



Carson City, A Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Home Health Services of Nevada, Inc.

Amount Requested: \$6,000.00

Contact Person: William J. Guisti

Mailing Address: 1810 Pinion Road

City: Elko State: Nevada Zip Code: 89801

Phone Number: 775-738-7178 E-mail: bguisti@citlink.net

501(c)3 Taxpayer I.D. Number: 88-0098964

Date Submitted: 2/12/2010

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2010-2011

Organization Information

1. What is the overall purpose or goal of your organization?
Providing care for the fail and elderly in their home so that they can stay in their home.
2. How long has your organization been in existence? 47 Years 8 Months
How long has your organization been in Carson City? 43 Years 8 Months
3. Describe in general the activities or services of your organization:
Skilled Nursing and Personal Care promoting favorable outcomes for our patients and clients.
4. How many people do you intend to serve during this Fiscal Year 2010-2011?
of Youth _____ # of Adults _____ # of Seniors 2,146
5. How many people served this Fiscal Year 2010-2011 will be Carson City residents?
of Youth _____ # of Adults _____ # of Seniors 325
6. How many paid employees/volunteers does your organization employ?
of full-time employees 7 # of part-time employees 15 All employees in Carson
7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 8% As Required in Grant
8. Describe how your organization is managed and governed (i.e., Board of Directors).
Board of Directors, with appointed CEO \ Administrator
9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Bunny Hill,	Chair	775-289-3271
Susan Harrer,	Sec \ Treasurer	775-623-4314
Gretchen Greiner	Director	775-934-0587
Chuck Giordano	Director	775-859-0232

Program/Proposal Information

10. Amount of funds requested? \$ 6,000.00
11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

Title IIIb Carson Participatory Funds Grant, County share \$5,162.37, Indigent Care \$ 837.63, Personal Care Services for Carson County's Frail and Elderly. Home Health Services of Nevada has been providing these services to the community of Carson for 43 years, in participation with the County. There will be 30 to 35 elderly individuals who will receive this free (small optional donation). These clients will receive in excess of 2,100 hours of service throughout the fiscal year.

12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

A Healthy Community. Home Health Services of Nevada will provide Personal Care to Carson Residents as part of the Title IIIb program, monitored by the State of Nevada and Centers for Medicare and Medicaid Services. This is an annual grant, which begins on the 1st of July each year and terminates its ongoing period on the 30th of June.

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

Carson City's frail and elderly, who need personal care assistance to stay in their homes rather than in a long term care facility. These seniors benefit from such things as bathing assistance, meal preparation, housekeeping, shopping and medication reminders. Title IIIb is an on going program of the State of Nevada and Federal Government.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

Home Health Services of Nevada is the only company who has Title IIIb personal care funds in Carson City. Other Title IIIb funds are directed at the Carson Senior Center and Adult day care facilities.

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

16. Has your organization been funded by Carson City previously? Yes No

If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
05-06	\$6,000.00	Title IIIb and Indigent Care
06-07	\$6,000.00	Title IIIb and Indigent Care
07-08	\$5,400.00	Title IIIb and Indigent Care
08-09	\$5,400.00	Title IIIb and Indigent Care
09-10	\$6,000.00	Title IIIb and Indigent Care

Required Attachments:

- A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- **Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- Signed Guidelines for Grants (please keep a copy for your files).

**Home Health Services of Nevada
Carson Homemaking for County Grant**

<u>Account</u>	<u>7/1/2007 6/30/2008</u>	<u>7/1/2008 6/30/2009</u>
Homemaker Revenue	<u>\$ 290,400.18</u>	<u>\$ 267,374.12</u>
Expense:		
Homemaker	203,766.05	193,009.96
Homemaker Administration	60,646.86	73,540.95
Homemaker Administrative Allocation	19,226.64	12,791.56
	<u>283,639.55</u>	<u>279,342.47</u>
Net Income (Loss)	<u>\$ 6,760.63</u>	<u>\$ (11,968.35)</u>

2008/09
CARSON

GRANT AMOUNT: 23500
MONTHLY ALLOCATION: 1958.33

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	YTD
H. UNITS(15.00)	189.75	188.00	177.00	182.50	148.00	167.50	167.50	172.50	173.50	198.50	173.00	169.25	2087
BILLING TOTAL	2846.25	2520.00	2655.00	2737.50	2220.00	2512.50	2512.50	2587.50	2602.50	2977.50	2595.00	2538.75	31305.00
MONTHLY ALLOCATION	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	1958.33	
MONTHLY VARIANCE	887.92	561.67	696.67	779.17	261.67	554.17	554.17	629.17	644.17	1019.17	636.67	580.42	
CUMULATIVE VARIANCE	887.92	1449.58	2146.25	2925.42	3187.08	3741.25	4295.42	4924.58	5568.75	6587.92	7224.58	7805.00	

Annual Report
For Community Support Services Funding
Fiscal Year 2009-2010

Name of Organization: Home Health Services of Nevada, Inc.

Program/Project: Personal Care Services under Title IIIb Federal\State Grant with County Match

Amount of Funds Received \$ 6,000.00

Contact Person: William J. Guisti

Mailing Address: 1810 Pinion Road

City: Elko State: Nevada Zip Code: 89801

Phone Number: 775-738-7178 E-mail: bguisti@citlink.net

Date Submitted: 2/12/2010

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.

2. Evaluate your achievement of your program/proposal objectives listed in your application:

Home Health Services of Nevada was able to provide all of the Grant Hours of Personal Care Services to the residents of Carson City. Home Health Services of Nevada was able to provide this care while achieving exemplary surveys and audits from the State of Nevada's Title IIIb auditors.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

31 Individuals were assisted on an on going basis, which provided them with 2082 hours of service. These services allow the frail and elderly in Carson City to stay in their homes rather than being put in long term care facilities. Home Health Services of Nevada provide personal care in the areas of bathing assistance, meal preparation, shopping, grooming and light housekeeping.

4. What specific community benefit did your project provide Carson City?

Carson City's support with participatory funding for Home Health Services of Nevada's Title IIIb Grant Funds, kept the beneficiaries out of long term care facilities, which would cost all residents more money.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

The Title IIIb Grant is an ongoing effort of the State of Nevada Division of Aging Services and the Federal Government. While there maybe be some reduction in the total available funds, the amount for Carson City has remained stable for many years. Home Health Services of Nevada has a proven track record of delivering quality personal care services in Carson City.

6. Describe any challenges that impacted your program.

State Budget cuts have a negative impact on funding for personal care, although Federal Funding has remained stable.

Guidelines for Grants

Fiscal Year 2010-2011

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Healthy Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
9. Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on February 25, 2010**. An electronic pdf version may also be emailed to cceo@ci.carson-city.nv.us.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Home Health Services of Nevada, Title III b Grant
Name of Program


Project Director Signature

2/11/2010
Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@ci.carson-city.nv.us
www.carson-city.nv.us



DO - 94

**Internal Revenue Service
Washington, DC 20224**

Date: JUL 2 1974 | In reply refer to:
TIMS:EQ:R 2-5

Nevada Home Health Services, Inc.
P. O. Box 1141
Elko, Nevada 89801

Employer Identification Number: 88-0098964
Key District: San Francisco
Accounting Period Ending: June 30
Form 990 Required: Yes No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. This modifies our February 17, 1967, ruling holding you exempt under section 501(c)(4) of the Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

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

If your purposes, character, or method of operation is changed, you must let your key District Director know so he can consider the effect of the change

on your exempt status. Also, you must inform him of all changes in your name or address.

The block checked at the beginning of this letter shows whether you must file Form 990, Return of Organization Exempt From Income Tax. If the Yes box is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$5,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, for failure to file the return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key District Director of this action. Because this letter could help resolve any questions about your exempt status and your foundation status, please keep it in your permanent records.

Thank you for your cooperation.

Sincerely yours,



E. D. Coleman
Chief, Ruling Section 2
Exempt Organizations Branch



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>
1650 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 688-1295
Fax: (775) 688-1303

JIM GIBBONS
Governor
THOMAS R. SHEETS
Chair, Nevada Tax Commission
DINO DICIANNO
Executive Director

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

HENDERSON OFFICE
2550 Paseo Verde Parkway Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

December 31, 2007

Account Number: RCE-003-741

Exp date: December 31, 2012

HOME HEALTH SERVICES OF NEVADA, INC.
1810 PINION ROAD
ELKO NV 89801

Tax ID # 88-009896

Pursuant to NRS 372.3261 and related statutes, HOME HEALTH SERVICES OF NEVADA, INC. has been granted sales/use tax exempt status as a charitable organization. Direct purchases of tangible personal property made by HOME HEALTH SERVICES OF NEVADA, INC. are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

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

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

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

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

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

Dino DiCianno
Executive Director

FINANCIAL STATEMENTS AND ACCOUNTANTS' REVIEW REPORT

HOME HEALTH SERVICES OF NEVADA, INC.

June 30, 2009 and 2008

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Board of Directors
Home Health Services of Nevada, Inc.

We have reviewed the accompanying balance sheets of Home Health Services of Nevada, Inc. (a nonprofit organization) as of June 30, 2009, and 2008, and the related statements of operations, changes in net assets, and cash flows for the years then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of Home Health Services of Nevada, Inc.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

Our reviews were made for the purpose of expressing limited assurance that there are no material modifications that should be made to the financial statements in order for them to be in conformity with generally accepted accounting principles. The supplementary information included in the accompanying schedules is presented only for supplementary analysis purposes. Such information has been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, and we are not aware of any material modifications that should be made thereto.

McMullen, McPhee & Company LLC

Elko, Nevada
November 6, 2009

Home Health Services of Nevada, Inc.

BALANCE SHEETS

June 30,

(See Accountants' Review Report)

ASSETS

	<u>2009</u>	<u>2008</u>
Current Assets		
Cash	\$ 75,427	\$ -
Accounts receivable, net of allowance for doubtful accounts and and contractual allowance of \$89,106 and \$114,746 for 2009 and 2008, respectively	665,300	894,187
Inventory	43,815	52,024
Prepaid expenses	32,888	43,136
Deposits	15,640	20,240
Total current assets	<u>833,070</u>	<u>1,009,587</u>
Office and Field Equipment , net of accumulated depreciation	<u>149,993</u>	<u>239,788</u>
Total assets	<u>\$ 983,063</u>	<u>\$ 1,249,375</u>

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts payable	\$ 316,828	\$ 174,056
Notes payable	119,369	112,855
Current maturities of capital lease obligations	10,949	46,785
Current maturities of long-term debt	115,097	177,529
Accrued salaries and related liabilities	274,936	322,087
Advances from third-party payors	144,344	211,517
Total current liabilities	<u>981,523</u>	<u>1,044,829</u>
Long-Term Liabilities		
Capital lease obligations, less current maturities	6,473	17,422
Long-term debt, less current maturities	44,668	26,168
Total long-term liabilities	<u>51,141</u>	<u>43,590</u>
Total liabilities	<u>1,032,664</u>	<u>1,088,419</u>
Net Assets		
Unrestricted	(89,766)	121,369
Temporarily restricted	40,165	39,587
Total net assets	<u>(49,601)</u>	<u>160,956</u>
Total liabilities and net assets	<u>\$ 983,063</u>	<u>\$ 1,249,375</u>

The accompanying notes are an integral part of these statements.

Home Health Services of Nevada, Inc.

STATEMENTS OF OPERATIONS

For the years ended June 30,

(See Accountants' Review Report)

	<u>2009</u>	<u>2008</u>
Revenue, gain and other support:		
Net patient service revenue	\$ 6,013,755	\$ 7,073,170
Net assets released from restriction	21,151	9,250
Total revenues, gains and other support	<u>6,034,906</u>	<u>7,082,420</u>
Expenses:		
Salaries and benefits	3,721,736	4,206,876
Payroll taxes and related expenses	537,817	622,158
Ancillary services	846,453	979,360
Rent	290,311	318,542
Other	700,772	761,619
Interest expense	84,299	61,073
Depreciation and amortization	89,795	119,563
Total expenses	<u>6,271,183</u>	<u>7,069,191</u>
Operating income (loss)	<u>(236,277)</u>	<u>13,229</u>
Other income (expense):		
Gifts and contributions	25,068	-
Interest income	74	418
Total other income	<u>25,142</u>	<u>418</u>
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENDITURES AND CHANGE IN UNRESTRICTED NET ASSETS	<u>\$ (211,135)</u>	<u>\$ 13,647</u>

The accompanying notes are an integral part of these statements.

Home Health Services of Nevada, Inc.
STATEMENTS OF CHANGES IN NET ASSETS

For the years ended June 30,
(See Accountants' Review Report)

	2009	2008
Unrestricted net assets:		
Excess (deficiency) of revenue over expenses	\$ (211,135)	\$ 13,647
Increase (decrease) in unrestricted net assets	(211,135)	13,647
Temporarily restricted net assets:		
Contributions	21,729	(9,105)
Net assets released from restrictions	(21,151)	(9,250)
Increase (decrease) in temporarily restricted net assets	578	(18,355)
INCREASE (DECREASE) IN NET ASSETS	(210,557)	(4,708)
Net assets at beginning of year	160,956	165,664
Net assets at end of year	\$ (49,601)	\$ 160,956

The accompanying notes are an integral part of these statements.

Home Health Services of Nevada, Inc.

STATEMENTS OF CASH FLOWS

For the years ended June 30,

(See Accountants' Review Report)

Increase (decrease) in cash and cash equivalents

	<u>2009</u>	<u>2008</u>
Cash flows from operating activities		
Change in net assets	\$ (210,557)	\$ (4,708)
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation of office and field equipment	89,795	119,563
Change in assets and liabilities		
(Increase) decrease in accounts receivable	228,887	115,102
(Increase) decrease in inventories	8,209	6,385
(Increase) decrease in prepaid expenses	10,248	9,017
(Increase) decrease in other deposits	4,600	6,592
(Increase) decrease in employee advances	-	2,575
Increase (decrease) in accounts payable and accrued expenses	95,621	(110,560)
Increase (decrease) in advances from third party payors	(67,173)	8,237
	<u>370,187</u>	<u>156,911</u>
 Net cash provided (used) by operating activities	 <u>159,630</u>	 <u>152,203</u>
 Cash flows from investing activities		
(Acquisition) disposition of office and field equipment	-	(32,419)
Net cash provided (used) by investing activities	<u>-</u>	<u>(32,419)</u>
 Cash flows from financing activities		
Payments on long-term debt	(143,941)	(102,219)
Net change in short-term debt	6,514	(33,558)
Proceeds from long-term debt	100,009	112,419
Payments on capital leases	(46,785)	(96,426)
Net cash provided (used) by financing activities	<u>(84,203)</u>	<u>(119,784)</u>
 NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	 75,427	 -
 Cash and cash equivalents at beginning of year	 <u>-</u>	 <u>-</u>
Cash and cash equivalents at end of year	<u>\$ 75,427</u>	<u>\$ -</u>
 Supplementary Disclosure of Cash Flow Information		
Interest expense	<u>\$ 84,299</u>	<u>\$ 61,073</u>

The accompanying notes are an integral part of these statements.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE A - SUMMARY OF ACCOUNTING POLICIES

Home Health Services of Nevada, Inc. is a not-for-profit corporation organized under Nevada Revised Statutes Chapter 82. The Organization provides home health care to persons throughout Nevada. The Board of Directors currently consists of one (1) member from each of the following counties appointed by the County Commissioners of each of the said counties: Elko, Humboldt, White Pine, Nye, Pershing, and Storey. Each of these members shall continue to serve as long as he or she chooses to remain on the Board of Directors, unless said member is voted off the Board by a vote of two-thirds (2/3) of the Board of Directors.

Effective August 30, 2001 the appointments to the Board of Directors, including vacancies created by the resignation of said Board member, shall henceforth be made by majority vote of the Board of Directors at any regularly scheduled or special meeting of the Board of Directors at a duly noticed meeting with a quorum present and shall no longer be made by the Boards of County Commissioners. If because of resignation of members of the Board of Directors, there is not a quorum of the existing Board of Directors still acting on the board, a majority of the remaining members of the Board of Directors may appoint additional qualified members to the Board of Directors.

A new member to be appointed to the Board shall be a person of good character, with interest in the provision of quality home health and homemaker services to the people of Nevada, and be a resident of an area of Nevada in which the Corporation provides home health services and/or homemaker services; provided, however, that said appointed member of the Board shall not be an employee or former employee of Home Health Services of Nevada, Inc. Each such appointed member shall be an "at large" member representing all areas and residents of Nevada in which the Corporation provides home health services and/or homemaker services.

A summary of the Organization's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Financial Statement Presentation

The financial statements of the Home Health Services of Nevada, Inc. are prepared on the accrual basis of accounting, and are in conformity with the Financial Accounting Standards Board Statement of Financial Accounting Standards No. 116 "Accounting for Contributions Made and Received" (SFAS No. 116) and Statement of Financial Accounting Standards No. 117, "Financial Statements of Not-for-Profit Organizations" (SFAS No. 117).

2. Net Patient Service Revenue and Accounts Receivable

Net patient service revenue represents the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Annually, the client reviews the provisions for bad debts and determines a reasonable amount based on prior and projected bad debts. The Organization performs home health services in various counties across Nevada, and grants credit for these services to federal and state third party reimbursement programs, as well as individuals.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE A - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

3. **Inventory**

Inventory is stated at the lower of cost or market. Cost is determined principally by the first-in, first-out method.

4. **Office and Field Equipment**

Equipment is stated at cost or at fair market value at date of donation (if donated) less accumulated depreciation. Depreciation and amortization are provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives, principally on a straight-line basis. Leased property under capital leases is amortized over the lives of the respective leases or over the service lives of the assets for those leases which substantially transfer ownership.

5. **Federal Income Tax**

The Organization is a not-for-profit corporation as described in Section 501 (c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501 (a) of the Code.

6. **Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

7. **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

8. **Concentration of Credit Risk**

Financial instruments subjecting the Organization to credit risk consist of cash and receivables. The management of the Organization does not believe any significant credit risk exists as of June 30, 2009.

NOTE B - THIRD-PARTY RATE ADJUSTMENTS AND REVENUE

Approximately 71% in 2009 and 61% in 2008 of total patient service revenues were derived under federal and state third-party reimbursement programs. These revenues are based, in part, on cost reimbursement principles and are subject to audit and retroactive adjustment by the respective third-party fiscal intermediaries. In the opinion of management, retroactive adjustments, if any, would not be material to the financial position or results of operations of the Organization.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE B - THIRD-PARTY RATE ADJUSTMENTS AND REVENUE - CONTINUED

Gross revenues by payer are as follows:

	2009	2008
Medicare	\$ 2,649,399	\$ 2,815,878
Medicaid	103,756	121,565
County	81,038	81,118
Title IIIB	129,291	119,325
Chips	327,071	281,536
Insurance and private pay	1,372,783	2,149,627
	<u>\$ 4,663,338</u>	<u>\$ 5,569,049</u>

Medicare and Medicaid Programs

The Organization has entered into contractual agreements with Medicare and the Nevada Medicaid Health Insurance Programs to provide care for patients covered by these programs. Under provisions of the Medicare contract, the Organization is paid on an interim rate based upon billings to the program under a retrospective reasonable-cost-based system. Final settlement is established through an audit of reimbursable costs by the program's fiscal intermediaries. Based upon the audit, a settlement is made to adjust interim payments to the lesser of allowable cost of services furnished or the customary charges made to patients by level of care.

Effective October 1, 2000, the Health Care Financing Administration issued new rules pertaining to the Medicare Program; Prospective Payment System for Home Health agencies. The prospective payment system replaced the retrospective reasonable-cost-based system used by Medicare for the payment of home health services under Part A and Part B. The new rules incorporate a national 60-day episode payment for all of the reasonable costs of services furnished to an eligible beneficiary under a Medicare home health plan of care.

Government

The Organization contracts with various county and city agencies within Nevada to provide services to patients not eligible for Medicare and Medicaid. The contracts are for a twelve month period effective July 1 of each year. Contract payments are made either monthly or quarterly and are not subject to redetermination based on services provided nor costs incurred. These funds are also normally used in conjunction with Federal grant subsidies under the Title IIIB Program as part of the cash match requirement.

Title IIIB

The Organization contracts with the Federal Department of Human Services Division for Aging Services under Title IIIB to provide care to persons over 60 who have no other means of payment. The contracts are subject to repayment of funds not expended as determined by an audit of services performed by the Division of Aging Services, State of Nevada.

Community Home-Based Initiatives Program (CHIP)

The Organization also contracts with the State of Nevada through its Department of Human Resources Division for Aging Services to provide homemaker services for functionally impaired clients.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE C - OFFICE AND FIELD EQUIPMENT

At the balance sheet date, office and field equipment consisted of the following:

	<u>July 1, 2008</u>	<u>Additions</u>	<u>Dispositions</u>	<u>June 30, 2009</u>
Office and field equipment	\$ 1,151,625	\$ -	\$ -	\$ 1,151,625
Less: Accumulated depreciation	(911,837)	\$ (89,795)	\$ -	(1,001,632)
	<u>\$ 239,788</u>			<u>\$ 149,993</u>

As explained in note E, \$181,241 of the office equipment is financed through a capital lease as of June 30, 2009 and 2008. All other equipment is secured as collateral as explained in note G.

Depreciation expense consisted of the following at June 30:

	<u>2009</u>	<u>2008</u>
Total Depreciation Expense	\$ 89,795	\$ 119,563

NOTE D - NOTES PAYABLE

Notes payable consisted of the following at June 30:

	<u>2009</u>	<u>2008</u>
Line-of-credit, \$200,000, Nevada State Bank note at prime plus 3% due April 3, 2010. The prime rate at June 30, 2009 was 6%. This note is secured by accounts receivable, inventory and equipment.	\$ 100,367	\$ 88,567
Note payable AICCO, Inc., promissory note at 6.5% interest due April 1, 2010. Payable at \$2,169.90 per month including interest. This note is for financing of insurance premiums and is secured by unearned premiums and potential loss claims.	19,002	24,288
	<u>\$ 119,369</u>	<u>\$ 112,855</u>

These notes are classified as current liabilities since they are both due within one year.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE E - CAPITAL LEASE OBLIGATIONS

Capital lease obligations consisted of the following at June 30:

	<u>2009</u>	<u>2008</u>
Lease payable, IBM. Payable at \$314.17 per month including interest of 9.47% per annum. This lease was secured by computer equipment.	\$ -	\$ 615
Lease payable, IBM. Payable at \$13.71 per month including interest of 6.05% per annum. This lease was secured by computer equipment.	-	27
Lease payable, IBM. Payable at \$1,884.12 per month including interest of 5.50% per annum. This lease was secured by computer equipment.	-	9,291
Lease payable, IBM. Payable at \$432.74 per month including interest of 9.47% per annum. This lease was secured by computer equipment.	-	2,112
Lease payable, IBM. Payable at \$295.35 per month including interest of 9.57% per annum. This lease was secured by computer equipment.	-	1,444
Lease payable, IBM. Payable at \$635.40 per month including interest of 8.86% per annum. This lease is secured by computer equipment.	3,718	10,675
Lease payable, IBM. Payable at \$637.70 per month including interest of 8.71% per annum. This lease was secured by computer equipment.	-	6,719
Lease payable, US Bancorp. Payable at \$884.21 per month including interest of 8% per annum. This lease was secured by a copy machine.	-	4,334
Lease payable, IBM. Payable at \$809.66 per month including interest of 7.36% per annum. This lease was secured by computer equipment.	-	8,595
Lease payable, IBM. Payable at \$558.55 per month including interest of 7.79% per annum. This lease is secured by computer equipment.	11,418	16,993
Lease payable, IBM. Payable at \$111.69 per month including interest of 7.69% per annum. This lease is secured by computer equipment.	2,286	3,403
	<u>17,422</u>	<u>64,207</u>
Less current portion	<u>(10,949)</u>	<u>(46,785)</u>
	<u>\$ 6,473</u>	<u>\$ 17,422</u>

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE E - CAPITAL LEASE OBLIGATIONS - CONTINUED

The following is a schedule of the future minimum lease payments under these capital leases, and the present value of the net minimum lease payments at June 30:

	<u>2009</u>	<u>2008</u>
Years ending June 30,		
2009	\$ -	\$ 49,727
2010	11,855	11,855
2011	<u>6,703</u>	<u>6,702</u>
	18,558	68,284
Less: Amount representing interest	<u>(1,136)</u>	<u>(4,077)</u>
Present value of net minimum lease payments	<u>\$ 17,422</u>	<u>\$ 64,207</u>

The following is a schedule of leased equipment and software which is included in office and field equipment as explained in note C, as of June 30:

	<u>2009</u>	<u>2008</u>
Computer Equipment	\$ 161,691	\$ 161,691
Copy Machines	<u>19,550</u>	<u>19,550</u>
	181,241	181,241
Less: Accumulated depreciation	<u>(103,534)</u>	<u>(67,286)</u>
	<u>\$ 77,707</u>	<u>\$ 113,955</u>
	<u>2009</u>	<u>2008</u>
Depreciation expense for leased equipment and software which is included in total depreciation expense for the years ending June 30:	<u>\$ 36,248</u>	<u>\$ 33,006</u>

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE F - OPERATING LEASES

Home Health Services of Nevada, Inc. maintains equipment under long-term operating leases. The following are the future minimum rental payments required under operating leases that have an initial or remaining noncancellable lease term in excess of one year, as of June 30:

Years ending June 30,	<u>2009</u>	<u>2008</u>
2009	\$ -	\$ 6,960
2010	6,180	6,180
2011	5,835	5,835
2012	4,800	2,400
2013	2,400	-
	<u>\$ 19,215</u>	<u>\$ 21,375</u>

The rental expense for equipment leases for the years ended June 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Total Lease Expense	<u>\$ 6,960</u>	<u>\$ 7,740</u>

The Organization also engages in operating leases for office building space for their various offices across Nevada. As of June 30, the Organization had operating leases of one year or more as shown in the schedule of rental agreements below. The leases require monthly payments of various amounts with lease terms varying from two to five years. The following is a schedule of the future minimum rental payments required for the building leases as of June 30:

Years ending June 30,	<u>2009</u>	<u>2008</u>
2009	\$ -	\$ 191,395
2010	203,628	169,560
2011	130,100	118,728
2012	78,513	77,376
2013	38,688	77,376
	<u>\$ 450,929</u>	<u>\$ 634,435</u>

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE F - OPERATING LEASES - CONTINUED

The following is a schedule of rental agreements for all counties as of June 30, 2009 and 2008:

Office	Term	Monthly Rent 2009	Total Rent Paid 2009	Total Rent Paid 2008
Carson	Expires 08/10	\$ 2,392	\$ 26,297	\$ 16,433
Reno	Expires 11/09	772	8,825	9,024
Lyon - Yerington	Monthly Basis	750	8,625	9,000
Nye - Pahrump	Monthly Basis	2,391	26,116	26,811
Pershing - Lovelock	Monthly Basis	300	3,450	6,000
White Pine - Ely	Monthly Basis	825	9,338	6,675
Churchill - Fallon	Monthly Basis	500	5,750	2,300
Fernley	Expires 09/10	3,310	37,565	38,020
Las Vegas	Expires 11/09	875	15,297	45,546
Las Vegas Condo	Expires 03/11	2,960	34,298	35,258
Humboldt - Winnemucca	Monthly Basis	700	8,400	8,400
Lander	Monthly Basis	528	6,089	6,096
Homemaking	Expires 9/09	1,152	8,340	14,004
Administrative	Expires 12/12	6,448	74,970	76,483
Administrative Annex	Expires 9/09	1,541	16,951	18,492
		\$ 25,444	\$ 290,311	\$ 318,542

NOTE G - LONG-TERM DEBT

Long-term debt consisted of the following at June 30:

	2009	2008
Note payable, Nevada State Bank of Nevada, at 9% interest. Payable at \$9,690.65 per month including interest until December 17, 2010. This note is secured by current and future accounts receivable and equipment.	\$ 148,199	\$ 178,050
Note payable, Nevada State Bank of Nevada, at 9.465% interest. Payable at \$710.74 per month including interest until December 22, 2010. This note is secured by a vehicle as discussed in Note O.	11,566	18,617

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE G - LONG-TERM DEBT - CONTINUED

Note payable, De Lage Landon Financial Services, at 9.43% interest. Payable at \$1,792 per month including interest. This note was secured by medical equipment and was paid off in October 2008.

Less current portion

<u>2009</u>	<u>2008</u>
\$ -	\$ 7,030
159,765	203,697
(115,097)	(177,529)
<u>\$ 44,668</u>	<u>\$ 26,168</u>

Scheduled principal payments on long-term debt are as follows:

Year ending June 30,	<u>2009</u>	<u>2008</u>
2009	\$ -	\$ 177,529
2010	115,097	22,395
2011	44,668	3,773
	<u>\$ 159,765</u>	<u>\$ 203,697</u>

NOTE H - FUNCTIONAL EXPENSES

Expenses incurred for the year ended June 30, 2009:

	<u>Total</u>	<u>Program</u>	<u>General and Administration</u>
Salaries and benefits	\$ 3,721,736	\$ 1,714,940	\$ 2,006,796
Payroll taxes and related expenses	537,817	283,224	254,593
Ancillary services	846,453	846,453	-
Rent	290,311	-	290,311
Other	700,772	96,621	604,151
Interest expense	84,299	-	84,299
Depreciation and amortization	89,795	-	89,795
Total expenses	<u>\$ 6,271,183</u>	<u>\$ 2,941,238</u>	<u>\$ 3,329,945</u>

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE H - FUNCTIONAL EXPENSES - CONTINUED

	<u>Total</u>	<u>Program</u>	<u>General and Administration</u>
Expenses incurred for the year ended June 30, 2008:			
Salaries and benefits	\$ 4,206,876	\$ 2,259,041	\$ 1,947,835
Payroll taxes and related expenses	622,158	371,000	251,158
Ancillary services	979,360	979,360	-
Rent	318,542	-	318,542
Other	761,619	94,612	667,007
Interest expense	61,073	-	61,073
Depreciation and amortization	119,563	-	119,563
Total expenses	<u>\$ 7,069,191</u>	<u>\$ 3,704,013</u>	<u>\$ 3,365,178</u>

The program expenses pertain to the direct professional care of patients.

NOTE I - CONTINGENT LIABILITY

- Under provisions of the Nevada Unemployment Compensation Law, the Organization elected to be covered under the reimbursement method which requires the Organization to reimburse the State of Nevada on a quarterly basis for all unemployment benefits paid to former employees. The amount of any potential liability at the balance sheet date due to claims in the future periods on employment since January 1, 1978, cannot be reasonably determined, and therefore, it has not been reflected in the financial statements. It is the opinion of management, however, that the potential liability would not have a material affect on the financial position of Home Health Services of Nevada, Inc. at June 30, 2009 and 2008. The contributions made by the Organization for the years ended June 30, 2009 and 2008, totaled \$38,862 and \$72,268, respectively.
- Amounts received or receivable from grantor agencies are subject to audit and adjustment by grantor agencies, principally the federal government. Any disallowed claims, including amounts already collected, may constitute a liability of the applicable funds. The amounts, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time although the Organization expects such amounts, if any, to be immaterial.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE J - INTEREST EXPENSE

No interest costs were capitalized as part of the cost of assets acquired during these periods. Interest was as follows for the years ended June 30:

	<u>2009</u>	<u>2008</u>
Interest expense	<u>\$ 84,299</u>	<u>\$ 61,073</u>

NOTE K - COMPLIANCE WITH FEDERAL AWARDS

The Financial Statement Review of the records of Home Health Services of Nevada, Inc. included a review of financial activity for compliance with applicable federal award requirements. During the course of the review there were no items of noncompliance noted.

NOTE L - PROFIT SHARING

The organization does not maintain a profit sharing plan.

NOTE M - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	<u>2009</u>	<u>2008</u>
Indigent care	<u>\$ 40,165</u>	<u>\$ 39,587</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors:

	<u>2009</u>	<u>2008</u>
Indigent care expenditures	<u>\$ 21,151</u>	<u>\$ 9,250</u>

NOTE N - RISK MANAGEMENT

The Organization is exposed to various risks and loss related to torts; theft of, damage to and destruction of assets; errors and omissions and natural disasters for which the Organization carries commercial insurance. While there have been some reductions in coverage from prior years, settlements have not exceeded coverage in the past three years.

Home Health Services of Nevada, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2009 and 2008

(See Accountants' Review Report)

NOTE O - RELATED PARTY TRANSACTIONS

On October 31, 2005, the Organization purchased a vehicle financed through BMW Financial Services as explained in Note G. The vehicle is used for business activities in the Las Vegas area. The Executive Director paid \$11,500 for the down payment and reimburses the Organization for any non-business use of the vehicle on a monthly basis. As of December 31, 2008 the Organization had repaid the Executive Director the remaining balance of the down payment.

SUPPLEMENTARY INFORMATION

Home Health Services of Nevada, Inc.

SCHEDULES OF REVENUES AND EXPENSES

For the years ended June 30,

(See Accountants' Review Report)

	2009	2008
Gross patient service revenue		
Nursing services	\$ 2,106,009	\$ 2,599,179
Home health aide services	196,814	346,040
Homemaker services	1,226,013	1,338,677
Medical supplies and equipment	140,066	135,209
Therapy services	994,436	1,149,944
	<u>4,663,338</u>	<u>5,569,049</u>
Contractual adjustments to revenue	1,350,417	1,504,121
	<u>6,013,755</u>	<u>7,073,170</u>
Net assets released from restriction	21,151	9,250
	<u>6,034,906</u>	<u>7,082,420</u>
Direct expenses		
Nursing		
Auto allowance	53,592	35,792
Miscellaneous	15,800	14,984
Payroll taxes and insurance	146,314	209,056
Salaries	932,435	1,386,212
	<u>1,148,141</u>	<u>1,646,044</u>
Home health aides		
Auto allowance	8,389	20,599
Miscellaneous	592	985
Payroll taxes and insurance	31,212	36,135
Salaries	46,970	90,801
	<u>87,163</u>	<u>148,520</u>
Homemakers		
Auto allowance	6,571	10,689
Miscellaneous	11,677	11,563
Payroll taxes and insurance	105,698	125,809
Salaries	735,535	782,028
	<u>859,481</u>	<u>930,089</u>
Ancillary services		
Therapy services	747,034	872,943
Medical supplies services	99,419	106,417
	<u>846,453</u>	<u>979,360</u>
Total direct expenses	<u>2,941,238</u>	<u>3,704,013</u>

Home Health Services of Nevada, Inc.

SCHEDULES OF REVENUES AND EXPENSES - CONTINUED

For the years ended June 30,

(See Accountants' Review Report)

Indirect expenses	<u>2009</u>	<u>2008</u>
Homemaker administration		
Miscellaneous	\$ -	\$ 8
Office expense	3,493	380
Payroll taxes and insurance	37,407	38,468
Promotion and advertising	330	1,724
Rent	8,340	14,004
Salaries	253,558	276,829
Telephone and utilities	1,587	2,701
Travel and seminars	2,442	4,658
	<u>307,157</u>	<u>338,772</u>
 General and administration		
Bank charges	79	401
Books and subscriptions	2,011	1,341
Computer expense	63,825	63,499
Consulting services	25,911	23,979
Contract services	-	9,900
Depreciation and amortization	89,795	119,563
Dues and licenses	13,880	14,650
Education and seminars	1,433	2,585
General insurance	46,777	53,419
Interest expense	84,299	61,073
Janitorial	4,863	11,387
Lease expense	6,960	7,740
Legal and accounting	25,467	12,835
Miscellaneous	11,524	7,964
Office expense	153,330	181,186
Payroll taxes and insurance	217,186	212,690
Promotion and advertising	21,528	29,950
Rent	281,971	304,538
Repairs and maintenance	14,021	8,571
Salaries - Director of Professional Services	78,033	76,594
Salaries - Quality Assurance	207,622	200,898
Salaries - General Administration	109,636	109,387
Salaries - Clerical	950,401	890,441
Salaries - Nursing Administration	337,944	341,477
Telephone and utilities	151,913	159,047
Travel	52,777	69,082
Vacation, holiday and sick pay	69,602	52,209
	<u>3,022,788</u>	<u>3,026,406</u>
 Total indirect expenses	<u>3,329,945</u>	<u>3,365,178</u>

Home Health Services of Nevada, Inc.

SCHEDULES OF REVENUES AND EXPENSES - CONTINUED

For the years ended June 30,

(See Accountants' Review Report)

	<u>2009</u>	<u>2008</u>
Total expenses	<u>\$ 6,271,183</u>	<u>\$ 7,069,191</u>
Income (loss) from operations	<u>(236,277)</u>	<u>13,229</u>
Nonoperating revenues (expenses)		
Gifts & Contributions	25,068	-
Interest income	<u>74</u>	<u>418</u>
	<u>25,142</u>	<u>418</u>
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	<u><u>\$ (211,135)</u></u>	<u><u>\$ 13,647</u></u>

Home Health Services of Nevada, Inc.

SCHEDULES OF COST PER PATIENT VISIT

Years ended June 30,

(See Accountants' Review Report)

	<u>Total Visits</u>	<u>Direct Expense</u>	<u>Indirect Expense</u>	<u>Total Expense</u>	<u>Cost Per Visit</u>
Year Ended June 30, 2009					
Skilled Nursing	14,744	\$ 1,148,141	\$ 1,479,050	\$ 2,627,191	\$ 178.19
Home Health Aide	2,731	87,163	111,942	199,105	72.91
Homemaker	24,437	859,481	671,332	1,530,813	62.64
Physical Therapy	6,517	707,631	914,059	1,621,690	248.84
Speech Therapy	119	9,390	12,129	21,519	180.84
Occupational Therapy	282	24,932	32,203	57,135	202.61
Medical Social Service	44	5,081	6,564	11,645	264.65
Medical Supplies	N/A	99,419	102,666	202,085	N/A
	<u>48,874</u>	<u>\$ 2,941,238</u>	<u>\$ 3,329,945</u>	<u>\$ 6,271,183</u>	

Year Ended June 30, 2008

Skilled Nursing	18,990	\$ 1,646,044	\$ 1,589,340	\$ 3,235,384	\$ 170.37
Home Health Aide	5,286	148,520	143,406	291,926	55.23
Homemaker	32,496	930,089	709,815	1,639,904	50.46
Physical Therapy	7,309	787,680	760,546	1,548,226	211.82
Speech Therapy	278	26,861	25,936	52,797	189.92
Occupational Therapy	615	56,447	54,503	110,950	180.41
Medical Social Service	18	1,955	1,888	3,843	213.50
Medical Supplies	N/A	106,417	79,744	186,161	N/A
	<u>64,992</u>	<u>\$ 3,704,013</u>	<u>\$ 3,365,178</u>	<u>\$ 7,069,191</u>	

Home Health Services of Nevada, Inc.

SCHEDULES OF REVENUES AND EXPENSES BY DEPARTMENT

For the Year Ended June 30, 2009

(See Accountants' Review Report)

Page 1 of 3

	Carson	Lyon	Nye	Pershing	White Pine
Gross patient service revenue					
Nursing services	\$ 149,814	\$ 64,050	\$ 712,785	\$ 24,950	\$ 205,820
Home health aide services	5,475	9,316	59,860	6,692	62,041
Homemaker services	267,374	109,240	204,618	8,540	152,057
Medical supplies and equipment	7,420	3,856	32,350	636	16,199
Therapy services	104,910	44,696	359,550	16,610	51,522
Gross patient service revenue	534,993	231,158	1,369,163	57,428	487,639
Contractual adjustments to revenue	154,924	66,939	396,484	16,630	141,211
Net patient service revenue	689,917	298,097	1,765,647	74,058	628,850
Net assets released from restriction	-	-	-	-	21,151
Total operating revenue	689,917	298,097	1,765,647	74,058	650,001
Direct expenses					
Nursing					
Auto allowance	4,720	1,901	4,338	614	6,812
Miscellaneous	6,040	36	2,647	-	1,434
Payroll taxes and insurance	10,421	5,387	48,652	6,061	13,652
Salaries	65,243	34,515	369,946	8,121	17,766
	86,424	41,839	425,583	14,796	39,664
Nursing expense/Nursing revenue	58%	65%	60%	59%	19%
Home health aides					
Auto allowance	759	92	3,137	20	1,100
Miscellaneous	51	-	205	79	145
Payroll taxes and insurance	4,983	237	5,682	280	6,382
Salaries	1,431	2,105	13,816	10,617	14,233
	7,224	2,434	22,840	10,996	21,860
HHA expense/HHA revenue	132%	26%	38%	164%	35%
Homemakers					
Auto allowance	433	1,491	-	328	544
Miscellaneous	2,872	543	435	273	1,150
Payroll taxes and insurance	25,626	5,815	19,423	442	7,904
Salaries	164,080	61,699	113,305	4,505	84,278
	193,011	69,548	133,163	5,548	93,876
Homemaker expense/Homemaker revenue	72%	64%	65%	65%	62%
Ancillary services					
Medical supplies	8,441	2,432	22,879	179	11,310
Medical supplies expense/ Medical supplies revenue	114%	63%	71%	28%	70%

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Home Health Services of Nevada, Inc.

SCHEDULES OF REVENUES AND EXPENSES BY DEPARTMENT

For the Year Ended June 30, 2009

(See Accountants' Review Report)

Page 2 of 3

	Carson	Lyon	Nye	Pershing	White Pine
Ancillary services - continued					
Therapy services	\$ 66,865	\$ 27,149	\$ 284,674	\$ 19,294	\$ 36,541
Therapy expense/Therapy revenue	64%	61%	79%	116%	71%
Total direct expenses	361,965	143,402	889,139	50,813	203,251
Total direct expenses/Gross revenue	68%	62%	65%	88%	42%
Indirect expenses					
Homemaker Administration					
Office expense	-	-	-	-	-
Payroll taxes and insurance	8,552	2,367	5,161	-	6,398
Promotion and advertising	-	-	-	-	-
Rent	-	-	-	-	-
Salaries	64,227	21,042	29,527	-	23,914
Telephone and utilities	-	-	-	-	-
Travel and seminars	761	-	-	-	-
	73,540	23,409	34,688	-	30,312
Homemaker Administration/Revenue	28%	21%	17%	0%	20%
Administration and general					
Bank charges	-	1	-	-	-
Books and subscriptions	-	-	-	-	-
Computer expense	-	-	-	-	-
Consulting services	-	-	-	-	-
Depreciation and amortization	-	-	-	-	-
Dues and licenses	1,000	1,000	1,005	1,000	1,000
Education and seminars	-	-	-	-	-
General insurance	-	-	-	-	-
Interest expense	-	-	-	-	-
Janitorial	-	580	858	361	361
Lease expense	-	-	1,380	-	-
Legal and accounting	-	-	-	-	-
Miscellaneous	1,063	304	77	-	-
Office expense	8,454	3,355	8,713	1,187	5,398
Payroll taxes and insurance	12,605	6,269	18,205	2,149	16,834
Promotion and advertising	3,217	3,136	1,654	634	199
Rent	35,122	8,625	26,116	3,450	9,338
Repairs and maintenance	-	-	-	-	-
Salaries	101,431	42,077	127,563	31,743	179,886
Telephone and utilities	15,741	7,644	20,192	2,087	6,909
Travel	1,365	34	398	174	810
	179,998	73,025	206,161	42,785	220,735
Administration and general/ Gross revenue	34%	32%	15%	75%	45%

Fernley/ Churchill	Elko	Humboldt	Las Vegas	Lander	TOTAL	Homemaker Admin.	Admin.	Grand Total
\$ 444,935	\$ 358,580	\$ 72,415	\$ -	\$ 72,660	\$ 2,106,009	\$ -	\$ -	\$ 2,106,009
39,623	8,094	5,713	-	-	196,814	-	-	196,814
214,838	168,986	74,798	-	25,562	1,226,013	-	-	1,226,013
32,290	38,564	4,955	-	3,796	140,066	-	-	140,066
239,363	143,061	17,159	-	17,565	994,436	-	-	994,436
971,049	717,285	175,040	-	119,583	4,663,338	-	-	4,663,338
281,198	207,713	50,688	-	34,630	1,350,417	-	-	1,350,417
1,252,247	924,998	225,728	-	154,213	6,013,755	-	-	6,013,755
-	-	-	-	-	21,151	-	-	21,151
1,252,247	924,998	225,728	-	154,213	6,034,906	-	-	6,034,906
12,579	15,717	3,932	-	2,979	53,592	-	-	53,592
3,279	2,141	223	-	-	15,800	-	-	15,800
29,533	28,989	276	3,025	318	146,314	-	-	146,314
239,268	188,961	(151)	-	-	923,669	-	-	923,669
284,659	235,808	4,280	3,025	3,297	1,139,375	-	-	1,139,375
64%	66%	6%	0%	5%	54%	0%	0%	54%
2,808	345	128	-	-	8,389	-	-	8,389
10	51	51	-	-	592	-	-	592
7,930	5,361	322	7	28	31,212	-	-	31,212
10,362	1,747	1,425	-	-	55,736	-	-	55,736
21,110	7,504	1,926	7	28	95,929	-	-	95,929
53%	93%	34%	0%	0%	49%	0%	0%	49%
888	1,847	851	-	189	6,571	-	-	6,571
2,279	2,298	394	-	1,433	11,677	-	-	11,677
12,361	22,852	4,348	5,251	1,676	105,698	-	-	105,698
125,988	123,814	41,729	-	16,137	735,535	-	-	735,535
141,516	150,811	47,322	5,251	19,435	859,481	-	-	859,481
66%	89%	63%	0%	76%	70%	0%	0%	70%
25,306	23,409	2,704	-	2,759	99,419	-	-	99,419
78%	61%	55%	0%	73%	71%	0%	0%	71%

Home Health Services of Nevada, Inc.

SCHEDULES OF REVENUES AND EXPENSES BY DEPARTMENT

For the Year Ended June 30, 2009

(See Accountants' Review Report)

Page 3 of 3

	Carson	Lyon	Nye	Pershing	White Pine
Indirect expenses - continued					
Total indirect expenses before HM and administration allocation	\$ 253,538	\$ 96,434	\$ 240,849	\$ 42,785	\$ 251,047
Total indirect expense/gross revenue	47%	42%	18%	75%	51%
Total expenses before HM and administration allocation	615,503	239,836	1,129,988	93,598	454,298
Homemaker and Administration Allocations					
Homemaker administration allocation	12,792	5,226	9,790	409	7,275
Administration cost allocation	190,235	82,196	486,854	20,421	173,397
	203,027	87,422	496,644	20,830	180,672
Total expenses	818,530	327,258	1,626,632	114,428	634,970
Income (loss) from operations	(128,613)	(29,161)	139,015	(40,370)	15,031
Non operating revenues					
Gifts and contributions	-	-	-	-	7,455
Investment income	-	-	-	-	-
Total non operating revenues	-	-	-	-	7,455
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	\$ (128,613)	\$ (29,161)	\$ 139,015	\$ (40,370)	\$ 22,486

Fernley/ Churchill	Elko	Humboldt	Las Vegas	Lander	TOTAL	Homemaker Admin.	Admin.	Grand Total
\$ 183,674	\$ 103,622	\$ 12,884	\$ -	\$ 12,331	\$ 747,034	\$ -	\$ -	\$ 747,034
77%	72%	75%	0%	70%	75%	0%	0%	75%
656,265	521,154	69,116	8,283	37,850	2,941,238	-	-	2,941,238
68%	73%	39%	0%	32%	63%	0%	0%	63%
-	-	-	-	-	-	3,493	-	3,493
2,493	3,021	5,924	7	-	33,923	3,484	-	37,407
-	-	-	-	-	-	330	-	330
-	-	-	-	-	-	8,340	-	8,340
27,884	29,709	16,066	-	-	212,369	41,189	-	253,558
-	-	-	-	-	-	1,587	-	1,587
1,448	-	-	-	-	2,209	233	-	2,442
31,825	32,730	21,990	7	-	248,501	58,656	-	307,157
15%	19%	29%	0%	0%	20%	0%	0%	25%
-	-	-	-	-	1	-	637	638
-	-	-	-	-	-	-	2,011	2,011
-	-	-	-	-	-	-	63,825	63,825
-	-	-	-	-	-	-	25,911	25,911
-	-	-	-	-	-	-	89,795	89,795
2,200	-	1,000	1,000	1,050	10,255	-	3,625	13,880
-	50	-	-	-	50	-	1,383	1,433
-	-	-	-	-	-	-	46,777	46,777
78	-	-	-	-	78	-	83,662	83,740
972	-	-	-	-	3,132	-	1,731	4,863
-	-	-	-	-	1,380	-	5,580	6,960
-	-	-	-	-	-	-	25,467	25,467
73	-	-	-	-	1,517	-	10,007	11,524
9,404	2,059	2,745	22	2,269	43,606	-	109,724	153,330
17,261	7,291	4,628	1,728	10,970	97,940	-	118,856	216,796
1,690	5,029	81	-	60	15,700	-	5,828	21,528
43,315	-	8,400	49,595	6,089	190,050	-	91,921	281,971
363	-	-	-	-	363	-	13,658	14,021
173,721	92,198	68,715	-	85,824	903,158	-	850,080	1,753,238
16,631	11,231	3,206	2,037	2,660	88,338	-	63,575	151,913
3,765	1,327	689	-	446	9,008	-	44,159	53,167
269,473	119,185	89,464	54,382	109,368	1,364,576	-	1,658,212	3,022,788
28%	17%	51%	0%	91%	29%	0%	0%	65%

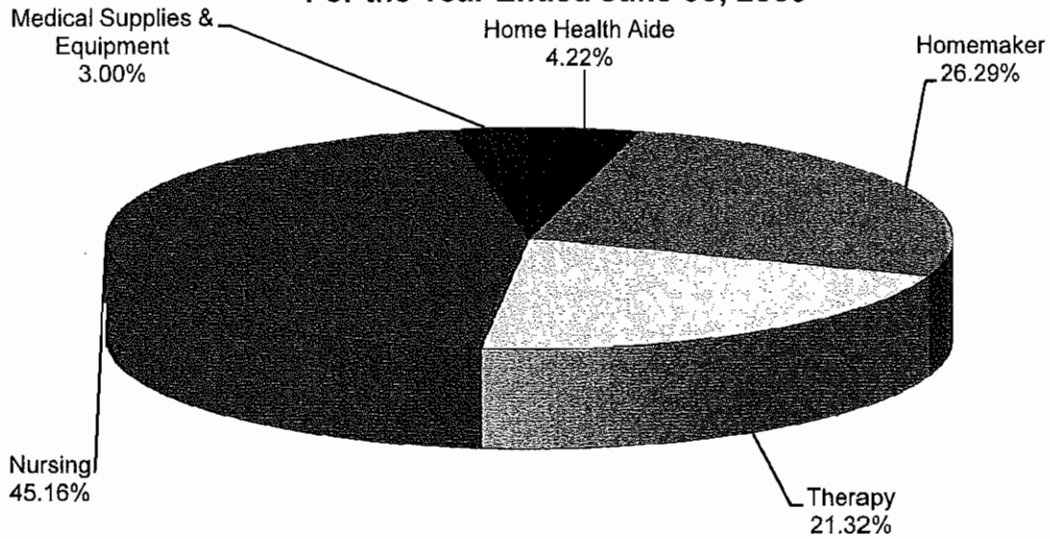
<u>Fernley/ Churchill</u>	<u>Elko</u>	<u>Humboldt</u>	<u>Las Vegas</u>	<u>Lander</u>	<u>TOTAL</u>	<u>Homemaker Admin.</u>	<u>Admin.</u>	<u>Grand Total</u>
\$ 301,298	\$ 151,915	\$ 111,454	\$ 54,389	\$ 109,368	\$ 1,613,077	\$ 58,656	\$ 1,658,212	\$ 3,329,945
31%	21%	64%	0%	91%	35%	0%	0%	71%
957,563	673,069	180,570	62,672	147,218	4,554,315	58,656	1,658,212	6,271,183
10,279	8,083	3,579	-	1,223	58,656	(58,656)	-	-
345,290	255,055	62,242	-	42,522	1,658,212	-	(1,658,212)	-
355,569	263,138	65,821	-	43,745	1,716,868	(58,656)	(1,658,212)	-
1,313,132	936,207	246,391	62,672	190,963	6,271,183	-	-	6,271,183
(60,885)	(11,209)	(20,663)	(62,672)	(36,750)	(236,277)	-	-	(236,277)
1,426	-	-	-	1,130	10,011	-	15,057	25,068
-	-	-	-	-	-	-	74	74
1,426	-	-	-	1,130	10,011	-	15,131	25,142
\$ (59,459)	\$ (11,209)	\$ (20,663)	\$ (62,672)	\$ (35,620)	\$ (226,266)	\$ -	\$ 15,131	\$ (211,135)

STATISTICAL INFORMATION

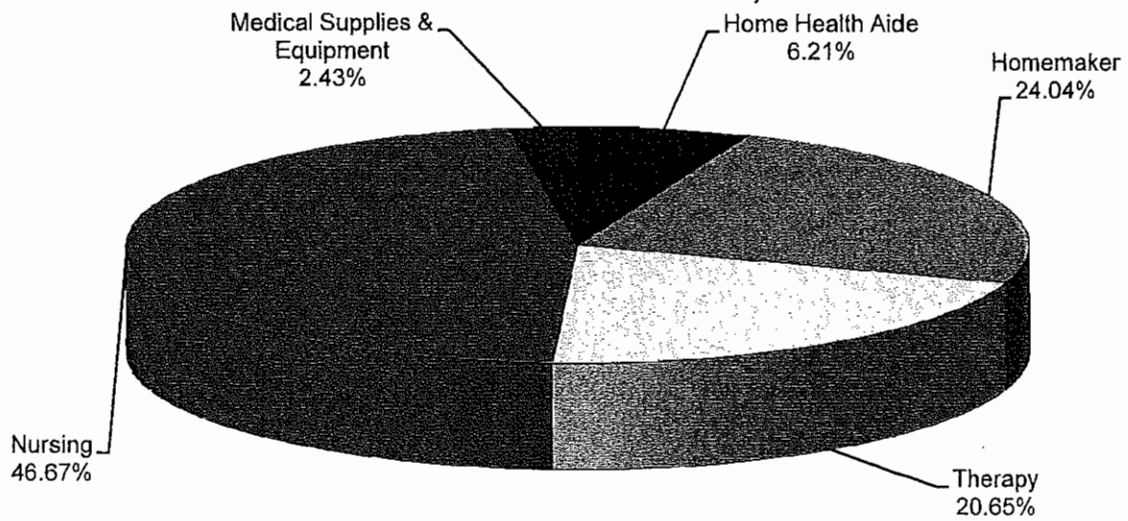
HOME HEALTH SERVICES OF NEVADA

REVENUES BY DISCIPLINE

For the Year Ended June 30, 2009



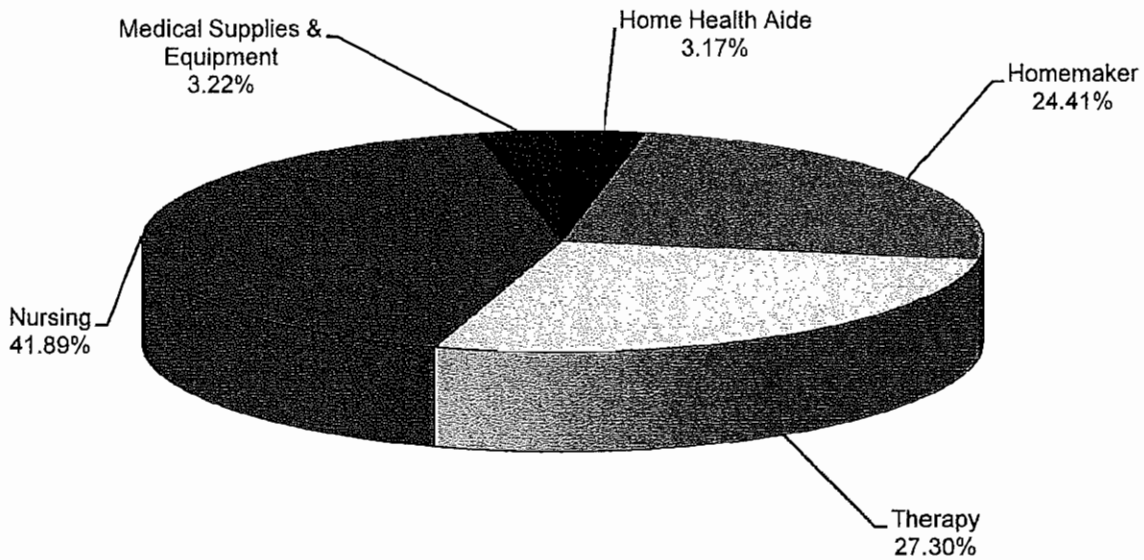
For the Year Ended June 30, 2008



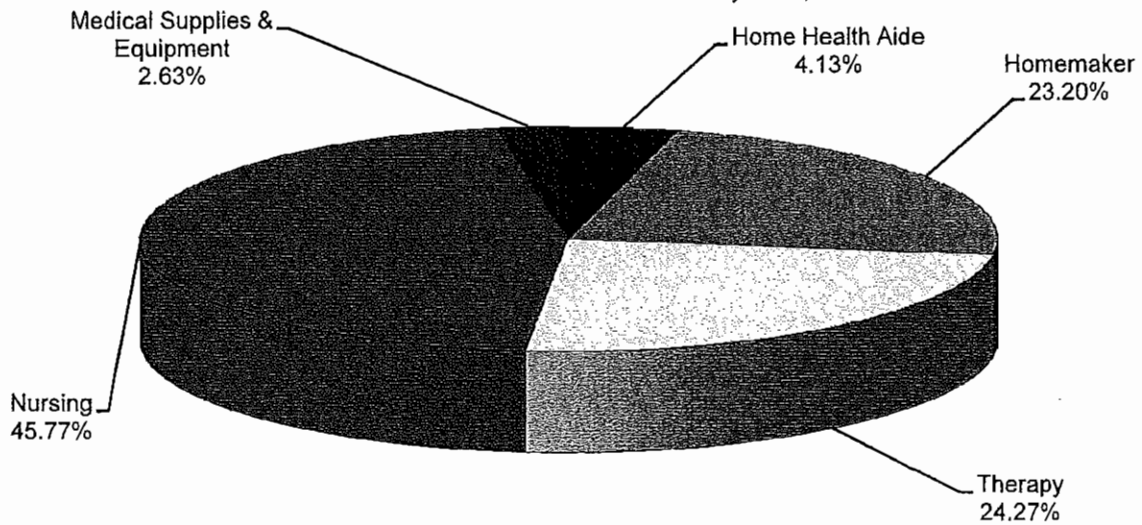
HOME HEALTH SERVICES OF NEVADA

EXPENDITURES BY DISCIPLINE

For the Year Ended June 30, 2009



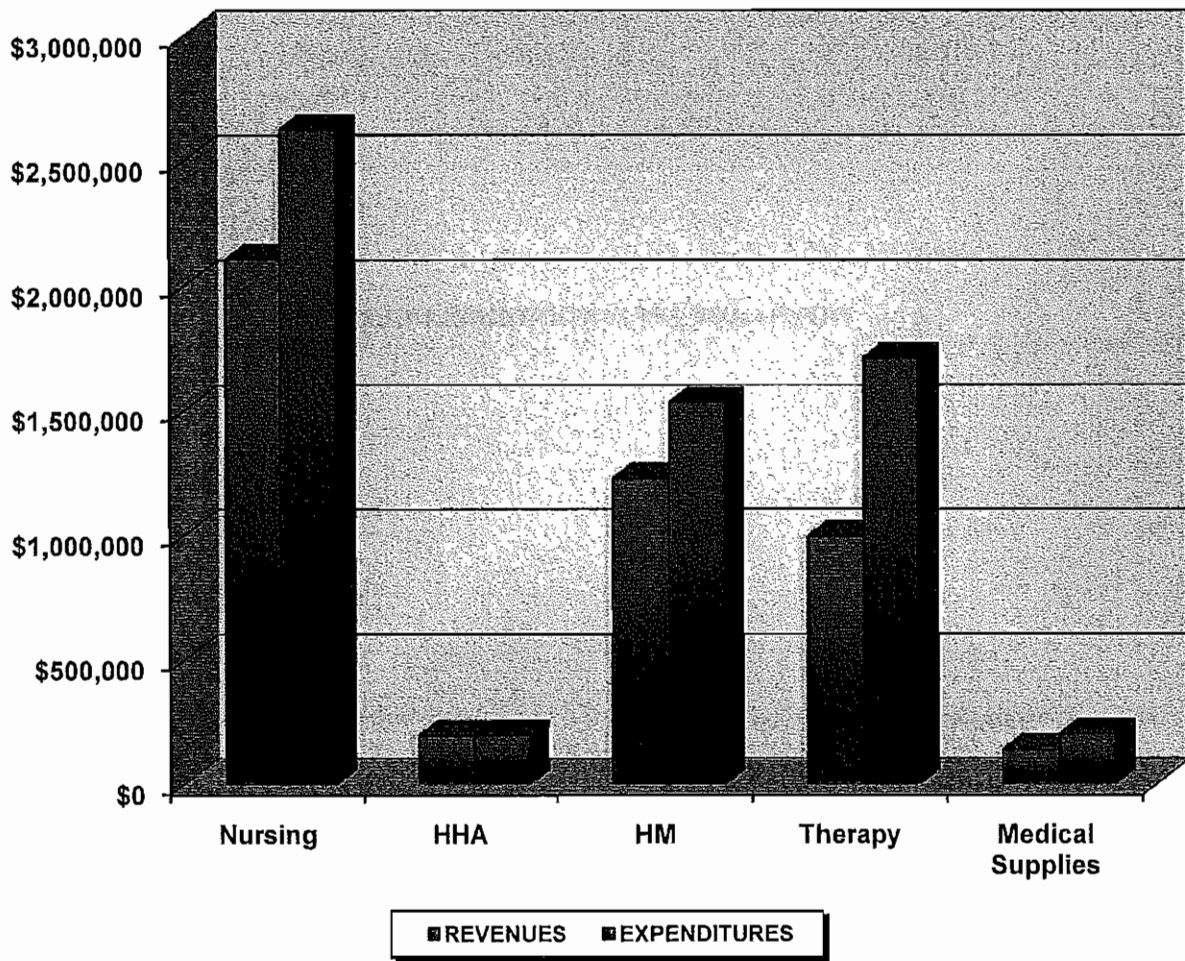
For the Year Ended June 30, 2008



HOME HEALTH SERVICES OF NEVADA

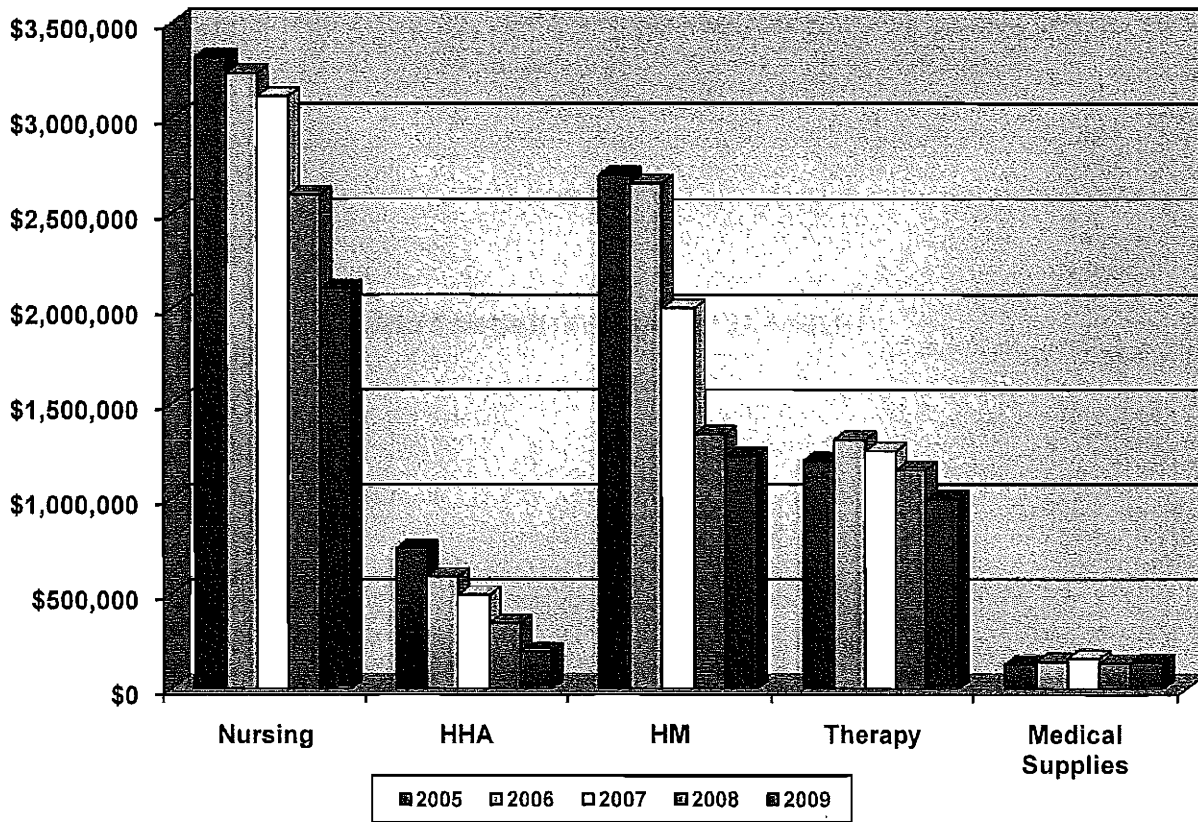
REVENUES AND EXPENDITURES COMPARISON

For the year ended
June 30, 2009



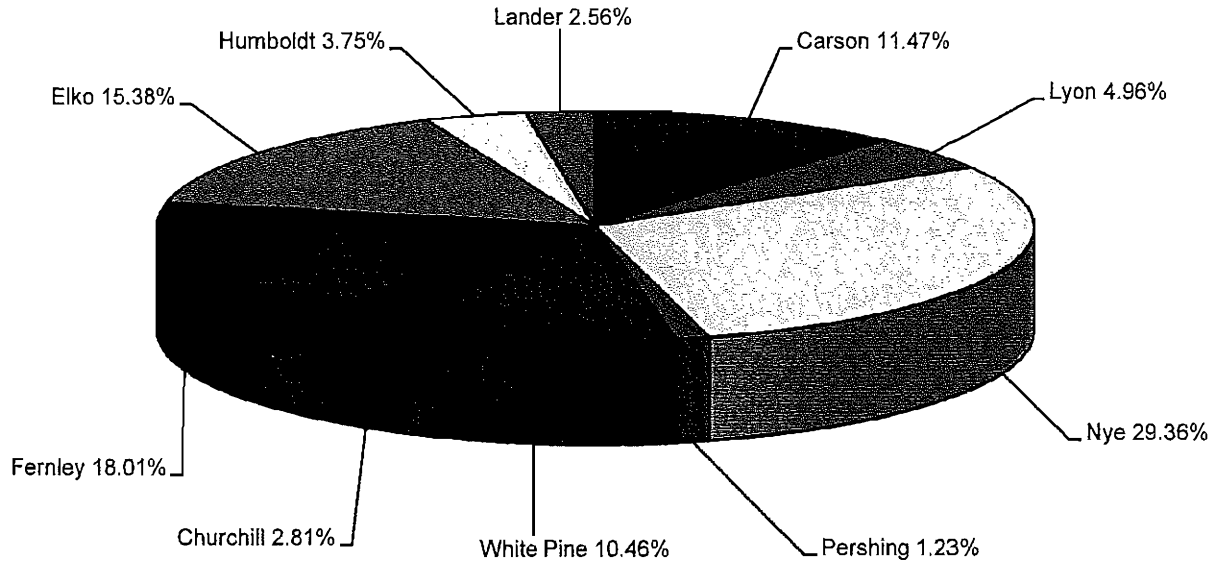
HOME HEALTH SERVICES OF NEVADA

TOTAL REVENUES BY DISCIPLINE - FIVE YEAR COMPARISON - JUNE 30,

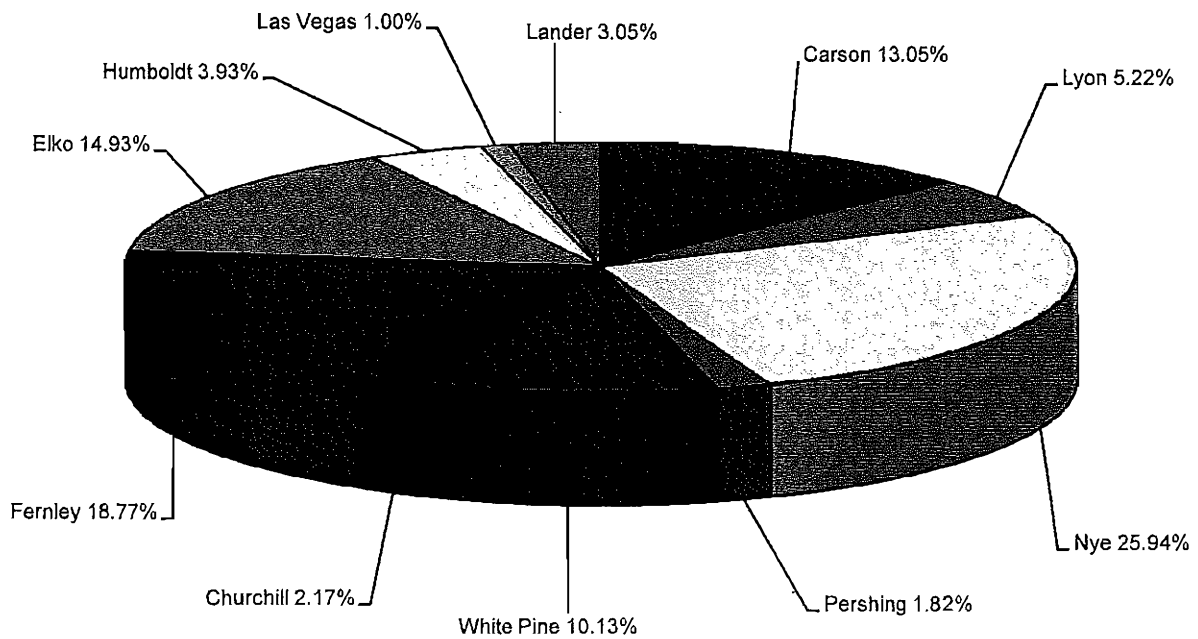


HOME HEALTH SERVICES OF NEVADA

OPERATING REVENUES BY DEPARTMENT For the Year Ended June 30, 2009

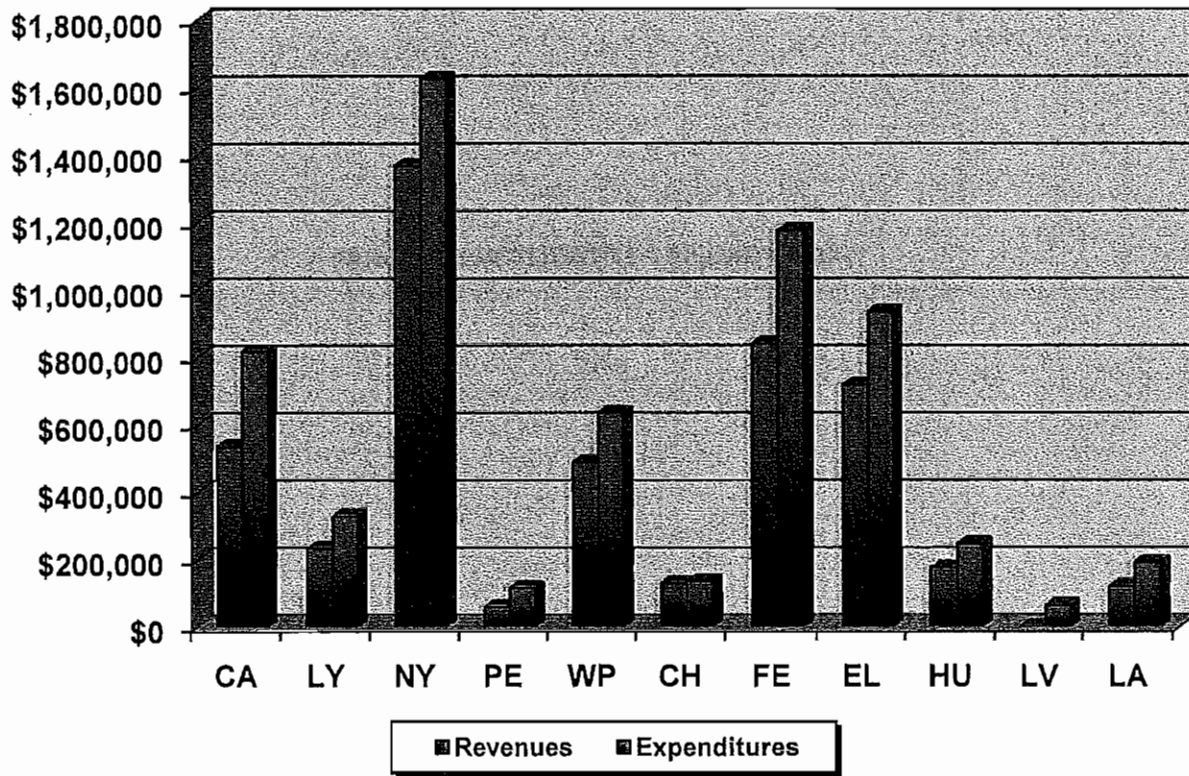


EXPENDITURES BY DEPARTMENT For the Year Ended June 30, 2009



HOME HEALTH SERVICES OF NEVADA

REVENUE AND EXPENDITURES COMPARISON BY DEPARTMENT FOR THE YEAR ENDED June 30, 2009



REVIEWER'S COMMENTS AND RECOMMENDATIONS

Home Health Services of Nevada, Inc.

STATUS OF PRIOR FINDINGS AND RECOMMENDATIONS

June 30, 2009

(See Accountants' Review Report)

A summary of recommendations made in the June 30, 2008 review and their current status are listed below:

Deferred Revenue

We recommend that the account used to track donated assets that are temporarily restricted be analyzed on a more regular and periodic basis to properly record those assets that have been released from restriction and those that remain temporarily restricted.

Implemented

Misallocation of Expenses

During our review, we found that a significant number of office rent payments had been incorrectly posted to janitorial expense for several months. We recommend that control procedures be reviewed and strengthened to prevent incorrect expense allocations.

Implemented

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

HOME HEALTH SERVICES OF NEVADA, INC.

88-0098964

Name and title of officer

WILLIAM J. GUISTI
ADMINISTRATOR

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 from the return if any. 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>6060048</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	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 2008 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

I authorize MCMULLEN, MCPHEE & COMPANY LLC to enter my PIN 98964
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 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 2008 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 ▶ _____

**COPY FOR
YOUR FILES**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 88051060519
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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**

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOME HEALTH SERVICES OF NEVADA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1359 City or town, state or country, and ZIP + 4 ELKO, NV 89803-1359	D Employer identification number 88-0098964
	E Telephone number 775-738-7178	G Gross receipts \$ 6,060,048.
	F Name and address of principal officer: WILLIAM J. GUISTI 1812 SEQUOIA DR., ELKO, NV 89801	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ N/A	K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1966 M State of legal domicile: NV

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOME HEALTH CARE TO HOMEBOUND PATIENTS, MOST OF WHOM ARE ELDERLY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	244
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,250.	46,219.
	9 Program service revenue (Part VIII, line 2g)	7,073,170.	6,013,755.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	418.	74.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,082,838.	6,060,048.
Expenses	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)	4,206,876.	4,259,553.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,862,315.	2,011,630.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,069,191.	6,271,183.	
19 Revenue less expenses. Subtract line 18 from line 12	13,647.	-211,135.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,203,793.	983,063.
	21 Total liabilities (Part X, line 26)	1,042,837.	1,032,664.
	22 Net assets or fund balances. Subtract line 21 from line 20	160,956.	-49,601.

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 which preparer has any knowledge.			
Sign Here	Signature of officer	Date	
	WILLIAM J. GUISTI, ADMINISTRATOR		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's identifying number (see instructions)
MCMULLEN, MCPHEE & COMPANY LLC		EIN ▶	
215 BLUFFS AVENUE, SUITE 300		7757387157	
ELKO, NV 89801		Phone no. ▶ 7757387157	

COPY FOR YOUR FILES

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROVIDE HOME HEALTH CARE TO HOMEBOUND PATIENTS, MOST OF WHOM ARE ELDERLY.

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 [X] No

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

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

4a (Code:) (Expenses \$ 2,941,238. including grants of \$) (Revenue \$ 6,034,906.) HOME HEALTH CARE SERVICES PROVIDED TO APPROXIMATELY 1200 PATIENTS IN RURAL NV FOR A TOTAL OF APPROXIMATELY 50,000 VISITS

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,941,238. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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 U.S.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		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		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		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	55	
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	244	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a 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)?		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.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7e		
	7f		
	7g		
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Section 501(c)(3) and other 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: N/A		
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: N/A		
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 N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
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?		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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NV**
- 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: **HOME HEALTH SERVICES OF NEVADA, INC - (775) 738-7178**

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							121,538.	0.	0.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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
SEQUOIA HEALTH SERVICES, 840 S. RANCHO DRIVE #4350, LAS VEGAS, NV 89106	PHYSICAL THERAPY	196,698.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	18,191.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	28,028.				
	g	Noncash contributions included in lines 1a-1f. \$						
	h	Total. Add lines 1a-1f		46,219.				
	Program Service Revenue	2 a	PATIENT SERVICES	Business Code 621610	6,013,755.	6,013,755.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		6,013,755.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		74.	74.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a		a						
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d					

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	121,538.		121,538.	
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	3,530,596.	1,714,940.	1,815,656.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	69,602.		69,602.	
10 Payroll taxes	537,817.	283,224.	254,593.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,467.		25,467.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	25,911.		25,911.	
12 Advertising and promotion	21,858.		21,858.	
13 Office expenses	156,823.		156,823.	
14 Information technology	63,825.		63,825.	
15 Royalties				
16 Occupancy	290,311.		290,311.	
17 Travel	123,771.	68,552.	55,219.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	84,299.		84,299.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,795.		89,795.	
23 Insurance	46,777.		46,777.	
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 ANCILLARY SERVICES	846,453.	846,453.		
b UTILITIES	153,500.		153,500.	
c MISCELLANEOUS	39,593.	28,069.	11,524.	
d REPAIRS & MAINTENANCE	14,021.		14,021.	
e DUES & LICENSES	13,880.		13,880.	
f All other expenses	15,346.		15,346.	
25 Total functional expenses. Add lines 1 through 24f	6,271,183.	2,941,238.	3,329,945.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	-45,582.	1	75,427.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	894,187.	4	665,300.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	52,024.	8	43,815.
	9	Prepaid expenses and deferred charges	43,136.	9	32,888.
	10a	Land, buildings, and equipment: cost basis	10a 1,151,625.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,001,632.	10c	149,993.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,240.	15	15,640.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,203,793.	16	983,063.	
Liabilities	17	Accounts payable and accrued expenses	450,561.	17	591,764.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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	380,759.	23	296,556.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	211,517.	25	144,344.
	26	Total liabilities. Add lines 17 through 25	1,042,837.	26	1,032,664.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	121,369.	27	-89,766.
	28	Temporarily restricted net assets	39,587.	28	40,165.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	160,956.	33	-49,601.	
34	Total liabilities and net assets/fund balances	1,203,793.	34	983,063.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 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?	X	
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?		X

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **HOME HEALTH SERVICES OF NEVADA, INC.** Employer identification number **88-0098964**

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: (Please check only one organization.)

- 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).** (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 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 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 organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 I 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 - 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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

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 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 - 2007.** 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 II 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,613.	32,185.	11,726.	9,250.	46,219.	143,993.
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	9285599.	8965732.	8185163.	7211599.	6013755.	39661848.
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 - 5	9330212.	8997917.	8196889.	7220849.	6059974.	39805841.
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						39805841.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	9330212.	8997917.	8196889.	7220849.	6059974.	39805841.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	310.	755.	1,670.	418.	74.	3,227.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	310.	755.	1,670.	418.	74.	3,227.
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.)						39809068.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.01 %

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HOME HEALTH SERVICES OF NEVADA, INC.

Employer identification number

88-0098964

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,151,625.	1,001,632.	149,993.
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) 149,993.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should 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. (Col (b) should 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) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
ADVANCES FROM THIRD PARTY PAYORS	144,344.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	144,344.	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS. PRIMARILY A RESULT OF
INCURRING INDIGENT CARE EXPENDITURES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

HOME HEALTH SERVICES OF NEVADA, INC.

Employer identification number
88-0098964

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ARE ABLE TO ELECT OR REMOVE MEMBERS AT MEETINGS.

FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS THE TAX RETURN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

THE GOVERNING BODY'S REVIEW PROCESS HAS NOT CHANGED IN THE LAST SEVERAL YEARS.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
MACHINERY & EQUIPMENT								
155	MINOLTA PHOTOCOPIER	011690SL	5.00	16	7,085.		7,085.	0.
1564	HON FILE CABINETS	042490SL	15.00	16	505.		505.	0.
160	IBM INFO WINDOW	033190SL	5.00	16	1,139.		1,139.	0.
1622	DESKS, 1 CHAIR	083190SL	20.00	16	1,224.		1,224.	0.
1651	MINOLTA COPIER	063091SL	5.00	16	1,750.		1,750.	0.
1661	MINOLTA COPIER	063091SL	5.00	16	1,750.		1,750.	0.
1676	CHAIRS	011591SL	5.00	16	859.		859.	0.
1681	CANON PC 25 COPIER	011591SL	5.00	16	550.		550.	0.
173	CREDENZE (ADMIN)	122392SL	15.00	16	661.		661.	0.
175	DESK (ADMIN)	122392SL	20.00	16	696.		696.	0.
179	OKIFAX MACHINE (NYE)	060893SL	3.00	16	500.		500.	0.
180	OKIFAX MACHINE (ELY)	032593SL	3.00	16	500.		500.	0.
192	REFRIGERATOR (ADMIN)	101392SL	10.00	16	626.		626.	0.
193	GAS RANGE & HOOD (ADMIN)	101392SL	10.00	16	657.		657.	0.
196	XEROX COPIER	091592SL	5.00	16	9,465.		9,465.	0.
197	STORAGE SHED	083193SL	20.00	16	2,250.		1,673.	113.
204	MINOLTA COPIER	103193SL	5.00	16	1,596.		1,596.	0.
207	OKIFAX	113093SL	3.00	16	500.		500.	0.
210	OKIDATA FACSIMILE (WINNEMUCCA)	011994SL	5.00	16	599.		599.	0.
213	OKIDATA FACSIMILE (BATTLE MTN)	011994SL	5.00	16	599.		599.	0.
214	OKIDATA FACSIMILE (ADMIN)	011994SL	5.00	16	599.		599.	0.
216	CREATE A CHECK SOFTWARE	051194SL	5.00	16	2,050.		2,050.	0.
221	ELECTRONIC BILLING SOFTWARE	061594SL	5.00	16	5,917.		5,917.	0.
222	MINOLTA PHOTOCOPIER	083194SL	5.00	16	1,599.		1,599.	0.
223	PLAIN PAPER FAX	093094SL	5.00	16	1,299.		1,299.	0.
224	PLAIN PAPER FAX	093094SL	5.00	16	1,299.		1,299.	0.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
225	DANKA AMERICAN							
	022895	SL	5.00	16	3,390.		3,390.	0.
230	COPTER							
	043095	SL	5.00	16	20,000.		20,000.	0.
235	ANDREWS LOCAL EMULATION PC-TWIN							
	072294	SL	5.00	16	1,315.		1,315.	0.
236	KODAK MICROFICH WORKSTATION							
	070194	SL	5.00	16	695.		695.	0.
241	PULSOMETERS - 12							
	053195	SL	7.00	16	9,000.		9,000.	0.
242	GENERAL LEDGER & A/R PROGRAMMING							
	063095	SL	5.00	16	6,196.		6,196.	0.
243	INSURANCE PROGRAM (PCS)							
	063095	SL	5.00	16	9,137.		9,137.	0.
244	PAYROLL PROGRAMMING							
	063095	SL	5.00	16	14,481.		14,481.	0.
248	MINOLTA COPIER & STAND							
	013196	SL	5.00	16	3,198.		3,198.	0.
249	3 PULSE OXIMETERS							
	043096	SL	5.00	16	2,250.		2,250.	0.
250	SOFTWARE WORDPERFECT 6.1							
	083195	SL	5.00	16	988.		988.	0.
251	PICNIC TABLE							
	060196	SL	5.00	16	500.		500.	0.
252	GENERAL LEDGER & ACCTS REC PROGRA							
	012096	SL	5.00	16	1,105.		1,105.	0.
253	INSURANCE PROGRAMMING							
	012096	SL	5.00	16	6,615.		6,615.	0.
254	PAYROLL PROGRAMMING							
	012096	SL	5.00	16	4,438.		4,438.	0.
257	LASER PRINTER - FERNLEY							
	110896	SL	5.00	17	556.		556.	0.
258	MINOLTA COPIER - ADMINISTRATION							
	021497	SL	5.00	16	10,999.		10,999.	0.
259	OKIFAX - ADMINISTRATION							
	022097	SL	5.00	16	899.		899.	0.
260	MINOLTA COPIER - MED. REC.							
	022097	SL	5.00	16	899.		899.	0.
261	10 TV/VCR'S - ALL BRANCHES							
	030797	SL	5.00	16	3,000.		3,000.	0.
262	HP DESKJET - ADMINISTRATION							
	042397	SL	5.00	16	1,409.		1,409.	0.
263	MINOLTA COPIER - NYE							
	051797	SL	5.00	16	3,213.		3,213.	0.
264	166 TOWER - FERNLEY							
	060697	SL	5.00	16	1,778.		1,778.	0.
265	CSB PROGRAMMING CHARGES 9697							
	060197	SL	5.00	16	10,454.		10,454.	0.
266	CSB PROGRAMMING 1998							
	080197	SL	5.00	16	89,356.		89,356.	0.
267	1998/99 PROGRAMMING							
	093098	SL	5.00	16	23,441.		23,441.	0.
268	COMPUTER, SOFTWARE, PRINTER							
	113098	SL	5.00	16	4,908.		4,908.	0.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
2692	COPIERS							
	013099	SL	5.00	16	24,240.		24,240.	0.
270	CONSTRUCTION ON INTERIOR OF ADMIN BUILDING							
	010100	SL	15.00	16	6,498.		3,681.	433.
271	COMPUTER PROGRAMMING							
	060100	SL	5.00	16	5,135.		5,135.	0.
272	CSB PROGRAMMING FOR 2001							
	123100	SL	5.00	16	15,908.		15,908.	0.
273	OPI COPIER LEASE							
	103000	SL	5.00	16	29,999.		29,999.	0.
274	IBM SYSTEM/PPS LEASE							
	110100	SL	5.00	16	52,103.		52,103.	0.
275	OPI COPIERS-SUPPLEMENT							
	050101	SL	5.00	16	5,533.		5,533.	0.
2765	IBM NETVISTA							
	042502	SL	5.00	16	9,356.		9,356.	0.
277	CAREFACT COMPUTER SOFTWARE & HARDWARE							
	011503	SL	5.00	16	195,903.		195,903.	0.
278	LAPTOPS, DESKTOPS, MONITORS & MEMORY UPGRADE							
	073103	SL	5.00	16	14,945.		14,696.	249.
279	IBM COMPUTERS							
	080603	SL	5.00	16	17,059.		16,775.	284.
280	IBM COMPUTERS							
	121503	SL	5.00	16	53,839.		49,353.	4,486.
281	IBM DESKTOP TOWERS & LAPTOPS W/ACCESSORIES							
	051004	SL	5.00	16	15,797.		13,163.	2,634.
282	MINOLTA COPIER							
	120104	SL	5.00	16	15,999.		11,467.	3,200.
283	IBM COMPUTERS, LAPTOPS, & SOFTWARE							
	053003	SL	5.00	16	16,833.		13,187.	0.
284	OPI - OFFICE FURNITURE & EQUIP.							
	053005	SL	5.00	16	13,448.		8,518.	2,690.
28616	GENESIS MONITORS							
	071805	SL	5.00	16	56,000.		32,667.	11,200.
2876	LAPTOPS							
	091505	SL	5.00	16	10,252.		5,809.	2,050.
288	2006 BMW 330							
	103105	SL	5.00	16	44,887.		23,939.	8,977.
289	LV HOUSE FURNITURE							
	121905	SL	5.00	16	17,515.		8,758.	3,503.
290	SERVER AND 5 LAPTOPS							
	102905	SL	5.00	16	85,020.		45,344.	17,004.
291	LV COPIER							
	121905	SL	5.00	16	8,349.		4,175.	1,670.
292	CARSON COPIER							
	121905	SL	5.00	16	7,299.		3,650.	1,460.
2936	LAPTOPS							
	082406	SL	5.00	16	8,572.		3,143.	1,714.
294	IBM SUPPLEMENT 23565							
	070105	SL	5.00	16	13,892.		8,334.	2,778.
29510	IBM LAPTOPS							
	113006	SL	5.00	16	20,000.		6,333.	4,000.
296	SOFTWARE SCANNING SOFTWARE/LICENSING							
	121306	SL	5.00	16	14,742.		4,668.	2,948.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
297	MINOLTA BIZHUB 750 COPIER - ELKO ADMIN							
	12/19/06	SL	5.00	16	19,550.		5,865.	3,910.
298	SHARP COPIER - PAHRUMP							
	02/21/07	SL	5.00	16	8,190.		2,184.	1,638.
299	MINOLTA MDS 2500C SCANNER - ELKO ADMIN							
	04/19/07	SL	5.00	16	5,850.		1,365.	1,170.
300	MINOLTA BIZHUB 350 COPIER - FERNLEY							
	05/09/07	SL	5.00	16	7,999.		1,867.	1,600.
301	8 IBM LAPTOPS							
	05/17/07	SL	5.00	16	14,000.		3,033.	2,800.
302	MINOLTA DI2510 COPIER - ELY							
	06/05/07	SL	5.00	16	4,000.		867.	800.
303	IBM - VARIOUS COMPUTER EQUIPMENT							
	04/01/08	SL	5.00	16	10,841.		542.	2,168.
304	IBM - AS400							
	05/27/08	SL	5.00	16	17,978.		300.	3,596.
305	IBM - 4 HARDDRIVES							
	05/27/08	SL	5.00	16	3,600.		60.	720.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT							
					1,151,625.	0.	911,837.	89,795.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					1,151,625.	0.	911,837.	89,795.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

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

OMB No. 1545-0172

2008

Attachment
Sequence No. 67

HOME HEALTH SERVICES OF NEVADA, INC. FORM 990 PAGE 10 88-0098964

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	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 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	89,795.

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 2008	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		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(e) 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 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	89,795.
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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							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 -			
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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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.

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?			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44