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**CARSON CITY
EXECUTIVE OFFICES**

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2011-2012

Name of Organization: FISH

Amount Requested: \$30,000

Contact Person: Jim Peckham, Exec Dir.

Mailing Address: 138 E. Long St.

City: Carson City State: NV Zip Code: 89706

Phone Number: 775-450-9180 E-mail: jim@nvfish.com

501(c)3 Taxpayer I.D. Number: 94-2590904

Date Submitted: 2/22/2011

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 2011-2012

Organization Information

1. What is the overall purpose or goal of your organization?

To provide food, clothing, shelter, and medical aid to the homeless and hungry within our community with the objective of providing programs and referrals for families and individuals so they may become self-sufficient.

2. How long has your organization been in existence? 31 Years ___ Months

How long has your organization been in Carson City? 31 Years ___ Months

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

We manage food banks, a free dining room (a la soup kitchen with daily meals), a free medical clinic, homeless and transitional shelters, homeless showers, homeless laundry area-- and thrift stores to generate funds to provide other services. We also guide/refer clients to other social services organizations and share resources with these other organizations.

4. How many people do you intend to serve during this Fiscal Year 2011-2012?

of Youth 7000 # of Adults 10,000 # of Seniors 1,250

5. How many people served this Fiscal Year 2011-2012 will be Carson City residents?

of Youth 5600 # of Adults 8000 # of Seniors 1000

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

of full-time employees 15 # of part-time employees 5--100's of volunteers

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): \$0.00

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

Executive Director Leads the operation with the Board of Directors overseeing the operations

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Dan Rikalo	President	775-720-7065
Lynn Hunter	Secretary	775-267-3646
Janice McCauley	President-elect	775-687-8013
Darcy Houghton	Past President	775-882-1777
Ellie Piazza	Member	775-886-6912
Lorie Swafford	Member	775-841-4751
Brenda Milligan	Member	775-450-5015
Mark Marsella	Member	775-267-9396
Fr. Jeff Paul	Member	775-882-1534

Program/Proposal Information

10. Amount of funds requested? \$ 30,000
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.

We are looking for funding for our vehicle fuel expense. FISH is normally self funding, but this year with decreased donations and increased needs, we need help. From July 1, 2010 through January 31, 2011 we are running about \$50,000 over budget as a whole, and fuel prices are expected to hit record highs. Our vehicles are used to transport the homeless to shelters, to work sites, and our dining room. Other vehicles are used to pick-up donated food or thrift store items.

In addition, we are looking to install dual-paned windows in our our 6 transitional homes (they currently have single-paned windows). We sub-lease these homes for up to 2 years at rates well below 50% of the market rate to low income families who are supposed to develop a savings account so they can get more permanent housing. Unfortunately, a lot of their savings are going to utility bills because of the windows. We now have double-paned aluminum storm windows on our Emergency Men's shelter and have noticed a great improvement in utilities and comfort level (we saved 18% on SW Gas bills comparing last yr from Nov-Jan).

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):

FISH works closely with Health and Human Services and other non-profits to make sure we have a "Healthy Community". Enclosed with this packet is the 2010 client services data that shows our impact. We will continue to meet the needs of the community, and report our 2011 data as needed.

We anticipate a 25% decrease in SW Gas bills for the transitional homes that get dual-paned vinyl windows. The resident pay their own utilities, so the savings would help them become self-sufficient by reducing their costs.

Our fuel purchases will be made throughout the year, and the windows should be installed within 6 weeks of approval, barring unforeseen circumstances.

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

Carson's hungry and homeless population will benefit since we will be able to continue to provide services by re-allocating funds that would normally go toward fuel.

As for our transitional homes, we average over 20 adults and children in these houses... some of whom are members of the CC Circles Initiative. FISH and Circles are finding new ways to coordinate our efforts as we push/pull our needy citizens out of poverty.

The windows are a one-time expense, and assuming the economy gets back on track and fuel prices moderate, the fuel request is not expected to be an on-going request.

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?

We share resources with several other non-profits including Food for Thought, Ron Wood, Salvation Army, various Church organizations, etc. We also share names of clients who receive holiday meal baskets to avoid duplication of Turkey dinners.

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

\$12,000 used to purchase fuel for vehicles, freeing up funds to provide other services.
\$18,000 to install dual-paned windows in our 6 transitional homes (2 @\$2,400, 4 @ 3,300).

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>
2006	\$330,565	Carson Block Grant for down payment on facilities
2010	\$43,300	Facilities improvement through the Carson Block Grant
2011	\$76,500	Pending Block grant

Required Attachments:

- X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- X **Previous Grantees: If your organization received grant funding in Fiscal Year 2010-2011 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- X Signed Guidelines for Grants (please keep a copy for your files).

unduplicated

Friends In Service Helping
Client Services Provided

Calendar Year 2010

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total*	Average
Persons given assistance	1,752	1,155	1,232	1,266	1,440	1,456	1,539	1,420	1,347	1,405	2,451	1,594	18,057	1,505
Number of Households	708	500	506	573	620	655	692	633	635	627	924	636	7,709	642
Veterans	16	22	22	22	30	23	26	16	21	24	27	22	271	23
Handicaps	96	55	65	70	90	90	107	89	82	69	114	60	987	82
New Families	112	80	84	92	104	110	116	94	92	103	125	92	1,204	100
County Totals: (Individuals)													0	
Carson	1,377	903	997	1,004	1,173	1,194	1,230	1,186	1,094	1,110	1,983	1,273	14,524	1,210
Douglas	82	46	50	21	54	67	70	34	61	64	91	89	729	61
Lyon	151	109	102	120	96	68	140	114	100	117	227	127	1,471	123
Storey	17	7	8	3	5	3	1	3	2	3	6	3	61	5
Washoe	2	1	1	7	0	0	0	1	4	3	3	3	25	2
Other	123	89	74	111	112	124	98	82	86	108	141	99	1,247	104
County Totals:	1,752	1,155	1,232	1,266	1,440	1,456	1,539	1,420	1,347	1,405	2,451	1,594	18,057	1,505
Age Breakdowns:														
0 through 17 years	714	443	471	457	565	558	592	539	487	510	991	650	6,977	581
18 through 59 years	940	626	670	724	790	786	838	776	750	777	1,308	853	9,838	820
Seniors 60 and up	98	86	91	85	85	112	109	105	110	118	152	91	1,242	104
Gender and Ethnic Breakdowns:														
Males	854	582	638	632	687	702	746	686	660	655	1,159	799	8,800	733
Females	898	573	594	634	753	754	793	734	687	750	1,292	795	9,257	771
Caucasian	1,008	703	769	773	921	873	1,008	904	920	923	1,375	964	11,141	928
Hispanic	465	299	293	331	315	308	297	302	211	257	719	446	4,243	354
Native American	34	21	31	32	39	51	34	31	20	34	65	33	425	35
Black	18	15	13	6	13	11	17	10	11	15	24	8	161	13
Other	227	117	126	124	152	213	183	173	185	176	268	143	2,087	174
Units of Service Provided:														
Food Pantry Meals	7,809	9,243	5,148	8,748	9,477	10,068	11,646	10,308	10,260	9,645	10,713	12,318	115,383	9,615
Gas and Bus Vouchers	7	4	0	1	12	3	0	5	9	0	1	0	42	4
Referrals (Specific)	0	0	0	0	1	0	0	237	259	260	294	263	1,314	110
Pass out Information Referral	101	102	98	66	75	38	71	175	103	112	66	77	1,084	90
Wylie Family Shelter	7	6	7	6	3	5	9	4	5	4	4	3	64	5
Focus Men's Shelter	14	13	14	5	0	0	0	0	0	0	0	8	54	4
Nights of Lodging	0	0	0	0	0	0	0	0	0	0	0	0	651	0
Wylie and Focus Meals	857	699	723	420	135	115	212	248	180	172	144	429	4,334	361
SHGA nightly average	24	22	22	22	22	16	12	8	5	9	10	10	15	15
Dining Room Meal Tickets	245	181	109	184	216	297	306	273	262	248	278	259	2,858	238
Dining Room meals	1,739	1,427	1,731	1,664	1,611	1,750	1,940	2,169	1,648	1,625	1,563	1,255	20,122	1,677
Counseling Sessions	22	26	15	25	18	28	23	16	14	12	12	10	221	18
Thrift Store Vouchers	56	46	17	40	62	98	117	65	55	53	33	79	721	60
Homeless Prevention - Dollars	\$0.00	\$0.00	\$0.00	\$0.00	\$411.00	\$943.61	\$0.00	\$0.00	\$100.00	\$250.00	\$0.00	\$0.00	\$1,704.61	\$142.05
Homeless Prevention - Clients	0	0	0	0	8	21	26	24	27	9	0	0	115	10
Child Care Grants	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescription Grants	270	175	291	304	300	316	284	297	198	320	268	325	3,348	279
Dental - Dollars			\$					\$		\$		\$		
Dental - Patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Safe - Dollars	\$ 4,899.00	\$ 3,321.00	\$ 2,454.59	\$ 2,454.59	\$ 3,089.00	\$ 4,045.43	\$ 2,542.89	\$ 2,326.49	\$ 2,713.85	\$ 5,551.49	\$ 2,494.44	\$ 3,706.27	\$39,599.04	\$ 3,299.92
Safe - Clients	57	37	26	26	33	41	26	23	28	61	24	24	406	34
Showers	88	105	145	114	108	199	184	204	207	153	140	104	1,751	146
Laundry-Wash & Dry	104	116	118	96	92	82	104	82	98	66	70	96	1,124	94
Medical	91	100	113	115	94	102	119	93	76	101	75	119	1,198	100
Holiday Turkey Baskets	0	0	0	0	0	0	0	0	0	0	537	530	1,067	89

* Total clients is "unduplicated" clients served during the year.

Internal Revenue Service

Department of the Treasury

District
Director

300 N. Los Angeles Street, MS 7043
Los Angeles, CA 90012

FRIENDS IN SERVICE HELPING-EMERGENCY
REFERRAL SERVICE
138 E. LONG STREET
CARSON CITY, NV 89706-2504

Person to Contact:
L BARRAGAN
Telephone Number:
(213) 894-2336
Refer Reply to:
EO(0306)98
Date:
MARCH 10, 1998
EIN: 94-2590904

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate this organization was recognized to be exempt from Federal Income Tax in MAY 1979 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in MAY 1979 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



Disclosure Assistant

**F.I.S.H.
EMERGENCY REFERRAL SERVICE PROGRAM
FINANCIAL STATEMENTS
JUNE 30, 2010**

F.I.S.H.
EMERGENCY REFERRAL SERVICE PROGRAM
(A Nonprofit Organization)
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
YEAR ENDED JUNE 30, 2010

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
F.I.S.H.
Emergency Referral Service Program
Carson City, Nevada

We have audited the accompanying statement of financial position of F.I.S.H. - Emergency Referral Service Program (a nonprofit organization) as of June 30, 2010, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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 from material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our 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 F.I.S.H. - Emergency Referral Service Program as of June 30, 2010, 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.

A handwritten signature in black ink that reads 'SA of AAA LLC'.

Carson City, Nevada
July 31, 2010

F.I.S.H.
Emergency Referral Service Program
Statement of Financial Position
June 30, 2010

ASSETS

CURRENT ASSETS

Cash and Cash Equivalents	\$ 157,651
Employee Advances	50
TOTAL CURRENT ASSETS	<u>157,701</u>

PROPERTY, PLANT, AND EQUIPMENT

2,197,244

OTHER ASSETS

Deposits	3,923
Investment	26,625
Loan Fees, Net of Amortization	12,795
TOTAL OTHER ASSETS	<u>43,343</u>

TOTAL ASSETS

\$ 2,398,288

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts Payable	\$ 6,177
Accrued Liabilities	1,800
Accrued Payroll and Vacation Pay	39,984
Accrued Payroll Taxes and Other Withholdings	4,269
Current Portion Mortgage Payable	37,102
TOTAL CURRENT LIABILITIES	<u>89,332</u>

LONG TERM LIABILITIES

Mortgage Payable, Net of Current Portion	<u>1,759,865</u>
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TOTAL LIABILITIES

1,849,197

NET ASSETS

Temporarily Restricted Net Assets	3,534
Unrestricted Net Assets	545,557
TOTAL NET ASSETS	<u>549,091</u>

TOTAL LIABILITIES AND NET ASSETS

\$ 2,398,288

See Accompanying Accountant's Audit Report & Notes to Financial Statements

F.I.S.H.
Emergency Referral Service Program
Statement of Activities
For the Year Ended June 30, 2010

SUPPORT AND REVENUES

Grants and Contracts	\$ 98,742
Contributions	835,068
Thrift Store Income	616,212
Shelter Income	45,565
Recycle Income	15,214
Rental Income	24,087
Fundraising Income	1,770
Interest Income	524
Other Income	<u>303</u>

Total Unrestricted Support and Revenues	<u>1,637,485</u>
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EXPENSES

Program Services	1,226,064
General and Administrative	158,249
Fundraising	14,751
Loss on Sale of Assets	4,457
Interest Expense	<u>142,613</u>

Total Unrestricted Expenses	<u>1,546,134</u>
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Increase (Decrease) in Unrestricted Net Assets	<u>91,351</u>
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TEMPORARILY RESTRICTED NET ASSETS

Temporarily Restricted Income	17,009
Temporarily Restricted Expenses	<u>(21,202)</u>

Increase (Decrease) in Temporarily Restricted Net Assets	<u>(4,193)</u>
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Change in Net Assets	87,158
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Net Assets, June 30, 2009	<u>461,933</u>
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Net Assets, June 30, 2010	<u><u>\$ 549,091</u></u>
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See Accompanying Accountant's Audit Report & Notes to Financial Statements

F.I.S.H.
Emergency Referral Service Program
Statement of Functional Expenses
For the Year Ended June 30, 2010

	Thrift Stores	Focus House	Family Dining Room	Food Bank	Intake and Referral	Supportive Housing Program	Health Clinic	Total Program Services	Management and Administration	Fundraising	Total
Professional Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 78	\$ -	\$ 78	\$ 9,040	\$ -	\$ 9,118
Advertising	649	-	-	-	-	-	-	649	260	390	1,299
Awards & Grants	-	-	-	51	-	-	-	51	(500)	5,000	4,551
Burglary - Theft	100	-	-	-	-	-	-	100	100	-	200
Client Services	15,884	-	-	589,576	1,519	-	140	607,119	-	-	607,119
Commissions	15,389	-	-	-	-	-	-	15,389	-	-	15,389
Conferences	-	-	-	-	-	-	-	-	45	-	45
Contract Labor	-	-	-	-	-	-	-	-	21,187	-	21,187
Dues & Subscriptions	60	-	-	-	-	-	-	60	1,020	-	1,080
Equipment Purchases	761	168	62	-	-	-	509	1,500	111	-	1,611
Food Purchases	-	-	(20,322)	28,091	-	-	-	7,769	-	-	7,769
Fuel	6,409	2,250	-	3,301	32	-	-	11,992	-	-	11,992
Fundraising	-	-	-	944	-	-	-	944	1,508	761	3,213
Insurance	16,584	4,337	3,070	5,793	8,075	2,493	1,246	41,598	2,115	-	43,713
Taxes & Licenses	713	-	15	121	-	-	-	849	593	-	1,442
Maintenance	8,845	4,468	1,701	849	29	1,417	-	17,309	1,472	-	18,781
Medical Services	-	-	-	-	-	-	739	739	-	-	739
Miscellaneous	2,299	589	2,995	432	23	-	-	6,338	1,837	303	8,478
Office Expense	8,022	236	-	81	74	-	70	8,483	3,228	3,771	15,482
Payroll Taxes	17,835	1,464	2,880	1,586	6,308	542	-	30,615	6,439	-	37,054
Printing & Publications	914	-	-	-	-	-	-	914	90	4,526	5,530
Public Relations	-	-	-	-	-	-	-	-	1,495	-	1,495
Rent	46,584	2,928	-	-	-	9,687	-	59,199	1,202	-	60,401
Telephone & Utilities	32,604	10,038	6,011	5,787	7,868	11,046	4,600	77,954	4,721	-	82,675
Wages & Benefits	183,125	16,835	33,131	17,490	73,725	6,440	-	330,746	64,127	-	394,873
Depreciation & Amort.	1,775	487	1,144	2,263	-	-	-	5,669	38,159	-	43,828
	<u>\$ 358,552</u>	<u>\$43,800</u>	<u>\$ 30,687</u>	<u>\$ 656,365</u>	<u>\$ 97,653</u>	<u>\$ 31,703</u>	<u>\$ 7,304</u>	<u>\$ 1,226,064</u>	<u>\$ 158,249</u>	<u>\$ 14,751</u>	<u>\$ 1,399,064</u>

See Accompanying Accountant's Audit Report & Notes to Financial Statements

F.I.S.H.
Emergency Referral Service Program
Statement of Cash Flows
For the Year Ended June 30, 2010

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in Net Assets	\$ 87,158
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities	
Depreciation and Amortization	43,828
Loss on Disposal of Property	4,457
Increase in Employee Advances	50
Increase in Accounts Payable	8
Decrease in Accrued Payroll Taxes	226
Increase in Accrued Payroll and Vacation Pay	<u>(11,805)</u>
 Net Cash Provided by Operating Activities	 <u>123,922</u>
 CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of Property and Equipment	<u>(47,003)</u>
 Net Cash Used in Investing Activities	 <u>(47,003)</u>
 CASH FLOWS FROM FINANCING ACTIVITIES	
Principal Payments on Mortgage Payable	<u>(29,848)</u>
 Net Cash Used in Financing Activities	 <u>(29,848)</u>
 Net Increase in Cash and Cash Equivalents	 47,071
Cash and Cash Equivalents, June 30, 2009	<u>118,794</u>
Cash and Cash Equivalents, June 30, 2010	<u><u>\$ 157,651</u></u>
 SUPPLEMENTAL CASH FLOW INFORMATION	
Cash Paid for Interest	<u><u>\$ 142,613</u></u>

See Accompanying Accountant's Audit Report & Notes to Financial Statements

F.I.S.H.
Emergency Referral Service Program
Notes to Financial Statements
June 30, 2010

NOTE 1 - NATURE OF ACTIVITIES

F.I.S.H. Emergency Referral Service Program is a non-profit corporation established to help needy individuals through operation of FOCUS houses, a family dining room, senior breakfast program, food bank, child care, and information and referral services. Funding is provided through the operation of three thrift stores, public support including United Way, and government grants and contracts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting, whereby income is recognized when earned and costs and expenses are recognized when the obligations are incurred. Accordingly all significant receivables, payables, and other liabilities are reflected.

2. Basis of Presentation

Financial statement preparation follows the recommendations of the Financial Accounting Standards Board in its FASB ASC 958-210-45-1, *Financial Statements of Not-for-Profit Organizations*. Under FASB ASC 958-210-45-1, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

3. Support and Revenue

During 2010 approximately 38% of the organization's revenue is generated from sales of donated merchandise through the thrift stores. An additional 36% of revenues is generated from donations of food to the dining room and food bank. The balance of support and revenues comes primarily from direct and indirect support, government grants and contracts, donations, charges for services, rental income, and interest and miscellaneous income.

Grants and other contributions of cash and other assets are reported as temporarily restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Contributions received with donor-imposed restrictions that are met in the same year in which the contributions are received are classified as unrestricted contributions.

F.I.S.H.
Emergency Referral Service Program
Notes to Financial Statements
June 30, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

3. Support and Revenue (Continued)

Contributions of donated noncash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received.

4. Contributed Services - Volunteers

A substantial number of volunteers have donated significant amounts of their time to the Organization's program services. No amounts have been reflected in the financial statements for those services since they do not meet the criteria for recognition under FASB ASC 958-605-25-2 and FASB ASC 958-605-30-2, *Accounting for Contributions Received and Contributions Made*.

5. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

6. Capitalization, Depreciation and Amortization

It is the Organization's policy to capitalize property and equipment over \$1,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Depreciation is computed by the straight line method at rates based on the following estimated useful lives:

	Years
Furniture, Fixtures and Equipment	3 - 10
Vehicles	3 - 5
Leasehold Improvements	10
Building	30

Depreciation expense for the year ended June 30, 2010 was \$41,665. Amortization of Loan Fees was \$2,163.

F.I.S.H.
Emergency Referral Service Program
Notes to Financial Statements
June 30, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

7. Income Taxes

The Organization is a nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code and, as such, is exempt from federal and state income taxes. The Organization purchased the strip mall in which they are located in June 2006. The rental income generated from the strip mall is considered unrelated business income and is subject to income taxes. The net loss from rental operations was \$0 for the year ended June 30, 2010, resulting in federal income tax of \$0.

8. Investments

Investments are composed of land not used for the Organization's exempt purpose, but held for investment purposes only, and is carried at cost.

9. Advertising Expense

The Organization expenses advertising production costs as they are incurred and advertising communication costs the first time advertising takes place. Any costs which meet the requirements to be capitalized are not material.

10. Sales and Use Tax

The Organization has been granted a sales and use tax exemption for Nevada sales and use tax under Nevada Revised Statutes section 372.326.

11. Cash and Cash Equivalents

For the purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. At June 30, 2010, there were no cash equivalents.

12. Functional Allocation of Expenses

The costs of providing the Organization's various programs and supporting services have been summarized on a functional basis in the Statement of Activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

F.I.S.H.
Emergency Referral Service Program
Notes to Financial Statements
June 30, 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

13. Concentrations of Credit Risk

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash in banks. The Organization deposits its cash in financial institutions. At times, the account balances may exceed the institution's federally insured limits. The Organization has not experienced any losses on such accounts. At June 30, 2010, the Organization's bank balances were within the federally insured limits.

The Organization is supported by the public. It is always considered reasonably possible that benefactors, grantors or contributors might be lost in the near term. The Organization operates in the Carson City, Dayton and Lyon and Douglas County areas of Nevada. Future operations, including thrift store sales, could be affected by changes in the economic or other conditions in that geographical area.

14. Subsequent Events

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through July 31, 2010, the date the financial statements were available to be issued.

NOTE 3 - TEMPORARILY RESTRICTED NET ASSETS

All of the restrictions on net assets at the end of 2010 are related to funds received in conjunction with the Emergency Food and Shelter Program Grant. These grant funds are restricted to the purchase of food items to be disbursed to homeless individuals and those in need. As such, all funds received are required to be held in separate bank accounts and are temporarily restricted until expended. Temporarily restricted net assets available for the specified purpose of this grant totaled \$3,534 at June 30, 2010, and were held in the following bank accounts:

Cash in Bank - ESFP Lyon County	\$ 736
Cash in Bank - FEMA	<u>2,798</u>
Total Temporarily Restricted Funds, June 30, 2010	<u><u>\$ 3,534</u></u>

F.I.S.H.
Emergency Referral Service Program
Notes to Financial Statements
June 30, 2010

NOTE 4 - PROPERTY AND EQUIPMENT

At June 30, 2010 the cost and related accumulated depreciation of property and equipment consisted of the following:

	Cost	Accumulated Depreciation	Net
Land	\$ 911,880	\$ -	\$ 911,880
Building	1,367,820	141,749	1,226,071
Equipment, Furniture, Fixtures, and Vehicles	174,482	119,289	55,193
Leasehold Improvements	368,632	364,532	4,100
	<u>\$ 2,822,814</u>	<u>\$ 625,570</u>	<u>\$ 2,197,244</u>

NOTE 5 - COMPENSATED ABSENCES

Employees of the Organization are entitled to paid vacation and sick leave depending on job classification, length of service, and other factors. Vested or accumulated vacation pay and sick leave that is expected to be liquidated is reported as an expenditure and fund liability. Amounts accrued for employees but not yet used totaled \$24,845 at June 30, 2010 and are included in accrued payroll and vacation pay.

NOTE 6 - FEDERAL FINANCIAL ASSISTANCE

The Organization has been awarded grants from various Federal, State and local entities to provide food and shelter to homeless individuals. These grants are considered to be exchange transactions. Accordingly, revenue is recognized when earned and expenses are recognized as incurred. Grant activity for the year ended June 30, 2010 was as follows:

Grant Receipts	60,269
Grant Expenditures	<u>(64,462)</u>
Refundable Advances, June 30, 2010	<u>\$ (4,193)</u>

F.I.S.H.
 Emergency Referral Service Program
 Notes to Financial Statements
 June 30, 2010

NOTE 7 - IN-KIND SUPPORT

The Organization has recorded donated services and materials, including food, in the financial statements at the estimated fair value at the date of the donations. This amount is then offset by an entry to client services expense. If the items are sold in the thrift stores, the sales revenue is reported at that time. The amounts reflected in the current year were \$605,460.

NOTE 8 - OPERATING LEASES

Operating leases arise from the leasing to homeless individuals, residences the Organization leases from the State of Nevada. Initial lease terms are for 24 months. The expense related to the leasing of these residences from the State of Nevada was \$9,603 for the year ended June 30, 2010.

In addition, the Organization leases retail space in the strip mall it owns. Initial lease term was for 5 years commencing May 2006. Investment in this operating lease at June 30, 2010, is as follows:

Building, at Cost	\$ 157,398
Loan Origination Fees	2,488
Accumulated Depreciation and Amortization	<u>(17,139)</u>
 Net Investment in Operating Lease	 <u><u>\$ 142,747</u></u>

Future minimum rental payments to be received on all non-cancelable operating leases are contractually due as follows as of June 30, 2010:

<u>Year Ending June 30</u>	
2011	<u>\$ 20,665</u>
	<u><u>\$ 20,665</u></u>

F.I.S.H.
Emergency Referral Service Program
Notes to Financial Statements
June 30, 2010

NOTE 9 - LEASE COMMITMENTS

On September 1, 2006, the Organization entered into an agreement with Fred Maida to lease real property located at 1231 Service Drive, Gardnerville, Nevada containing 4,700 square feet of rental area. The term of the lease is 3 years terminated August 31, 2009. The payment amount has not changed and currently the agreement is a month to month arrangement. The Organization is currently in the process of renegotiating this lease. Rent expense under this lease for the year ended June 30, 2010, was \$31,162.

On September 18, 2000, the Organization entered into an agreement to lease property from the State of Nevada, known as "Building 62" containing 1630 square feet at \$.119 per square foot, or \$200 per month. The term of the lease is 8 years and terminated August 31, 2008. The payment amount has not changed and currently the agreement is a month to month arrangement. The Organization is currently in the process of renegotiating this lease. Rent expense under this lease for the year ended June 30, 2010, was \$2,400.

On April 11, 2000, the Organization entered into an agreement to lease property from the State of Nevada, at 116, 117, 118 and 119 Sierra Avenue, Carson City, Nevada at \$.125 per square foot, or approximately \$600 per month. The term of the lease is for 5 years, with an option to renew for an additional 5 years. Rent expense under this lease for the year ended June 30, 2010, was \$7,203. Future minimum lease payments for the fiscal year ending June 30, 2011 are \$6,003.

On September 18, 2000, the Organization entered into an agreement to lease property from the State of Nevada, known as "Building 110" containing 2,000 square feet at \$.122 per square foot, or approximately \$244 per month. All costs incurred in the renovation on "Building 110" will be credited to the rent payments through the initial lease and one renewal. The term of the lease is 8 years, with an option to renew for an additional 8 years. The Organization is currently in the process of renegotiating this lease. Rent expense under this lease for the year ended June 30, 2010, was \$2,928.

On January 30, 2007, the Organization entered into an agreement with Joe Fraga to lease real property located at 7010 Hwy 50 East, Dayton, Nevada containing 1,600 square feet of rental area. The term of the lease is 2 years, commencing on August 1, 2006 and terminating on July 31, 2008. The payment amount has not changed and currently the agreement is a month to month arrangement. Rent expense under this lease for the year ended June 30, 2010, was \$8,460. The Organization is currently in the process of renegotiating this lease.

F.I.S.H.
 Emergency Referral Service Program
 Notes to Financial Statements
 June 30, 2010

NOTE 9 - LEASE COMMITMENTS - (CONTINUED)

On September 28, 2009, the Organization entered into an agreement with David Hardy to lease real property located at 10126 Hwy 50 East, Mound House, Nevada containing 3,100 square feet of rental area. The term of the lease is 4 years, commencing on November 1, 2009 and terminating on October 30, 2013. The payment amount for November and December 2009 is \$950 per month and increases to \$ 1,300 thru December 2011. Rent expense under this lease for the year ended June 30, 2010, was \$9,700.

Total future minimum lease payments for the fiscal year ending June 30, 2011, on the above leases are \$18,528.

NOTE 10 - MORTGAGE NOTE PAYABLE

On June 7, 2006, the Organization purchased the property located at 1601 through 1611 North Carson Street and 138, 140, 142 and 150 East Long Street, Carson City, Nevada. This property secures a note with BB&T Bank in the original amount of \$1,912,500. Monthly payments are made in the amount of \$14,588.94, which includes principal and interest. The interest rate is 7.75% per annum and the note matures June 2016, at which time all unpaid principal and interest is due and payable. Aggregate maturities on long term debt over the next five years are as follows:

Year Ending June 30	
2011	\$ 37,102
2012	40,082
2013	43,301
2014	46,778
2015	50,535
Thereafter	<u>1,579,169</u>
Total Long-term Debt	1,796,967
Less Current Portion	<u>(37,102)</u>
Long-term Debt Net of Current Portion	<u><u>\$ 1,759,865</u></u>

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
 benefit trust or private foundation)
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FISH-EMERGENCY REFERRAL SERVICE PROGRAM Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 138 E. LONG STREET City or town, state or country, and ZIP + 4 CARSON CITY NV 89706	D Employer identification number 94-2590904
		E Telephone number 775-882-8446	G Gross receipts \$ 1,694,292
		F Name and address of principal officer: TAXPAYER COPY	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ HTTP://WWW.FISHCARSON.ORG WWW.NVFISH.COM	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation:	M State of legal domicile:

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE FOOD, CLOTHING AND SHELTER FOR THE NEEDY OF THE CARSON CITY NEVADA AREA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	75
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	860,587	935,580
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	686,239	677,294
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,412	-3,933
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,772	-4,118
	12	1,550,010	1,604,823
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)	426,202	431,927
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,751		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,122,566	1,085,738
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,548,768	1,517,665	
19 Revenue less expenses. Subtract line 18 from line 12	1,242	87,158	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,355,155	2,398,286
	22 Net assets or fund balances. Subtract line 21 from line 20	1,893,222	1,849,195
		461,933	549,091

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 COPY	
▶	Signature of officer	Date
▶	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶ BENJAMIN C. STEELE CPA	Date 08/13/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) 543-54-0961
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ STEELE & ASSOCIATES, LLC 680 W NYE LN STE 202 CARSON CITY, NV 89703	EIN ▶ 88-0479248	Phone no. ▶ 775-882-7198	

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROVIDE FOOD, CLOTHING AND SHELTER FOR THE NEEDY OF THE CARSON CITY NEVADA AREA.

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 \$ **1,174,836** including grants of \$) (Revenue \$)

SPECIFIC ASSISTANCE-PROVIDE FOOD, CLOTHING, AND SHELTER FOR THE NEEDY

4b (Code:) (Expenses \$ **43,800** including grants of \$) (Revenue \$)

FOCUS HOUSES-PROVIDE FOOD AND TEMPORARY HOUSING FOR FAMILIES UNTIL FAMILY MEMBERS OBTAIN JOBS AND SUFFICIENT FUNDS TO RENT THEIR OWN DWELLING.

4c (Code:) (Expenses \$ **30,687** including grants of \$) (Revenue \$)

FAMILY DINING ROOM -PROVIDES HOT MEALS TO THE NEEDY AND THE FOOD BANK WHICH PROVIDES FORRD FOR THE NEEDY

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

(Expenses \$ **7,304** including grants of \$) (Revenue \$)

4e Total program service expenses ► **1,256,627**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 4		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 44		
2b	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **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: ► Jim Beckham 8138 E Long St, Carson City NV 89706

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

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

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

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply) including 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.

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,770				
	d Related organizations	1d					
	e Government grants (contributions)	1e	98,742				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	835,068				
	g Noncash contributions included in lines 1a-1f: \$		569,845				
	h Total. Add lines 1a-1f		935,580				
Program Service Revenue	2a THRIFT STORE SALES	Busn. Code	616,212			616,212	
	b SHELTER INCOME		45,565			45,565	
	c RECYCLE INCOME		15,214	15,214			
	d OTHER INCOME		303	303			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		677,294				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		524	524			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	24,087				
		(ii) Personal					
	b Less: rental exps.		24,012				
	c Rental inc. or (loss)		75				
	d Net rental income or (loss)		75			75	
	7a Gross amount from sales of assets other than inventory	(i) Securities	61,000				
		(ii) Other					
	b Less: cost or other basis & sales exps.		65,457				
	c Gain or (loss)		-4,457				
	d Net gain or (loss)		-4,457			-4,457	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a						
b Less: direct expenses	b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a TEMPORARILY RESTRICTED INCOME			17,009	17,009			
b TEMPORARILY RESTRICTED EXP			-21,202	-21,202			
c							
d All other revenue							
e Total. Add lines 11a-11d			-4,193				
12 Total Revenue. See instructions.			1,604,823	7,391	75	661,777	

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				
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	394,873	330,746	64,127	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	37,054	30,615	6,439	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,118	78	9,040	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	849,178	795,796	39,021	14,361
12 Advertising and promotion	1,299	649	260	390
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	60,401	59,199	1,202	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	126,198		126,198	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,544	39,544		
23 Insurance				
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				
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,517,665	1,256,627	246,287	14,751
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	23,344	1	
	2 Savings and temporary cash investments	95,450	2	157,651
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	100	7	50
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,822,815		
	b Less: accumulated depreciation	10b 625,573	2,206,863	10c 2,197,242
	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	12,795
	15 Other assets. See Part IV, line 11	29,398	15	30,548
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,355,155	16	2,398,286	
Liabilities	17 Accounts payable and accrued expenses	6,169	17	6,175
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,829,421	24	1,796,967
	25 Other liabilities. Complete Part X of Schedule D	57,632	25	46,053
	26 Total liabilities. Add lines 17 through 25	1,893,222	26	1,849,195
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	454,207	27	545,557
	28 Temporarily restricted net assets	7,726	28	3,534
	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	461,933	33	549,091	
34 Total liabilities and net assets/fund balances	2,355,155	34	2,398,286	

PART XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Public Charity Status and Public Support

2009

Department of the Treasury
Internal Revenue Service

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **FISH-EMERGENCY REFERRAL SERVICE PROGRAM**

Employer identification number
94-2590904

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	842,077	434,532	684,527	860,587	933,810	3,755,533
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	842,077	434,532	684,527	860,587	933,810	3,755,533
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						3,755,533

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	842,077	434,532	684,527	860,587	933,810	3,755,533
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,552	524	2,076
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					661,777	661,777
11 Total support. Add lines 7 through 10						4,419,386
12 Gross receipts from related activities, etc. (see instructions)					12	11,848
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 2009 (line 6, column (f) divided by line 11, column (f))	14	84.98 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.94 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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"/>		

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Name of the organization
**FISH-EMERGENCY REFERRAL SERVICE
PROGRAM**

Employer identification number
94-2590904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization FISH-EMERGENCY REFERRAL SERVICE PROGRAM

Employer identification number

94-2590904

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, and other details.

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.

Table with 2 columns: Amounts. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open To Public Inspection

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization **FISH-EMERGENCY REFERRAL SERVICE PROGRAM**

Employer Identification number
94-2590904

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	11	569,845	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**FISH-EMERGENCY REFERRAL SERVICE
PROGRAM**

Employer identification number

94-2590904

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

**ROSS CLINIC-PROVIDES NO COST MEDICAL ASSISTANCE FOR THE
NEEDY.**

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC**

Name of organization

FISH-EMERGENCY REFERRAL SERVICE

Employer identification number

94-2590904**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PENELOPE 2601 ALMA AVE SOUTH LAKE TAHOE CA 96150	\$ 57,543	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SAVEMART- CARSON CITY AREA 3620 N CARSON ST CARSON CITY NV 89706	\$ 209,588	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COSTCO 700 OLD CLEAR CREEK RD CARSON CITY NV 89701	\$ 107,519	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	RALEYS STORES P.O. BOX 15618 SACRAMENTO CA 95852	\$ 26,693	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SAFeway STORES 2035 N. CARSON ST. CARSON CITY NV 89706	\$ 44,572	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SAK N SAVE STORE 2100 HWY 50 E. CARSON CITY NV 89701	\$ 76,028	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

FISH-EMERGENCY REFERRAL SERVICE

Employer identification number

94-2590904

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD, AND SUPPLIES	\$ 209,588	
3	FOOD, SUPPLIES AND CLOTHING	\$ 107,519	
4	FOOD AND SUPPLIES	\$ 26,693	
5	FOOD AND SUPPLIES	\$ 44,572	
6	FOOD AND SUPPLIES	\$ 76,028	
7	FOOD AND DRINKS	\$ 32,406	

Name of organization

FISH-EMERGENCY REFERRAL SERVICE

Employer identification number

94-2590904

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	STARBUCKS-CARSON CITY AREA VARIOUS CARSON CITY NV 89706	\$ 32,406	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)

Filing Instructions

FISH-Emergency Referral Service Program

Exempt Organization Tax Return

Taxable Year Ended June 30, 2010

- Date Due:** November 15, 2010
- Remittance:** None is required. Your Form 990 for the tax year ended 6/30/10 shows no balance due.
- Mail To:** Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
- If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404
- Signature:** The return should be signed and dated on Page 1 by an officer representing the organization.
- Other:** Initial and date the copy of the return, and retain it for your records.

Filing Instructions**FISH-Emergency Referral Service
Program****Exempt Organization Business Tax Return****Taxable Year Ended June 30, 2010**

- Date Due:** November 15, 2010
- Remittance:** None is required. Your Form 990-T for the tax year ended 6/30/10 shows no balance due.
- Mail To:** Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
- If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404
- Signature:** The return should be signed and dated on Page 2 by an officer representing the organization.
- Other:** Initial and date the copy of the return, and retain it for your records.

Forms 990 / 990-EZ Return Summary

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

FISH-EMERGENCY REFERRAL SERVICE **94-2590904**
PROGRAM

Net Asset / Fund Balance at Beginning of Year 461,933

Revenue

Contributions	935,580
Program service revenue	677,294
Investment income	599
Capital gain / loss	-4,457

Special events:

Gross revenue	_____
Direct expenses	_____
Net income	_____

Other income -4,118

Total revenue **1,604,823**

Expenses

Program services	1,256,627
Management and general	246,287
Fundraising	14,751

Total expenses **1,517,665**

Excess / (deficit) **87,158**

Other changes _____

Net Asset / Fund Balance at End of Year **549,091**

Reconciliation of Revenue

Total revenue per financial statements **1,604,823**

Less:

Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____
Total revenue per return	1,604,823

Reconciliation of Expenses

Total expenses per financial statements **1,517,665**

Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____
Total expenses per return	1,517,665

Balance Sheet

	Beginning	Ending	Differences
Assets	2,355,155	2,398,286	
Liabilities	1,893,222	1,849,195	
Net assets	461,933	549,091	87,158

Miscellaneous Information

Amended return _____
 Return / extended due date **11/15/10**
 Failure to file penalty _____

Form 990-T Return Summary

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

**FISH-EMERGENCY REFERRAL SERVICE
PROGRAM**

94-2590904

Income

Gross profit		
Capital gain / loss		
Unrelated debt-financed income		
All other income	24,087	
Total Income		24,087

Deductions

Officer compensation		
Salaries		
All other deductions	24,012	
Net operating loss		
Specific deduction	1,000	
Total deductions		25,012

Unrelated business taxable income **-925**

Taxes / Credits / Payments

Regular tax		
Proxy tax		
Alternative minimum tax		
Tax		
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		
Estimated tax payments		
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		
Net tax due		

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		

Balance due
Refund

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
Return / extended due date **11/15/10**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning **07/01/09**, and ending **06/30/10**. See separate instructions.

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 2,398,286</p>	<p>Print</p> <p>or</p> <p>Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FISH-EMERGENCY REFERRAL SERVICE PROGRAM</p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 138 E. LONG STREET</p> <p>City or town, state, and ZIP code CARSON CITY NV 89706</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 94-2590904</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 531120</p>
<p>F Group exemption number (See instructions for Block F on page 9.)</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Describe the organization's primary unrelated business activity.
▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation

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J The books are in care of ▶ Telephone number ▶

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See page 10 of the instructions; attach schedule.) SEE STMT 1	12		
13 Total. Combine lines 3 through 12	13		
	24,087		24,087
	24,087		24,087

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) SEE STATEMENT 2	18		16,415
19 Taxes and licenses	19		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21	4,036	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		4,036
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 3	28		3,561
29 Total deductions. Add lines 14 through 28	29		24,012
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		75
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		75
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See page 16 of the instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see page 16 of the instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8811 Form 8697 Form 8866 Other **42**

43 Total tax. Add lines 41 and 42 **43** **0**

44a Payments: A 2008 overpayment credited to 2009 **44a**

b 2009 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments: Form 2439 Form 4136 Other Total **44f**

45 Total payments. Add lines 44a through 44f **45**

46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach sch.)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information which preparer has any knowledge.

Sign Here Signature of officer Date Title

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

Paid Preparer's Use Only

Preparer's signature: **BENJAMIN C. STEELE CPA** Date: **08/13/10** Check if self-employed Preparer's SSN or PTIN: **543-54-0961**

Firm's name (or yours if self-employed), address, and ZIP code: **STEELE & ASSOCIATES, LLC**
680 W NYE LN STE 202
CARSON CITY, NV 89703 EIN: **88-0479248**
 Phone no. **775-882-7198**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1) N/A					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5			
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Totals ▶				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶					

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return FISH-EMERGENCY REFERRAL SERVICE PROGRAM Identifying number 94-2590904

Business or activity to which this form relates INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 250,000; Line 3: 800,000; Line 13: 13.

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

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

Table with 3 rows for Special Depreciation Allowance. Line 16: 36,491.

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

Section A

Table with 2 rows for Section A. Line 17: 0.

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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

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

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21: 1,139; Line 22: 37,630; Line 23: 23.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

Table for Section 26: Property used more than 50% in a qualified business use. Includes rows for 93 GMC BOX VAN MODEL 4000 and 2003 GMC C450 TRUCK.

Table for Section 27: Property used 50% or less in a qualified business use. Includes rows with S/L- method.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,139
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

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

Table for Section 30-36: Information on Use of Vehicles. Columns (a)-(f) for Vehicle 1-6. Rows 30-36 include miles driven and availability for personal use.

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

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

Table for Section 37-41: Questions for Employers. Rows 37-41 with Yes/No columns.

Part VI Amortization

Table for Section 42-44: Amortization. Columns (a)-(f). Rows 42-44.

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return **FISH-EMERGENCY REFERRAL SERVICE PROGRAM** Identifying number **94-2590904**

Business or activity to which this form relates
RETAIL RENTAL PROPERTY

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,036

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,036
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

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

Part VI Amortization

42 Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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

Name
**FISH-EMERGENCY REFERRAL SERVICE
PROGRAM**

Employer Identification Number
94-2590904

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE ADVANCES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	100	50	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	100	50	

94-2590904

Federal Asset Report

Page 1

FYE: 6/30/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
2	File Cabinet	4/01/98	80		80	7 MO S/L	80	0
3	File Cabinet	4/01/98	80		80	7 MO S/L	80	0
4	Spirit Classis 6 Button	10/01/98	277		277	7 MO S/L	277	0
5	Spirit Classis 24 Button - Phone System	1/01/99	307		307	7 MO S/L	307	0
6	72in Utility Closet	1/01/99	180		180	7 MO S/L	180	0
8	Alarm System	7/01/01	675		675	7 MO S/L	675	0
11	Gvision Computer	8/01/01	350		350	7 MO S/L	350	0
12	eMachine	8/01/01	475		475	7 MO S/L	475	0
14	Freezer 3dr	9/01/94	3,250		3,250	7 MO S/L	3,250	0
15	Uprights - 11 each	12/01/98	660		660	7 MO S/L	660	0
16	Load Beams	12/01/98	1,188		1,188	7 MO S/L	1,188	0
17	Cooler & Freezer Combo	12/01/98	7,950		7,950	7 MO S/L	7,950	0
18	Cannon PC-921	10/01/00	450		450	7 MO S/L	450	0
19	Step Ladder	10/01/00	668		668	7 MO S/L	668	0
23	Store Fixtures	7/01/03	600		600	7 MO S/L	600	0
24	HP Photo Printer	8/01/01	200		200	7 MO S/L	200	0
25	Safe wdrop	7/01/95	406		406	7 MO S/L	406	0
27	Printer	6/30/05	290		290	7 MO S/L	290	0
28	Furnace	7/01/03	8,500		8,500	7 MO S/L	8,500	0
30	Liftgate on Truck	7/01/03	2,589		2,589	7 MO S/L	2,589	0
31	Payphone	7/01/03	674		674	7 MO S/L	674	0
32	Credit Card Machines (2)	7/01/03	2,517		2,517	7 MO S/L	2,517	0
33	Hydraulic Dump Trailer	7/01/03	3,000		3,000	7 MO S/L	3,000	0
34	Ice Machine	7/01/03	2,077		2,077	7 MO S/L	2,077	0
36	Bailer	9/20/98	3,600		3,600	7 MO S/L	3,600	0
37	HVAC Unit	7/02/03	4,250		4,250	7 MO S/L	4,250	0
38	Interior Signage	8/01/03	1,114		1,114	7 MO S/L	1,114	0
39	Door & Install	8/12/03	1,833		1,833	7 MO S/L	1,833	0
40	Bizzy Buzzy	8/04/03	1,000		1,000	7 MO S/L	1,000	0
43	Workroom Improvements	8/12/03	683		683	7 MO S/L	683	0
48	Dozier Equip Ladder	10/01/03	567		567	7 MO S/L	567	0
51	Manuf'd Sign	12/10/03	3,134		3,134	7 MO S/L	3,134	0
52	Wiring	1/31/04	3,380		3,380	7 MO S/L	3,380	0
53	NRC Roofing	9/03/03	990		990	7 MO S/L	990	0
54	Wylie LHI	5/22/03	24,467		24,467	7 MO S/L	24,467	0
55	Fence - back	10/13/04	2,853		2,853	7 MO S/L	2,853	0
56	2000 Chev Passenger Van	7/01/04	5,000		5,000	7 MO S/L	5,000	0
59	Compaq Computer	8/01/04	544		544	7 MO S/L	544	0
60	Compaq Computer	8/01/04	544		544	7 MO S/L	544	0
61	1999 Ford F250	11/19/04	6,090		6,090	7 MO S/L	6,090	0
62	1997 Ford Van	11/16/04	2,500		2,500	7 MO S/L	2,500	0
63	Server	8/29/05	2,623		2,623	5 MO S/L	2,099	524
64	HP Computer & Monitor	10/25/05	391		391	5 MO S/L	312	79
67	Alleyway Pavement	6/26/06	1,500		1,500	15 MO S/L	375	100
68	Alleyway Pavement	6/26/06	1,500		1,500	15 MO S/L	375	100
69	Alleyway Pavement	6/26/06	1,500		1,500	15 MO S/L	375	100
70	Alleyway Pavement	6/26/06	1,500		1,500	15 MO S/L	375	100
71	Building	6/07/06	1,210,422		1,210,422	39 MO S/L	94,570	31,036
72	Security System	7/26/07	2,029		2,029	15 MO S/L	259	136
73	DR Air Conditioning Unit	8/08/07	5,555		5,555	7 MO S/L	1,521	794
74	Bailer	2/13/06	1,998		1,998	7 MO S/L	1,142	285
75	Forklift	7/12/05	4,367		4,367	7 MO S/L	2,496	624
76	1994 GMC/Chevy Step Van	5/01/02	3,845		3,845	7 MO S/L	3,845	0
103	Leasehold Improvements	1/01/01	362,632		362,632	6 MO S/L	362,632	0
105	Land	6/07/06	911,880		911,880	0 -- Land	0	0
107	AO Smith Hot Water Heater	9/24/08	574		574	7 MO S/L	62	82
108	AO Smith Hot Water Heater	9/24/08	574		574	7 MO S/L	62	82
109	Floor in Dining Room	2/26/09	1,877		1,877	7 MO S/L	89	268
112	Refrigerator	10/15/09	16,474		16,474	7 MO S/L	0	1,765
113	Shelving	10/15/09	3,879		3,879	7 MO S/L	0	416
Total Other Depreciation			2,635,112		2,635,112		570,581	36,491
Total ACRS and Other Depreciation			2,635,112		2,635,112		570,581	36,491

Listed Property:

106	93 GMC Box Van Model 4000	11/02/07	3,655		3,655	5 MO S/L	1,218	731
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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
GRANTS AND AWARDS	\$ 4,551	\$ 51	\$ -500	\$ 5,000
BURGLARY - THEFT	200	100	100	
CLIENT SERVICES	607,119	607,119		
COMMISSIONS	15,389	15,389		
CONFERENCES	45		45	
CONTRACT SERVICES	21,187		21,187	
DUES AND SUBSCRIPTIONS	1,080	60	1,020	
SMALL EQUIPMENT	1,611	1,500	111	
FOOD PURCHASES	7,769	7,769		
FUEL	11,992	11,992		
FUNDRAISING	3,213	944	1,508	761
INSURANCE	40,400	38,286	2,114	
TAXES & LICENSES	1,442	849	593	
MAINTENANCE	18,781	17,309	1,472	
MEDICAL SERVICES	739	739		
MISCELLANEOUS	8,478	6,338	1,837	303
OFFICE EXPENSE	15,482	8,483	3,228	3,771
PRINTING & PUBLICATIONS	5,530	914	90	4,526
PUBLIC RELATIONS	1,495		1,495	
TELEPHONE & UTILITIES	82,675	77,954	4,721	
TOTAL	\$ 849,178	\$ 795,796	\$ 39,021	\$ 14,361

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
110	2003 GMC C450 Truck	5/06/10	17,150		17,150	7 MO S/L	0	408
111	2001 F-250 Crew Cab	6/16/10	9,500		9,500	7 MO S/L	0	0
			<u>30,305</u>		<u>30,305</u>		<u>1,218</u>	<u>1,139</u>
Amortization:								
57	Loan Origination Fees	6/07/06	19,137		19,137	10 MOAmort	5,921	1,914
			<u>19,137</u>		<u>19,137</u>		<u>5,921</u>	<u>1,914</u>
Grand Totals			2,684,554		2,684,554		577,720	39,544
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>2,684,554</u>		<u>2,684,554</u>		<u>577,720</u>	<u>39,544</u>

Federal Asset Report

Retail Rental Property

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
104	Building	6/07/06	<u>157,398</u>			<u>157,398</u>	39 MO S/L	<u>12,108</u>	<u>4,036</u>
	Total Other Depreciation		<u>157,398</u>			<u>157,398</u>		<u>12,108</u>	<u>4,036</u>
	Total ACRS and Other Depreciation		<u>157,398</u>			<u>157,398</u>		<u>12,108</u>	<u>4,036</u>
Amortization:									
106	Loan Origination Fees	6/07/06	<u>2,488</u>			<u>2,488</u>	10 MO Amort	<u>746</u>	<u>249</u>
			<u>2,488</u>			<u>2,488</u>		<u>746</u>	<u>249</u>
	Grand Totals		<u>159,886</u>			<u>159,886</u>		<u>12,854</u>	<u>4,285</u>
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>159,886</u>			<u>159,886</u>		<u>12,854</u>	<u>4,285</u>

94-2590904

AMT Asset Report

FYE: 6/30/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
2	File Cabinet	4/01/98	0				0 0		HY	0	0
3	File Cabinet	4/01/98	0				0 0		HY	0	0
4	Spirit Classis 6 Button	10/01/98	0				0 0		HY	0	0
5	Spirit Classis 24 Button - Phone System	1/01/99	0				0 0		HY	0	0
6	72in Utility Closet	1/01/99	0				0 0		HY	0	0
8	Alarm System	7/01/01	0				0 0		HY	0	0
11	Gvision Computer	8/01/01	0				0 0		HY	0	0
12	eMachine	8/01/01	0				0 0		HY	0	0
14	Freezer 3dr	9/01/94	0				0 0		HY	0	0
15	Uprights - 11 each	12/01/98	0				0 0		HY	0	0
16	Load Beams	12/01/98	0				0 0		HY	0	0
17	Cooler & Freezer Combo	12/01/98	0				0 0		HY	0	0
18	Cannon PC-921	10/01/00	0				0 0		HY	0	0
19	Step Ladder	10/01/00	0				0 0		HY	0	0
23	Store Fixtures	7/01/03	0				0 0		HY	0	0
24	HP Photo Printer	8/01/01	0				0 0		HY	0	0
25	Safe wdrop	7/01/95	0				0 0		HY	0	0
27	Printer	6/30/05	0				0 0		HY	0	0
28	Furnace	7/01/03	0				0 0		HY	0	0
30	Liftgate on Truck	7/01/03	0				0 0		HY	0	0
31	Payphone	7/01/03	0				0 0		HY	0	0
32	Credit Card Machines (2)	7/01/03	0				0 0		HY	0	0
33	Hydraulic Dump Trailer	7/01/03	0				0 0		HY	0	0
34	Ice Machine	7/01/03	0				0 0		HY	0	0
36	Bailer	9/20/98	0				0 0		HY	0	0
37	HVAC Unit	7/02/03	0				0 0		HY	0	0
38	Interior Signage	8/01/03	0				0 0		HY	0	0
39	Door & Install	8/12/03	0				0 0		HY	0	0
40	Bizzy Buzzy	8/04/03	0				0 0		HY	0	0
43	Workroom Improvements	8/12/03	0				0 0		HY	0	0
48	Dozier Equip Ladder	10/01/03	0				0 0		HY	0	0
51	Manuf'd Sign	12/10/03	0				0 0		HY	0	0
52	Wiring	1/31/04	0				0 0		HY	0	0
53	NRC Roofing	9/03/03	0				0 0		HY	0	0
54	Wylie LHI	5/22/03	0				0 0		HY	0	0
55	Fence - back	10/13/04	0				0 0		HY	0	0
56	2000 Chev Passenger Van	7/01/04	0				0 0		HY	0	0
59	Compaq Computer	8/01/04	0				0 0		HY	0	0
60	Compaq Computer	8/01/04	0				0 0		HY	0	0
61	1999 Ford F250	11/19/04	0				0 0		HY	0	0
62	1997 Ford Van	11/16/04	0				0 0		HY	0	0
63	Server	8/29/05	0				0 0		HY	0	0
64	HP Computer & Monitor	10/25/05	0				0 0		HY	0	0
67	Alleyway Pavement	6/26/06	0				0 0		HY	0	0
68	Alleyway Pavement	6/26/06	0				0 0		HY	0	0
69	Alleyway Pavement	6/26/06	0				0 0		HY	0	0
70	Alleyway Pavement	6/26/06	0				0 0		HY	0	0
71	Building	6/07/06	0				0 0		HY	0	0
72	Security System	7/26/07	0				0 0		HY	0	0
73	DR Air Conditioning Unit	8/08/07	0				0 0		HY	0	0
74	Bailer	2/13/06	0				0 0		HY	0	0
75	Forklift	7/12/05	0				0 0		HY	0	0
76	1994 GMC/Chevy Step Van	5/01/02	0				0 0		HY	0	0
103	Leasehold Improvements	1/01/01	0				0 0		HY	0	0
105	Land	6/07/06	0				0 0		HY	0	0
107	AO Smith Hot Water Heater	9/24/08	574				574 7		MO S/L	62	82
108	AO Smith Hot Water Heater	9/24/08	574				574 7		MO S/L	62	82
109	Floor in Dining Room	2/26/09	1,877				1,877 7		MO S/L	89	268
112	Refrigerator	10/15/09	0				0 0		HY	0	0
113	Shelving	10/15/09	0				0 0		HY	0	0
Total Other Depreciation			3,025				3,025			213	432
Total ACRS and Other Depreciation			3,025				3,025			213	432

Listed Property:

106	93 GMC Box Van Model 4000	11/02/07	0				0 0		HY	0	0
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94-2580904

AMT Asset Report

FYE: 6/30/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
110	2003 GMC C450 Truck	5/06/10	0		0	0 HY	0	0
111	2001 F-250 Crew Cab	6/16/10	0		0	0 HY	0	0
			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			3,025		3,025		213	432
Less: Dispositions and Transfers			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>3,025</u>		<u>3,025</u>		<u>213</u>	<u>432</u>

AMT Asset Report

Retail Rental Property

FYE: 6/30/2010

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
104	Building	6/07/06	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

94-2580904

Depreciation Adjustment Report

FYE: 6/30/2010

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	File Cabinet	4/01/98	80	0	0
3	File Cabinet	4/01/98	80	0	0
4	Spirit Classis 6 Button	10/01/98	277	0	0
5	Spirit Classis 24 Button - Phone System	1/01/99	307	0	0
6	72in Utility Closet	1/01/99	180	0	0
8	Alarm System	7/01/01	675	0	0
11	Gvision Computer	8/01/01	350	0	0
12	eMachine	8/01/01	475	0	0
14	Freezer 3dr	9/01/94	3,250	0	0
15	Uprights - 11 each	12/01/98	660	0	0
16	Load Beams	12/01/98	1,188	0	0
17	Cooler & Freezer Combo	12/01/98	7,950	0	0
18	Cannon PC-921	10/01/00	450	0	0
19	Step Ladder	10/01/00	668	0	0
23	Store Fixtures	7/01/03	600	0	0
24	HP Photo Printer	8/01/01	200	0	0
25	Safe wdrop	7/01/95	406	0	0
27	Printer	6/30/05	290	0	0
28	Furnace	7/01/03	8,500	0	0
30	Liftgate on Truck	7/01/03	2,589	0	0
31	Payphone	7/01/03	674	0	0
32	Credit Card Machines (2)	7/01/03	2,517	0	0
33	Hydraulic Dump Trailer	7/01/03	3,000	0	0
34	Ice Machine	7/01/03	2,077	0	0
36	Bailer	9/20/98	3,600	0	0
37	HVAC Unit	7/02/03	4,250	0	0
38	Interior Signage	8/01/03	1,114	0	0
39	Door & Install	8/12/03	1,833	0	0
40	Bizzy Buzzy	8/04/03	1,000	0	0
43	Workroom Improvements	8/12/03	683	0	0
48	Dozier Equip Ladder	10/01/03	567	0	0
51	Manuf'd Sign	12/10/03	3,134	0	0
52	Wiring	1/31/04	3,380	0	0
53	NRC Roofing	9/03/03	990	0	0
54	Wylie LHI	5/22/03	24,467	0	0
55	Fence - back	10/13/04	2,853	0	0
56	2000 Chev Passenger Van	7/01/04	5,000	0	0
59	Compaq Computer	8/01/04	544	0	0
60	Compaq Computer	8/01/04	544	0	0
61	1999 Ford F250	11/19/04	6,090	0	0
62	1997 Ford Van	11/16/04	2,500	0	0
63	Server	8/29/05	2,623	0	0
64	HP Computer & Monitor	10/25/05	391	0	0
67	Alleyway Pavement	6/26/06	1,500	100	0
68	Alleyway Pavement	6/26/06	1,500	100	0
69	Alleyway Pavement	6/26/06	1,500	100	0
70	Alleyway Pavement	6/26/06	1,500	100	0
71	Building	6/07/06	1,210,422	31,037	0
72	Security System	7/26/07	2,029	135	0
73	DR Air Conditioning Unit	8/08/07	5,555	793	0
74	Bailer	2/13/06	1,998	286	0
75	Forklift	7/12/05	4,367	623	0
76	1994 GMC/Chevy Step Van	5/01/02	3,845	0	0
103	Leasehold Improvements	1/01/01	362,632	0	0
105	Land	6/07/06	911,880	0	0
107	AO Smith Hot Water Heater	9/24/08	574	82	82
108	AO Smith Hot Water Heater	9/24/08	574	82	82
109	Floor in Dining Room	2/26/09	1,877	269	269
112	Refrigerator	10/15/09	16,474	2,354	0
113	Shelving	10/15/09	3,879	554	0
Total Other Depreciation			2,635,112	36,615	433
Total ACRS and Other Depreciation			2,635,112	36,615	433

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Listed Property:					
106	93 GMC Box Van Model 4000	11/02/07	3,655	731	0
110	2003 GMC C450 Truck	5/06/10	17,150	2,450	0
111	2001 F-250 Crew Cab	6/16/10	9,500	1,357	0
			<u>30,305</u>	<u>4,538</u>	<u>0</u>
Amortization:					
57	Loan Origination Fees	6/07/06	19,137	1,914	0
			<u>19,137</u>	<u>1,914</u>	<u>0</u>
Grand Totals			<u>2,684,554</u>	<u>43,067</u>	<u>433</u>

Guidelines for Grants

Fiscal Year 2011-2012

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 23, 2011**. An electronic pdf version may also be e-mailed to cceo@carson.org.

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.

FISH 2011 Fuel/Windows
Name of Program


Project Director Signature

2/21/2011
Date

Carson City Executive Offices
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Carson City, NV 89701
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