



Carson City, A Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: Nevada Rural Counties RSVP Program

Amount Requested: \$31,500

Contact Person: Janice Ayres

Mailing Address: P.O. Box 1708

City: Carson City State: Nevada Zip Code: 89702

Phone Number: 775-687-4680 E-mail: branded@rsvp.carson-city.nv.us

501(c)3 Taxpayer I.D. Number: 94-3164032

Date Submitted: FEBRUARY 24, 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?

The RSVP volunteer mission is to provide meaningful volunteer opportunities in Carson City for people aged 55 and older with a lifetime of experience, to serve in a variety of volunteer settings in the community to improve the quality of life for all citizens. The mission of the RSVP Independent Living Programs is to provide the needed services, by volunteers, to enable low-income seniors to remain independent and in their own homes as long as possible to avoid premature institutionalization which is both unwanted and costly for the city.

2. How long has your organization been in existence? 37 Years 0 Months

How long has your organization been in Carson City? 37 Years 0 Months

3. Describe in general the activities or services of your organization:

RSVP provides volunteer opportunities for anyone in the community. These opportunities can be with a community or government agency such as those listed in question 11, or in our Senior Independent Living Programs also detailed in question 11: Home Companion, Lifeline, Resistance Exercise Training, Transportation, CARE Law and Respite Care. In addition, RSVP volunteers distribute free USDA Commodities to Carson City needy families every other month on an annual basis.

4. How many people do you intend to serve during this Fiscal Year 2010-2011?

of Youth 5,000 # of Adults 10,000 # of Seniors 2,067

5. How many people served this Fiscal Year 2010-2011 will be Carson City residents?

of Youth 5,000 # of Adults 10,000 # of Seniors 2,067

6. How many paid employees/volunteers does your organization employ?

of full-time employees 9 # of part-time employees 15

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 8%

8. Describe how your organization is managed and governed (i.e., Board of Directors).

RSVP is managed by an Executive Director and governed by a volunteer Board of Directors which meets on the third Monday of every month.

9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Janice R. Ayres	Executive Director	687-4680, Ext.2
Jerry Thurman	Board President	882-9537
Margaret Lowther	Board Vice-President	847-0563
Jeff Fontaine	Board Secretary	883-7863
Marsha Burgess	Board Treasurer	882-7600
Bonnie Parnell	Board Member	883-4234
Helaine Jesse	Board Member	445-3240
Charlie Abowd	Board Member	882-3353

Program/Proposal Information

10. Amount of funds requested? \$ 31,500
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.

The Home Companion Program, which helps to keep the "at risk" elderly at home rather than be prematurely institutionalized at great cost to the public sector for long-term care for the low-income and indigent. RSVP Home Companion volunteers helped 137 local seniors remain independent and in their own homes by assisting them with basic needs such as transportation to local Doctor and Dentist appointments, grocery shopping, picking-up prescriptions, help with correspondence, friendly visits and telephone check-ups.

The Lifeline program installs emergency telephone units (89 in Carson City) in the homes of local seniors who live alone to give them and their families peace-of-mind. Each person wears a bracelet or necklace with a response button. If they fall or become ill they press the button and are immediately in contact with Lifeline dispatchers who contact a pre-chosen RSVP volunteer or relative to go to the home and assist them. If it is a life-threatening situation or the senior is unable to speak, Lifeline dispatches 911 personnel.

The Transportation Program with RSVP owned vans take senior clients to and from Reno 2 days per week for medical, dental and vision appointments as well as trips within the city. There are few physicians in Carson City that accept Medicare and Medicaid insurance, so these seniors must go to Reno or they will not be able to access the care they need.

Resistance Exercise Training Program which teaches seniors very gentle exercises with light weights that help them build strength and increase balance. This assists them in remaining at home rather than in a care facility, as the institutionalization of many seniors occurs as the result of a fall. Classes are held twice a week at the Senior Center, Comstock Mobile Village, Carson Plaza and other local venues. In 2009, 150 seniors received Resistance Exercise Training from 12 RSVP volunteers.

The CARE Law Program assists low-income seniors in Carson City who cannot afford the high cost of private attorney fees with legal matters such as wills, guardianships, powers of attorney, and Social Security, Medicare and Medicaid problems. Last year 376 Carson City seniors were helped by the pro bono attorney and her paralegal who provided 1,445 hours of service to clients. Seniors must be 60 years of age or older to qualify, and be low-income (poverty level or below).

Home Companion Respite Care Program volunteers provided many hours of respite care for 30 Carson City caregivers who must have time-off for themselves if they are to continue to give care to a loved one and to keep him or her out of a care facility. Research has shown that 24/7 caregivers are at increased risk for depression and anxiety,

and that 40% of them die before their loved one, thus putting that person at risk of institutionalization, which they fear more than death.

For the seventh year RSVP was again the sub-contractor for the State of Nevada Food Distribution Program to provide fresh produce to low income seniors through the Senior Farmer's Market Nutrition Program. Last year \$30 worth of free coupons were distributed to 1,050 Carson City seniors who could then redeem them at the Carson City Farmer's Market in the Pony Express Pavilion.

The funds will be used to help pay for direct Carson City volunteer expenses such as on-the-job injury, excess automobile liability, personal liability insurance, accidental death benefit while volunteering, plus mileage/meal reimbursement (\$20 maximum per month) and awards and recognition events to thank volunteers. The funds will also be used to help subsidize the monthly Lifeline monitoring costs for low-income seniors, the Carson City to Reno and the local Transportation programs; light weight sets for the Resistance Exercise Training Program, limited monthly stipends for Respite Care volunteers, and to help provide pro bono legal services.

RSVP has been providing the above services in Carson City since 1973, with successful programmatic and financial management.

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 prosperous community is one that helps take care of those in need which shows an active and engaged community. RSVP volunteers embody that spirit by assisting local organizations in service and helping to keep its low-income seniors independent and in their own homes.

Outcomes will be the numbers of new volunteers recruited, new volunteer work places added, expansion of services, requests for assistance from individuals and other social service agencies, and the total number of clients served, in addition to the numbers of seniors enabled to remain independent and in their own homes.

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.

In addition to the benefits of keeping seniors secure and in their own homes with the help of the Home Companion, Lifeline, Transportation, Resistance Exercise Training and CARE Law programs as noted in question #11, RSVP volunteers also benefit the citizens of Carson City by serving at City venues such as the Carson City Sheriff's Department, Library, District Attorney's Office, Animal Services Facility, Aquatic Center, Recorder's Office, etc. Additionally, all Carson City residents and visitors benefit from RSVP volunteer service at locations such as FISH, Ron Wood Family Resource Center, Carson-Tahoe Regional Medical Center, Carson High School, Brewery Arts Center, Computer Learning Center (Senior Center), Computer Corps,

Children’s Museum, Carson City Literacy Project, Nevada Department of Public Safety, Nevada State Museum, Railroad Museum, Northern Nevada Railway Foundation, Legislative Complex, Western Nevada College, and many more. All RSVP programs/projects are ongoing. For future sustainability, RSVP solicits funding assistance from the State of Nevada Division for Aging Services, the Corporation for National and Community Service, private Foundations and businesses, and by fundraising events such as the three family fairs held in Mills Park each year.

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?

No agency currently provides the same services as RSVP; however, we do complement many State Aging Services programs such as the CHIP program, (home-based services) and other non-profit agencies such as FISH. Also, many agencies have very strict criteria for persons to receive services such as CHIP, Nevada Legal Services and others, so many needy citizens fall through the cracks. RSVP has no rigid income criteria for senior services such as the Division for Aging Services and others do, nor do we charge, except for the Lifeline program monitoring costs. RSVP is the only program transporting (door to door) the elderly or handicapped to Reno and in Carson City at no charge, and making house calls to the homebound which the Home Companion and CARE Law programs provide.

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

Attached with the Annual Report.

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>
2005	\$32,500	All RSVP Programs
2006	\$35,000	All RSVP Programs
2007	\$31,500	All RSVP Programs
2008	\$31,500	All RSVP Programs
2009	\$31,500	All RSVP Programs

**RSVP PROJECT BUDGET FOR CARSON CITY
2010-2011 PROJECTED**

Revenues	Revenue Amount
Carson City Grant	\$ 31,500
Spring Fun Fair (May 2010)	\$ 20,000
July 4th Fair (July 2010)	\$ 22,000
Nevada Day Celebration (October 2010)	\$ 18,000
Administration on Aging (# of volunteers in Carson)	\$ 32,300
Corporation for National Service (federal)	\$ 62,765
Proportionate percentage based on # of volunteers in Carson County	
Aging Services (Based on # of volunteers/clients involved)	\$ 117,735
United Way (Based on # of volunteers/clients involved)	\$ 2,788
Transportation donations	\$ 2,145
Lifeline Revenues	\$ 32,400
CARE Law Donations	\$ 5,025
Total Revenues	\$ 346,658
EXPENSES	
	Expense Amount
Volunteer Expenses:	
Overall cost per volunteer to place in a social service is \$1100/year. This includes Awards/Recognition, out-of-pocket reimbursement & insurance	
410 volunteers @ \$1100*	\$ 451,000
Fair expenses (staff, advertising, fireworks, etc.)	\$ 50,000
Fees paid back to Carson City for permits, licenses & fees for Mills Park Fairs	\$ 7,200
Lifeline Expenses	\$ 38,000
Total Expenses	\$ 546,200
Total Loss (Revenue - Expenses)	\$ (199,542)

*Cost per volunteer to be put in service is calculated by the Corporation for National and Community Service based on budget and number of volunteers in the program.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 0437874134
Apr. 10, 2008 LTR 4168C E0
94-3164032 000000 00 000
00032345
BODC: TE

NEVADA RURAL COUNTIES RSVP
PROGRAM INC
3303 BUTTI WAY
CARSON CITY NV 89701-3421032

Employer Identification Number: 94-3164032
Person to Contact: G. Wylie
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Apr. 01, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1998, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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 you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Deborah Bingham
Accounts Management I

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.

NSUP

Name of Program

Janice R. Ayres
Project Director Signature

FEBRUARY 24, 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

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

Name of Organization: Nevada Rural Counties RSVP Program

Program/Project: Senior Independent Living Program

Amount of Funds Received \$ 31,500

Contact Person: Janice Ayres

Mailing Address: P.O. Box 1708

City: Carson City State: NV Zip Code: 89702

Phone Number: 687-4680, Ext.2 E-mail: branded@rsvp.carson-city.nv.us

Date Submitted: FEBRUARY 24, 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:

Low-income homebound Senior Clients were able to remain independent and in their own homes, preventing premature institutionalization. In addition, RSVP volunteers aided the many community and governmental agencies listed in question 3 in providing vital services to the public.

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?

For the grant period, RSVP volunteers served 214 Home Companion clients; 92 Lifeline clients; 270 Resistance Exercise clients; provided 480 Reno and local Transportation medical rides to seniors; CARE Law pro bono legal assistance to 308 seniors; Respite Care for 12 families; free fresh produce to 1,050 seniors via the Senior Farmer's Market Nutrition Program; and provided free USDA Commodity Foods to 225 local needy families bi-monthly. All were Carson City residents. Some individual benefits included Home Companion and Lifeline clients enabled to remain independent and in their own homes, Resistance Exercise clients becoming stronger and more ambulatory, pro bono legal assistance helped many seniors with Medicare/Medicaid, Social Security problems and become free of bill collectors and scams, transportation clients were able to get to critical medical appointments and pick up their prescriptions. RSVP volunteers also benefitted the citizens of Carson City by serving at City venues such as the Carson City Sheriff's Department,

Library, District Attorney's Office, Animal Services Facility, Aquatic Center, Recorder's Office, etc. Additionally, all Carson City residents in need benefited from RSVP volunteer service locations such as FISH, Ron Wood Family Resource Center, Carson-Tahoe Regional Medical Center, Carson High School, Bordewich - Bray Elementary; Brewery Arts Center, Computer Learning Center (Senior Center), Computer Corps, Children's Museum, Carson City Literacy Project, Nevada Department of Public Safety, Nevada State Museum, Railroad Museum, Northern Nevada Railway Foundation, Legislative Complex, Western Nevada College, and many more.

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

Many RSVP direct service programs provided thousands of service hours to Carson City's needy, provided by over 400 RSVP volunteers that helped these people realize a better quality of life, and providing the City with an image of taking care of its residents. Especially its low-income seniors, and by encouraging volunteerism and civic engagement from all citizens which is beneficial to the City.

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

All RSVP programs/projects have been ongoing since 1973. For future sustainability, RSVP solicits funding assistance from the State of Nevada Division for Aging Services, the Corporation for National and Community Service, United Way, private Foundations and businesses, and by fundraising events such as the three family fairs held in Mills Park each year. The proceeds from the fairs not only go toward Carson City programs, but also put fees charged into Parks and Recreation coffers and provide entertainment for Carson City families.

6. Describe any challenges that impacted your program.

The downturn in the economy, along with the growing senior population explosion in Carson City placed continued stress on our ability to serve especially low-income seniors. Tremendous pressure for more volunteers also increased substantially as many current RSVP volunteers suddenly became clients in need of services themselves.

**RSVP PROJECT BUDGET FOR CARSON CITY
2008-09 ACTUAL**

Revenues	Revenue Amount
Carson City Grant	\$ 31,500
Spring Fun Fair (May 2009)	\$ 18,800
July 4th Fair (July 2009)	\$ 21,160
Nevada Day Celebration (October 2009)	\$ 17,433
Corporation for National Service (federal) Proportionate percentage based on # of volunteers in Carson County - 34% 408 of 1183	\$ 60,937
Aging Services (Based on # of volunteers)	\$ 117,735
United Way (Based on # of volunteers)	\$ 4,964
Transportation donations	\$ 2,146
Lifeline Revenue (89 in Carson City)	\$ 32,040
CARE Law Donations	\$ 5,025
Total Revenues	\$ 311,740
 EXPENSES	Expense Amount
Volunteer Expenses: Overall cost per volunteer to place in a social service is \$1100/year. This includes Awards/Recognition, out-of-pocket reimbursement, background checks & insurance for 408 volunteers @ \$1100*	\$ 342,100
Fair expenses (staff, advertising, fireworks, etc.)	\$ 42,796
Fees paid back to Carson City for permits, licenses & fees for Mills Park Fairs	\$ 7,711
Lifeline costs	\$ 38,711
Total Expenses	\$ 431,318
 Total Loss (Revenue - Expenses)	\$ (119,578)

**408 Volunteers served in Carson City
41667 hours @ \$20.25 = \$843,757**

*Cost per volunteer to be put in service is calculated by the Corporation for National & Community Service based on budget and number of volunteers supported by the program.

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2008

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
DECEMBER 31, 2008

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Nevada Rural Counties RSVP Program, Inc.

We have audited the accompanying statement of financial position of Nevada Rural Counties RSVP Program, Inc. (a nonprofit organization) as of December 31, 2008, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 2007 financial statements and, in our report dated October 20, 2008, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements and assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Nevada Rural Counties RSVP Program, Inc. as of December 31, 2008, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The schedule of functional expenses and the schedule of functional income and expenses – fund raising projects on pages 12 and 13 are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Kohn Colodny

Reno, Nevada
July 20, 2009

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 STATEMENT OF FINANCIAL POSITION
 DECEMBER 31, 2008
 (WITH COMPARATIVE TOTALS FOR DECEMBER 31, 2007)

	2008	2007 (Memorandum Only)
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 301,065	\$ 289,257
Accounts and grants receivable	10,146	24,922
Prepaid expenses	8,970	6,810
Total current assets	320,181	320,989
CARE Law program funds	1,290	4,707
PROPERTY AND EQUIPMENT, net	101,915	101,551
Total assets	\$ 423,386	\$ 427,247
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 20,641	\$ 15,986
Accrued payroll and related taxes and benefits	14,922	16,506
Accrued vacation	38,127	28,225
Due to grantor	-	4,280
Deferred revenue	28,858	18,335
Total current liabilities / total liabilities	102,548	83,332
NET ASSETS		
Unrestricted	319,548	339,208
Temporarily restricted	1,290	4,707
Total net assets	320,838	343,915
Total liabilities and net assets	\$ 423,386	\$ 427,247

See accompanying notes

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2008
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2007)

	2008			2007
	Unrestricted	Temporarily Restricted	Total	Total (Memorandum Only)
PUBLIC AND GOVERNMENTAL SUPPORT, RECLASSIFICATIONS, AND REVENUE				
Public and governmental support				
Federal and state grants	\$ 746,622	\$ -	\$ 746,622	\$ 775,055
Local government grants	48,300	-	48,300	44,300
Food commodities	97,124	-	97,124	83,282
United Way	35,582	-	35,582	32,394
Private grants and contributions	126,041	-	126,041	121,688
Fund raising revenue	98,558	-	98,558	119,374
Reclassifications				
Net assets released from restrictions - satisfaction of donor restrictions	3,417	(3,417)	-	-
Total public and governmental support and reclassifications	1,155,644	(3,417)	1,152,227	1,176,093
Revenue				
Investment income	8,268	-	8,268	15,545
Volunteer reimbursements	1,155	-	1,155	975
Lifeline reimbursements	137,808	-	137,808	141,995
Gain on disposal of equipment	1,200	-	1,200	900
Miscellaneous revenue	1,113	-	1,113	1,510
Total revenue	149,544	-	149,544	160,925
Total public and governmental support, reclassifications, and revenue	1,305,188	(3,417)	1,301,771	1,337,018
EXPENSES				
Program services				
Retired and senior services	266,940	-	266,940	341,878
Senior independent living assistance	732,072	-	732,072	695,227
Legal assistance	86,436	-	86,436	81,893
Supporting services				
General and administrative	152,071	-	152,071	142,645
Fund raising	87,329	-	87,329	53,193
Total expenses	1,324,848	-	1,324,848	1,314,836
INCREASE (DECREASE) IN NET ASSETS	(19,660)	(3,417)	(23,077)	22,182
NET ASSETS, beginning of year	339,208	4,707	343,915	321,733
NET ASSETS, end of year	\$ 319,548	\$ 1,290	\$ 320,838	\$ 343,915

See accompanying notes

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED DECEMBER 31, 2008
 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2007)

	2008	2007 (Memorandum Only)
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (23,077)	\$ 22,182
Adjustments to reconcile change in net assets to to net cash provided by operating activities		
Depreciation	23,825	19,884
Gain on disposal of equipment	(1,200)	(900)
Donation of fixed assets	-	(31,356)
Changes in certain components of working capital		
(Increase) decrease in:		
Accounts and grants receivable, net	14,776	(2,192)
Prepaid expenses	(2,160)	4,127
CARE Law program funds	3,417	(4,707)
Increase (decrease) in:		
Accounts payable	4,655	2,313
Accrued payroll and related taxes and benefits	(1,584)	9,050
Accrued vacation	9,902	(3,894)
Due to grantor	(4,280)	-
Deferred revenue	10,523	(8,442)
Net cash provided by operating activities	34,797	6,065
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of equipment	1,200	900
Purchase of equipment	(24,189)	(44,883)
Net cash used by investing activities	(22,989)	(43,983)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	11,808	(37,918)
CASH AND CASH EQUIVALENTS, beginning of year	289,257	327,175
CASH AND CASH EQUIVALENTS, end of year	\$ 301,065	\$ 289,257
SUPPLEMENTAL SCHEDULE OF NON-CASH INVESTING AND FINANCING ACTIVITIES		
Abandonment of fully depreciated equipment	\$ 14,688	\$ 22,844

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2008

NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

The Nevada Rural Counties RSVP Program, Inc. (Program) is a Nevada not-for-profit corporation that was formed for charitable purposes and without capital stock in 1992.

The Program has demonstrated a record of outstanding service to the elderly and other citizens in need of assistance throughout Nevada since 1973. The overall mission is to provide volunteer opportunities for people aged 55 and older with a lifetime of experience, to serve in a variety of settings throughout their communities. The mission of the independent living programs is to help keep low income seniors independent and in their own homes as long as possible. The Program plays a vital, social services leadership role in the communities it serves and it continues to expand its role of assisting not only the low income and homebound seniors in our service areas, but serving all persons in need and enhancing the quality of life for all citizens. The Retired and Senior Volunteer Program is a national Senior Corps program agency under the umbrella of the Corporation for National and Community Service (CNCS), a federal agency established by Congress in 1971 to motivate retired citizens to remain active, contributing members of their communities.

The Program also operates the following programs:

- Home Companion program utilizes volunteers to provide in-home services
- Lifeline program provides an emergency telephone response security system for those seniors living alone
- Resistance Exercise program helps keep seniors active by providing light weights training
- Transportation program provides critical care trips to medical and dental appointments
- CARE Law program provides pro bono legal services for low-income seniors
- Legacy Corps provides respite services for caregivers of the elderly

In addition, Program volunteers serve their communities through a variety of non-profit organizations and government agencies. Program volunteer activities include crime prevention, adult literacy tutoring, Medicare and Medicaid counseling, environmental surveys and education, center based nutrition programs, hospital volunteer service, public museum docent services, library services for the community and the homebound, computer assistance for the elderly and needy, veterans memorial services, USDA commodity foods distribution, free Senior Farmer's Market produce coupon distribution, and many more.

In addition to the independent living program clients served, almost all Nevada citizens benefit from Program volunteers serving in community non-profit organizations, agencies and institutions designated as Volunteer Stations, such as police and sheriff's departments, hospitals and hospices, schools, libraries, nursing homes, senior centers, public museums, city, county and state agencies, homeless shelters, thrift stores, food banks, animal shelters and many more.

Basis of Accounting

The Program prepares its financial statements using the accrual method of accounting, which recognizes revenue when earned and expenses as incurred.

NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Basis of Presentation

The Program reports information regarding its financial position and activities according to the three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Temporarily restricted net assets at December 31, 2008 total \$1,290 for the CARE Law program. The Program has not received any contributions with donor-imposed restrictions that would result in permanently restricted net assets.

The Program reports restricted contributions whose restrictions are met in the same reporting period in which the contributions are received as unrestricted support.

Cash and Cash Equivalents

For purposes of financial reporting, the Program considers highly liquid investments with original maturities of three months or less to be cash equivalents.

CARE Law Program Funds

A separate account is maintained for CARE Law program contributions that are to be used to cover various filing and court fees for clients.

Accounts and Grants Receivable

Accounts receivable consists of fees for Lifeline services and the collectibility is based on management's estimate of past collection practices.

Grants receivable consist of grant funds which have been expended but not yet received at year-end. Such receivables are considered fully collectible by management.

Property and Equipment

The Program records equipment and vehicles at cost or at the estimated fair value at the date of the gift if donated. Such gifts are reported as unrestricted unless specific donor stipulations specify how the donated assets must be used. The Program's policy is to capitalize all assets with an estimated useful life of more than one year and a cost of \$500 or more.

Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives on a straight-line basis, currently one to seven years.

Due to Grantor and Deferred Revenue

Due to grantor represents grant funds that have been received but not yet expended although the grant period has expired. Deferred revenue represents grant funds which have been received, but not yet expended and the grant period is ongoing into the subsequent year.

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2008

NOTE 1 - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Donated Services

Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Services requiring specialized skills are those provided by accountants, architects, carpenters, doctors, electricians, lawyers, nurses, plumbers, teachers, and other professionals.

Additionally, the Program receives a significant amount of skilled, contributed time, which does not meet the two recognition criteria above. Accordingly, the value of the contributed time is not reflected in the accompanying financial statements. See Note 5 for additional information regarding volunteer services.

Advertising Costs

Advertising costs are expensed as incurred. Advertising expense totals \$39,160 for the year ended December 31, 2008.

Income Taxes

The Program is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). Accordingly, no provision for federal income taxes is reflected in the financial statements. The Internal Revenue Service classifies the Program as an organization other than a private foundation.

Functional Allocation of Expenses

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Memorandum Only – Total Columns

Total columns in the financial statements are captioned "Memorandum Only" to indicate that they are presented only to facilitate financial analysis. Data in these columns do not present financial position, changes in net assets or cash flows in conformity with generally accepted accounting principles.

Reclassifications

Certain items on the 2007 financial statements have been reclassified to conform to the 2008 presentation.

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 NOTES TO FINANCIAL STATEMENTS (CONTINUED)
 DECEMBER 31, 2008

NOTE 2 - PROPERTY AND EQUIPMENT

The following is a summary of property and equipment at December 31, 2008:

Furniture and equipment	\$ 62,776
Leasehold improvements	27,200
Vehicles	<u>159,430</u>
	249,406
Less accumulated depreciation	<u>147,491</u>
	<u>\$101,915</u>

NOTE 3 - EMPLOYEE BENEFIT PLAN

Pursuant to the plan agreement effective July 1, 2003, the Program offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 403 (b) (7). Under the plan, the Board may make discretionary contributions for eligible employees at a percentage to be determined annually. In addition, employees are allowed to defer income up to the applicable annual limit as set forth by the Internal Revenue Service. During the year ended December 31, 2008, the Program contributed \$14,316, or 5%, of eligible employees' earnings, to the plan.

NOTE 4 - LEASE COMMITMENTS

During 2007, the Program entered into a five-year lease agreement with Carson City for office space at a cost of \$1 each year. The agreement includes an additional five-year option to extend the lease term.

The Program also leases office copier/printer units expiring at various dates through May 2011, and an office phone system expiring February 2009.

Minimum future rental payments to be paid on these leases as of December 31, 2008, for the remaining terms of the leases are:

2009	\$ 4,312
2010	4,207
2011	1,403

NOTE 5 - VOLUNTEER SERVICES

The Program's mission includes providing opportunities for persons over 55 years old to volunteer throughout the local communities and the Program's operations are significantly dependent upon the volunteers who assist senior citizens. For the year ended December 31, 2008, volunteers provided approximately 52,000 hours of community service to various local governments and non-profit agencies and 78,500 hours of services to support the Program's services to assist senior citizens in maintaining independent lifestyles. Based upon the average hourly wage for nonagricultural workers as determined by the Bureau of Labor Statistics increased for fringe benefits, the Independent Sector has estimated the value of volunteer services to approximate \$19 per hour. Accordingly, public entities have received approximately \$988,000 in services provided by the Program volunteers and the Program's senior citizens assistance programs have received an additional amount of approximately \$1,491,500 of other skilled volunteer services, which is not reflected in the accompanying financial statements because the services do not meet the criteria for recognition as set forth in Note 1. If the volunteer services that support the Program's activities were included in the financial statements, program costs would comprise approximately 94% of the Program's total costs.

SUPPLEMENTARY INFORMATION

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
SCHEDULE OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2008
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2007)

	2008						2007
	Program Services			Supporting Services			Total (Memorandum Only)
	Retired and Senior Services	Senior Independent Living Assistance	Legal Assistance	General and Administrative	Fund Raising	Total	
Advertising	\$ 254	\$ 11,227	\$ -	\$ 75	\$ 27,604	\$ 39,160	\$ 32,966
Bad debts	-	703	-	50	-	753	2,653
Bank charges	-	-	-	2,767	-	2,767	1,299
Contract labor	33,142	22,957	-	11,224	-	67,323	54,595
Contributions	-	-	-	181	-	181	-
Depreciation	-	11,004	1,538	11,283	-	23,825	19,884
Dues and subscriptions	1,540	-	105	1,297	-	2,942	3,015
Event costs	-	-	-	8	27,271	27,279	14,805
Farmer's Market							
Vendors	-	133,625	-	-	-	133,625	125,213
Commodities	-	66,925	-	-	-	66,925	53,173
Insurance	13,308	26,228	18,158	18,635	-	76,329	71,511
Interest	3	-	-	1	-	4	167
Licenses and permits	-	-	-	103	4,574	4,677	5,909
Lifeline	-	155,087	-	-	-	155,087	168,258
Miscellaneous	10	500	3,444	266	-	4,220	2,163
Payroll taxes and employee benefits	13,899	20,118	4,289	6,323	2,939	47,568	40,961
Postage and delivery	202	5,130	2,103	1,588	112	9,135	7,846
Printing and reproduction	185	10,294	567	240	126	11,412	3,977
Professional fees	1,620	9,836	-	11,311	-	22,767	28,585
Program supplies	281	904	1,270	3,516	402	6,373	10,949
Rent	6,800	2,665	-	2	-	9,467	16,953
Repairs	5,941	873	36	4,905	-	11,755	7,347
Retirement	5,424	1,961	1,100	5,831	-	14,316	20,198
Salaries and wages	113,637	164,488	35,067	51,700	24,023	388,915	394,721
Staff travel	5,653	4,986	2,284	5,507	-	18,430	19,599
Supplies	5,747	10,482	2,732	3,592	278	22,831	24,219
Telephone	4,783	11,874	2,342	4,471	-	23,470	19,102
Utilities	-	1,241	-	3,814	-	5,055	5,059
Vehicle	304	34,521	11,401	1,568	-	47,794	50,833
Volunteer expenses	54,207	24,443	-	1,813	-	80,463	108,876
	<u>\$ 266,940</u>	<u>\$ 732,072</u>	<u>\$ 86,436</u>	<u>\$ 152,071</u>	<u>\$ 87,329</u>	<u>\$ 1,324,848</u>	<u>\$ 1,314,836</u>

See accompanying notes

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 SCHEDULE OF FUNCTIONAL INCOME AND EXPENSES - FUND RAISING PROJECTS
 FOR THE YEAR ENDED DECEMBER 31, 2008
 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2007)

	2008					2007
	Spring Fair	Fourth of July	Nevada Day	Outlying Counties	Total	Total (Memorandum Only)
REVENUE	\$ 30,017	\$ 44,010	\$ 11,422	\$ 13,109	\$ 98,558	\$ 119,374
EXPENSES						
Administrative	473	161	158	126	918	1,413
Advertising	7,404	6,268	6,056	7,876	27,604	23,477
Fund raising	2,830	21,277	1,818	1,346	27,271	14,171
Licenses and permits	1,634	1,500	1,440	-	4,574	5,564
Miscellaneous and event costs	-	-	-	-	-	247
Payroll, taxes and employee benefits	5,512	13,044	4,231	4,175	26,962	8,321
Total expenses	<u>17,853</u>	<u>42,250</u>	<u>13,703</u>	<u>13,523</u>	<u>87,329</u>	<u>53,193</u>
Net fund raising income (loss)	<u>\$ 12,164</u>	<u>\$ 1,760</u>	<u>\$ (2,281)</u>	<u>\$ (414)</u>	<u>\$ 11,229</u>	<u>\$ 66,181</u>

See accompanying notes

EXTENDED UNTIL AUGUST 15, 2009

OMB No. 1546-0047

Form **990**

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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 and ending

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

C Name of organization: **NEVADA RURAL COUNTIES RSVP PROGRAM, INC.**
Doing Business As: _____
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO BOX 1708**
City or town, state or country, and ZIP + 4: **CARSON CITY, NV 89702**

D Employer identification number: **94-3164032**

E Telephone number: **(775) 687-4680**

G Gross receipts \$: **1,301,771.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see Instructions)

I Tax-exempt status: 501(c) (**3**) (Insert no.) 4947(a)(1) or 527

J Website: **WWW.NEVADARURALRSVP.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1992** **M** State of legal domicile: **NV**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION ARRANGES FOR PERSONS 55 OR OLDER TO VOLUNTEER FOR SERVICES IN COMMUNITIES		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	46
	6 Total number of volunteers (estimate if necessary)	6	1071
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,056,719.	Current Year 1,152,227.
	9 Program service revenue (Part VIII, line 2g)	142,970.	138,963.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,545.	9,468.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,784.	1,113.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,337,018.	1,301,771.
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)	414,919.	520,773.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,329.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	899,917.	804,075.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,314,836.	1,324,848.	
19 Revenue less expenses. Subtract line 18 from line 12	22,182.	<23,077.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 427,247.	End of Year 423,386.
	21 Total liabilities (Part X, line 26)	83,332.	102,548.
	22 Net assets or fund balances. Subtract line 21 from line 20	343,915.	320,838.

Part II Signature Block

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

Sign Here ▶ **TAXPAYER'S COPY**
Signature of officer: _____ Date: _____
Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Conni Clinton* Date: **08/14/09** Check if self-employed Preparer's identifying number (see instructions): _____
Firm's name (or yours if self-employed), address, and ZIP + 4: **KOHN COLODNY LLP
5310 KIETZKE LANE, SUITE 101
RENO, NEVADA 89511** EIN ▶ _____
Phone no. ▶ **775-828-7300**

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

Part II Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
RSVP'S MISSION IS TO HELP STRENGTHEN THE FABRIC OF THE COMMUNITIES IN WHICH WE SERVE BY FOSTERING GREATER CIVIC ENGAGEMENT FOR CITIZENS AGED 55 AND OLDER BY PROVIDING MEANINGFUL OPPORTUNITIES FOR VOLUNTEERING IN THEIR COMMUNITIES, AND BY PROVIDING HIGH IMPACT INDEPENDENT LIVING
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 732,072. including grants of \$ 0.) (Revenue \$ 137,809.)
 PROVIDED VOLUNTEERS, HOME VISITS, LIFELINE EMERGENCY NOTIFICATION SERVICES, HEALTH AND WELFARE TRAINING, AND TRANSPORTATION SERVICES TO HOMEBOUND SENIORS TO PROMOTE INDEPENDENT LIVING AND PREVENT THEM FROM BEING INSTITUTIONALIZED.

4b (Code:) (Expenses \$ 266,940. including grants of \$ 0.) (Revenue \$ 1,155.)
 PROVIDED VOLUNTEER SERVICES TO PUBLIC AND NON-PROFIT COMMUNITY AGENCIES

4c (Code:) (Expenses \$ 86,436. including grants of \$ 0.) (Revenue \$ 0.)
 PROVIDED LEGAL SERVICES AND OTHER SUPPORT FOR SENIORS THROUGHOUT NEVADA.

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

4e Total program service expenses \$ 1,085,448. (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

Form 990 (2008)

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	22		
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?	X	
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	46		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
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
4a			
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.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
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
6a			
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
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
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 4968?		
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	12b	N/A

Form 990 (2008)

Part VII 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:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	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
16b	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 **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
DONNA DORRIS - (775)687-4680
PO BOX 1708, CARSON CITY, NV 89702

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

(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			
JERRY THURMAN PRESIDENT	1.00	X		X				0.	0.	0.
MARGARET LOWTHER VICE PRESIDENT	1.00	X		X				0.	0.	0.
ROSEMARY WOMACK DIRECTOR	1.00	X						0.	0.	0.
BONNIE PARNELL DIRECTOR	1.00	X						0.	0.	0.
MARSHA BURGESS TREASURER	1.00	X		X				0.	0.	0.
JEFF FONTAINE SECRETARY	1.00	X		X				0.	0.	0.
HELAINES JESSE DIRECTOR	1.00			X				0.	0.	0.
JANICE AYERS EXECUTIVE DIRECTOR	40.00				X			90,738.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Total row shows 90,738 for (D), 0 for (E), and 0 for (F).

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

Table with 3 rows of questions and Yes/No columns. Row 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. Row 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. Row 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.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All rows are empty.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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	98,558.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	892,046.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	161,623.				
	g	Noncash contributions included in lines 1a-1f, \$		5,577.				
	h	Total. Add lines 1a-1f		1,152,227.				
	Program Service Revenue	2 a	LIFE LINE	Business Code 624100	137,808.	137,808.		
b		VOLUNTEER SUPPORT	561499	1,155.	1,155.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		138,963.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,268.			8,268.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				1,200.				
				1,200.				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
9 a	Gross income from gaming activities. See Part IV, line 19							
10 a	Gross sales of inventory, less returns and allowances							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	1,113.	1,113.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,113.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,301,771.	141,276.	0.	8,268.		

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	90,738.	59,395.	17,732.	13,611.
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	298,177.	253,798.	33,967.	10,412.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,316.	8,485.	5,831.	
9 Other employee benefits	69,974.	55,368.	14,606.	
10 Payroll taxes	47,568.	38,306.	6,323.	2,939.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,077.	9,146.	8,931.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	39,160.	11,481.	75.	27,604.
13 Office expenses	22,831.	18,961.	3,592.	278.
14 Information technology	1,385.	620.	765.	
15 Royalties				
16 Occupancy	9,467.	9,465.	2.	
17 Travel	18,430.	12,923.	5,507.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4.	3.	1.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,825.	12,541.	11,284.	
23 Insurance	6,355.	2,326.	4,029.	
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 SENIORS FARMERS MARKET	200,550.	200,550.		
b LIFE LINE PROGRAM EXPEN	155,087.	155,087.		
c VOLUNTEER SUPPORT	80,463.	78,650.	1,813.	
d CONTRACT LABOR	67,323.	56,099.	11,224.	
e VEHICLE	47,794.	46,226.	1,568.	
f All other expenses	113,324.	56,018.	24,821.	32,485.
25 Total functional expenses. Add lines 1 through 24f	1,324,848.	1,085,448.	152,071.	87,329.
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 educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	30,232.	1	53,216.
	2	Savings and temporary cash investments	259,025.	2	247,849.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24,922.	4	10,146.
	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		8	
	9	Prepaid expenses and deferred charges	6,810.	9	8,970.
	10a	Land, buildings, and equipment: cost basis	249,406.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	147,491.	10c	101,915.
	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	4,707.	15	1,290.
16	Total assets. Add lines 1 through 15 (must equal line 34)	427,247.	16	423,386.	
Liabilities	17	Accounts payable and accrued expenses	15,986.	17	20,641.
	18	Grants payable	4,280.	18	
	19	Deferred revenue	18,335.	19	28,858.
	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		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	44,731.	25	53,049.
	26	Total liabilities. Add lines 17 through 25	83,332.	26	102,548.
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	339,208.	27	319,548.
	28	Temporarily restricted net assets	4,707.	28	1,290.
	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	343,915.	33	320,838.	
34	Total liabilities and net assets/fund balances	427,247.	34	423,386.	

Part X 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
b If "Yes," did the organization undergo the required audit or audits?		

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

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)(vii). (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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(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									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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.")	651,111.	1042629.	1134419.	1056719.	1053669.	4938547.
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	651,111.	1042629.	1134419.	1056719.	1053669.	4938547.
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.						4938547.

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	651,111.	1042629.	1134419.	1056719.	1053669.	4938547.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,123.	11,926.	14,354.	15,545.	8,268.	57,216.
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.)	92,688.	1,027.	639.	2,410.	2,313.	99,077.
11 Total support. Add lines 7 through 10						5094840.
12 Gross receipts from related activities, etc. (see instructions)					12	1,238,574.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.93 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.86 %
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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

▶ Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

94-3164032

Part 1 Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NEVADA SCIENCE FOUNDATION 1243 WINNIE LN CARSON CITY, NV 89703	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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? Yes No
- 3b Yes No

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		27,200.	2,720.	24,480.
d Equipment		222,206.	144,771.	77,435.
e Other				0.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				101,915.

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		
PAYROLL LIABILITIES	53,049.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	53,049.	

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

Table with 10 rows: 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1,301,771.; 2 Total expenses (Form 990, Part IX, column (A), line 25) 1,324,848.; 3 Excess or (deficit) for the year. Subtract line 2 from line 1 <23,077.>

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

Table with 5 main rows and sub-rows: 1 Total revenue, gains, and other support per audited financial statements 1,301,771.; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments; b Donated services and use of facilities; c Recoveries of prior year grants; d Other; e Add lines 2a through 2d 0.; 3 Subtract line 2e from line 1 1,301,771.; 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; b Other; c Add lines 4a and 4b 0.; 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 1,301,771.

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

Table with 5 main rows and sub-rows: 1 Total expenses and losses per audited financial statements 1,324,848.; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities; b Prior year adjustments; c Losses reported on Form 990, Part IX, line 25; d Other; e Add lines 2a through 2d 0.; 3 Subtract line 2e from line 1 1,324,848.; 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; b Other; c Add lines 4a and 4b 0.; 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) 1,324,848.

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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Open To Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization <p style="text-align: center; margin: 0;">NEVADA RURAL COUNTIES RSVP PROGRAM, INC.</p>	Employer identification number <p style="text-align: center; margin: 0;">94-3164032</p>
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
NV

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		SPRING FAIR (event type)	FOURTH OF JULY CARNIVAL (event type)	3 (total number)		
Revenue	1	Gross receipts	30,017.	44,010.	24,531.	98,558.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	30,017.	44,010.	24,531.	98,558.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	17,853.	42,250.	27,226.	87,329.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(87,329)
	9	Net income summary. Combine lines 3 and 8 in column (d)				11,229.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶ _____				
Address ▶ _____				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .				
c If "Yes," enter name and address:				
Name ▶ _____				
Address ▶ _____				
16 Gaming manager information:				
Name ▶ _____				
Gaming manager compensation ▶ \$ _____				
Description of services provided ▶ _____				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____				

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGHOUT NEVADA AND ASSISTS PERSONS IN NEED OF HOME SERVICE SERVICES TO REMAIN AT HOME RATHER THAN IN A CARE FACILITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS FOR LOW-INCOME AND HOMEBOUND SENIORS TO ASSIST THEM IN STAYING INDEPENDENT AND IN THEIR OWN HOMES AS LONG AS POSSIBLE.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS E-MAILED TO ALL MEMBERS OF THE GOVERNING BODY. MEMBERS THEN REVIEW THE FORM FOR ACCURACY AND COMPLETENESS.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES AND MEMBERS OF THE GOVERNING BOARD ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST ANNUALLY. KNOWN CONFLICTS OF INTEREST ARE REVIEWED BY THE GOVERNING BOARD ANNUALLY AND CORRECTIVE ACTIONS ARE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE GOVERNING BOARD. COMPENSATION IS COMPARED TO INDUSTRY STANDARDS DETERMINED BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES SURVEY AND BASED ON PERFORMANCE. COMPENSATION OF KEY EMPLOYEES IS BASED ON A ANNUAL PERFORMANCE REVIEW, RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR, AND APPROVED BY THE GOVERNING BOARD. KEY EMPLOYEE COMPENSATION RATES ARE ALSO COMPARED TO THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES EVERY FEW YEARS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT COPIES ARE MAINTAINED AT THE ORGANIZATION'S PHYSICAL LOCATION AND ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

THE AUDITED FINANCIAL STATEMENTS ARE GIVEN TO THE CONTROLLER, EXECUTIVE DIRECTOR, AND GOVERNING BOARD FOR REVIEW, THE GOVERNING BOARD MEETS WITH THE AUDITOR TO DISCUSS ANY POSSIBLE CHANGES AND APPROVES THE FINAL AUDITED FINANCIAL STATEMENTS.