions. Attach to your tax return.

Name(s) shown on return NEVADA COUNCIL ON PROBLEM GAMBLING	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 88-0206247
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount See 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	
6			
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 instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	6,328

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	
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 2008 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	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

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	6,328
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

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

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

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25						
26 Property used more than 50% in a qualified business use														
			%											
			%											
			%											
27 Property used 50% or less in a qualified business use														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

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

**TY 2009 Compensation Explanation****Name:** NEVADA COUNCIL ON PROBLEM GAMBLING**EIN:** 88-0206247

Person Name	Explanation
BO BERNHARD	
BILL BINGHAM	
ANTHONY CABOT	
KEITH COPHER	
WILLIAM EADINGTON	
ALLEN FLAGG	
JAMES HIPPLER	
TOM JINGOLI	
CONNIE JONES	
LAURIE MOSS	
CASS PALMER	
JENNIFER SHATLEY	
JANET THOMSON	
GEORGE TOGLIATTI	
MICHAEL TRAFICANTI	
CAROL OHARE	
CAROL OHARE	
CAROL OHARE	
CAROL OHARE	

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** NEVADA COUNCIL ON PROBLEM GAMBLING**EIN:** 88-0206247

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	NATIONAL COUNCIL ON PROBLEM GAMBLING
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	AFFILIATE DUES
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

**TY 2009 Other Assets Schedule****Name:** NEVADA COUNCIL ON PROBLEM GAMBLING**EIN:** 88-0206247

Description	Beginning of Year Amount	End of Year Amount
GRANTS RECEIVABLE	19,584	57,187
ACCOUNTS RECEIVABLE	19,600	4,800
PREPAID EXPENSES AND DEFERRED CHARGES	12,600	12,567
FURNITURE & EQUIPMENT	46,902	57,236
LESS ACCUMULATED DEPRECIATION	35,139	41,467
LEASEHOLD IMPROVEMENTS	1,612	1,612
LESS ACCUMULATED DEPRECIATION	1,612	1,612
DEPOSITS AND POSTAGE METER	4,010	4,010
OTHER ASSETS	1,012	911
	68,569	95,244

TY 2009 Other Changes in Net Assets Schedule

**Name:** NEVADA COUNCIL ON PROBLEM GAMBLING

**EIN:** 88-0206247

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-1,198



TY 2009 Other Expenses Schedule

Name: NEVADA COUNCIL ON PROBLEM GAMBLING

EIN: 88-0206247

Description	Amount
EXPENSES	
ADVERTISING	758
ADVERTISING	19,900
TRAVEL	2,920
TRAVEL	1,912
TRAVEL	15
TRAVEL	47
TRAVEL	50
INTEREST	541
INTEREST	485
INTEREST	112
INTEREST	355
INTEREST	374
INSURANCE	660
INSURANCE	592
INSURANCE	137
INSURANCE	433
INSURANCE	455
SUPPLIES	10,323
SUPPLIES	8,482
SUPPLIES	733
SUPPLIES	2,383
SUPPLIES	2,443
ANSWERING SERVICES	36,853
LINE CHARGES	512
PRODUCT AND MATERIALS	1,099
PRODUCT AND MATERIALS	6,932
PRODUCT AND MATERIALS	110
PRODUCT AND MATERIALS	1,827
SCHOLARSHIP AWARDS	2,000

Description	Amount
COUNSELOR SUBSIDIES	855
SPECIAL PROJECTS	12,000

**TY 2009 Other Liabilities Schedule****Name:** NEVADA COUNCIL ON PROBLEM GAMBLING**EIN:** 88-0206247

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	15,679	20,381
DEFERRED REVENUE	38,260	59,813
CAPITAL LEASE	3,476	6,908
	57,415	87,102