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CARSON CITY
EXECUTIVE OFFICES

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2012-2013

Name of Organization: Friends In Service Helping (F.I.S.H)

Amount Requested: \$14,000

Contact Person: Jim Peckham, Executive Director

Mailing Address: 138 E. Long St.

City: CC 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: 1/30/2012

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 2012-2013

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? 32 Years ___ Months

How long has your organization been in Carson City? 32 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 and 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 2012-2013?

of Youth 7767 # of Adults 9865 # of Seniors 1460

5. How many people served this Fiscal Year 2012-2013 will be Carson City residents?

of Youth 6135 # of Adults 7793 # of Seniors 1153

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

of full-time employees 14 # 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>
Janice McCauley	President	775-684-9889
Dan Rikalo	Past President	775-720-7065
Lynn Hunter	Secretary	775-315-6735
Lori Bagwell	Treasurer	775-220-3646
Ellie Piazza	Member	775-721-3349
Mark Marsella	Member	775-720-7375
Fr. Jeff Paul	Member	775-671-4309
Jose Noriega-Paz	Member	845-649-3771
Pastor Stan Pesis	Member	775-220-1359
Sister Marie McGloin	Member	775-721-7599

Program/Proposal Information

10. Amount of funds requested? \$ 14,000
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.
- 1) In 2011, FISH provided 16,274 nights of lodging in our shelters, keeping folks off the street and protected from the environment. We work with individuals to give them the necessary tools to become independent. One of the requirements for our shelter residents is to volunteer at our Carson City property to build their skills and self-worth (in years past they were dropped off at day-labor sites, which have disappeared). We are looking for \$6,000 to off-set the fuel and maintenance costs of our shelter van, so we are able to continue with our process. Our shelters are over 7 miles (nearly 15 miles round trip) away from our main complex, and we are making up to 5 round trips daily due to van capacity (2 morning, 1 afternoon, and 2 evening).
- 2) We are in need of funds to provide dental services to the poor in our community. The consensus among Carson City Health and Human Services, Carson Tahoe Hospital, Sierra Medical Clinic, and our own Ross Medical Clinic has confirmed that dental health is a dire unmet need among our community. The patients that will be eligible for these services must make under 150% of the poverty level and they must also be without insurance. There are multiple dentists in the area that have agreed to help with tooth extraction, contingent upon our support to off-set their costs.
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):
- 1) Keeping the shelter van on the road is critical to serving the city's homeless population as we help them toward independence. Our goal is to continue to serve this function.
- 2) In providing dental services to patients who otherwise could not afford it, we will reduce the admissions of dental related emergencies, infection, disease and even death. We expect to be able to help up to 80 individuals. We will work with Carson Tahoe Hospital and will track emergency room admissions for infected teeth, expecting a decline from previous levels. Over the last 2 yrs the hospital averaged 695 emergency dental patients costing an average of \$334 per visit. The 214 abscessed tooth patients average per year, cost \$407 per visit.
- We will also track how many local social services organizations provide referrals to FISH for these services (we expect referrals from Circles Initiative, Ron Wood, CC Health and Human Services, and others).

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.

1) Until recently, the majority of our shelter guests had cars and the shelter van only ran 2 round trips. As the economy continues to recover, we expect to have more guests with cars, and fewer clients that we provide services to, making more resources available to finance the van.

2) 80 individuals in our community who fall under 150% of the poverty level and do not have dental insurance will be helped. We will use this grant money as an initial step to deal with dental disease in our community, and will use the results to solicit grants from entities/foundations that typically only support programs that have been proven successful.

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?

1) & 2) We will be working cooperatively with Carson City Circles Initiative, Ron Wood Family Resource Center, and Carson City Health and Human Services to refer clients to the appropriate organization to receive the assistance they need.

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

1) Based on the first 6 months of this fiscal year, we will need to spend \$5,883.46 in fuel, \$1,568 for insurance, and \$1,443.10 in maintenance from July 1, 2011-June 30, 2012 (total of \$7,894.56)... and fuel prices are forecasted to rise next year. We are looking for \$6000 toward next year's \$8,000 shelter van budget.

2) We plan on providing 80 patients with tooth extraction, costing \$8000 --\$100 stipend paid to the dentists per patient (three dentists have agreed to help, and we will solicit more if funding is approved).

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 of facilities
2010	\$43,300	Facilities improvement through Carson Block grant
2011	\$20,000	Carson Services grant for windows & fuel costs

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 2011-2012 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).

Guidelines for Grants

Fiscal Year 2012-2013

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 2, 2012.
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 January 31, 2012**. 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 Shelter Van / Dental
Name of Program


Project Director Signature

1/30/2012
Date

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

Annual Report
For Community Support Services Funding
Fiscal Year 2010-2011

Name of Organization: FISH

Program/Project: Shelter Windows/Fuel for Homeless Van

Amount of Funds Received \$20,000

Contact Person: Jim Peckham

Mailing Address: 138 E. Long St.

City: Carson City State: NV Zip Code: 89706

Phone Number: 775-882-3474 E-mail: jim@nvfish.com

Date Submitted: 1/30/2012

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

2. Evaluate your achievement of the measurable outcomes listed in your application:

So far, the results have been inconclusive. The double paned windows were installed in Nov, and only 1 month of heating bills so far with new families as compared to a year ago. Residents report that they notice a big difference in comfort. Some heating bills went up, and some came down during December which tends to be an unreliable comparison due to the holidays.

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

Windows have helped 24 Carson residents who live in our transitional houses and so far, about 26 homeless individuals ... and will continue helping for years into the future. Residents indicated the new windows greatly improved the appearance and overall comfort in their homes.

Most of the fuel portion of the grant has been and will be applied to our shelter van that transported 53 women and children; and 91 men from July 1, 2011 through Jan 25, 2012. Year end projections suggest that nearly 300 individual homeless guest will be served.

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

There has been an increase in the comfort level at the homeless shelters, especially when its cold, and provided transportation for the homeless.

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

Windows were a one-time expense, and we continue to look for grants to fund our fuel usage/maintenance for the homeless shelter van.

6. Describe any challenges that impacted your program.

The project took longer than expected for instalation, as we worked around vacations and other projects. Fortunately, winter weather held off through the installation in November.

FISH -- 2011 Shelter Windows and Fuel

Item	Request	Grant	Actual	Explanation
Widows	\$18,000	\$13,500	\$13,394	retro-fitted new windows into old frames to save demo and instalation expense
Fuel	\$12,000	\$6,500	\$6,606	July-Dec 2011 total fuel expense \$8,404.99

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:

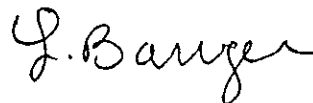
This letter is in response to your request for a copy of the determination letter for the above named organization..

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

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)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, **and ending** Jun 30 , 2011

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

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 addr) Room/suite
 138 E. Long Street
 City, town or country State ZIP code + 4
 Carson City NV 89706

D Employer Identification Number
94-2590904

E Telephone number
(775) 882-8446

F Name and address of principal officer:
Jim Peckham 138 E. Long Street Carson City NV 89706

G Gross receipts \$1,736,099.

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

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

J Website: ► www.nvfish.com **H(c)** Group exemption number ►

K Form of organization: Corporation Trust Association Other ► **L Year of Formation:** 1979 **M State of legal domicile:** NV

Part I Summary

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 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	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	39
6 Total number of volunteers (estimate if necessary)	6	33
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,580.
b Net unrelated business taxable income from Form 990-T, line 34	7b	4,330.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	935,580.	1,109,137.
9 Program service revenue (Part VIII, line 2g)	677,294.	599,553.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,933.	354.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,118.	5,580.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,604,823.	1,714,624.
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)	431,927.	432,445.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ►	17,242.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,085,738.	1,276,769.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,517,665.	1,709,214.
19 Revenue less expenses. Subtract line 18 from line 12	87,158.	5,410.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,398,286.	2,353,531.
21 Total liabilities (Part X, line 26)	1,849,195.	1,799,030.
22 Net assets or fund balances. Subtract line 21 from line 20	549,091.	554,501.

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
 Jim Peckham Executive Director
 Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed
 Michael Bertrand Michael Bertrand
 Firm's name ► Bertrand & Associates, LLC
 Firm's address ► 591 South Saliman Rd Ste 2 Carson City NV 89701
 Firm's EIN ► Phone no. (775) 882-8892

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III []

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 [X] 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 [X] 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 \$ 1,340,091. including grants of \$ 0.) (Revenue \$ 0.)

SPECIFIC ASSISTANCE - PROVIDE FOOD, CLOTHING, AND SHELTER FOR THE NEEDY. MEDICAL CLINIC TO PROVIDE SERVICES TO NEEDY.

4b (Code:) (Expenses \$ 34,385. including grants of \$ 30,000.) (Revenue \$ 0.)

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 \$ 68,906. including grants of \$ 0.) (Revenue \$ 0.)

FAMILY DINNING ROOM - PROVIDES HOT MEALS TO THE NEEDY AND THE FOOD BANK WHICH PROVIDES FOOD TO THE NEEDY.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,443,382.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11a X	
b 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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11b	X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>	11e	X
f 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 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>	19	X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>	20	X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	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		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	X	
4 a	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
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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
6 b	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).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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.

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	12	
1 b	Enter the number of voting members included in line 1a, above, who are independent	12	
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	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:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
10 a		X
10 b		
11 a	X	
12 a	X	
12 b	X	
12 c	X	
13		X
14		X
15 a		X
15 b		X
16 a		X
16 b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ _____
- 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 Peckham 138 E Long St Carson City NV 89706 (775) 882-3474

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JANICE MCCAULEY CHAIRMAN	1.00	X		X				0.	0.	0.
(2) DAN RIKALO PAST CHAIRMAN	1.00	X					X	0.	0.	0.
(3) LYNN HUNTER SECRETARY	1.00	X		X				0.	0.	0.
(4) ELLIE PIAZZA DIRECTOR	1.00	X						0.	0.	0.
(5) BRENDA MILLIGAN DIRECTOR	1.00	X						0.	0.	0.
(6) LORI SWAFFORD DIRECTOR	1.00	X						0.	0.	0.
(7) MARK MARSELLA DIRECTOR	1.00	X						0.	0.	0.
(8) LORI BAGWELL TREASURER	1.00	X		X				0.	0.	0.
(9) FR. JEFF PAUL DIRECTOR	1.00	X						0.	0.	0.
(10) JOSE NOREIGA-PAZ DIRECTOR	1.00	X						0.	0.	0.
(11) STAN PESIS DIRECTOR	1.00	X						0.	0.	0.
(12) SISTER MARIE MCGLOIN DIRECTOR	1.00	X						0.	0.	0.
(13) JIM PECKHAM EXECUTIVE DIRECTOR	40.00	X			X	X		61,800.	0.	0.
(14)										
(15)										
(16)										
(17)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										

1 b Sub-total	61,800.	0.	0.
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	61,800.	0.	0.

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 ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	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? <i>If 'Yes' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		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 ▶

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 28,247.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 86,892.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 993,998.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		1,109,137.			
PROGRAM SERVICE REVENUE	2 a THRIFT STORE	Business Code 453310	564,857.	0.	0.	564,857.
	b SHELTER INCOME	624200	4,523.	0.	0.	4,523.
	c RECYCLE INCOME	900099	13,278.	13,278.	0.	0.
	d OTHER INCOME	900099	16,895.	16,895.	0.	0.
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		599,553.			
	3 Investment income (including dividends, interest and other similar amounts)		354.	354.	0.	0.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
OTHER REVENUE	6 a Gross Rents	(i) Real	27,055.			
		(ii) Personal				
	b Less: rental expenses		21,475.			
	c Rental income or (loss)		5,580.			
	d Net rental income or (loss)		5,580.	0.	5,580.	0.
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 28,247. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses	b	0.		
		c Net income or (loss) from fundraising events		0.	0.	0.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
		c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a				
		b Less: cost of goods sold	b			
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,714,624.	30,527.	5,580.	569,380.	

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	397,588.	329,998.	67,590.	0.
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	34,857.	28,882.	5,975.	0.
11 Fees for services (non-employees):				
a Management				
b Legal	39.	39.	0.	0.
c Accounting	24,000.	0.	24,000.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,504.	0.	3,504.	0.
12 Advertising and promotion	1,313.	1,313.	0.	0.
13 Office expenses				
14 Information technology	100.	0.	100.	0.
15 Royalties				
16 Occupancy	54,531.	52,995.	1,536.	0.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65.	0.	65.	0.
20 Interest	124,658.	0.	124,658.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,332.	46,373.	959.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BANK CARDS</u>	7,247.	6,811.	436.	0.
b <u>CLIENT SERVICES</u>	754,022.	754,022.	0.	0.
c <u>OTHER OPERATING COSTS</u>	2,657.	2,498.	159.	0.
d <u>DIABETES CARE</u>	17,233.	17,233.	0.	0.
e <u>DUES</u>	933.	881.	52.	0.
f All other expenses	239,135.	202,337.	19,556.	17,242.
25 Total functional expenses. Add lines 1 through 24f	1,709,214.	1,443,382.	248,590.	17,242.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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)		(B)
		Beginning of year		End of year
ASSETS	1	Cash — non-interest-bearing		1
	2	Savings and temporary cash investments	157,651.	2 103,511.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7	Notes and loans receivable, net	50.	7
	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 2,883,870.	
	b	Less: accumulated depreciation	10b 675,030.	10c 2,208,840.
	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	12,795.	14 10,632.
	15	Other assets. See Part IV, line 11	30,548.	15 30,548.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,398,286.	16 2,353,531.	
LIABILITIES	17	Accounts payable and accrued expenses	6,175.	17 38,193.
	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	1,796,967.	24 1,760,837.
	25	Other liabilities. Complete Part X of Schedule D	46,053.	25
	26	Total liabilities. Add lines 17 through 25	1,849,195.	26 1,799,030.
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	545,557.	27 554,501.
	28	Temporarily restricted net assets	3,534.	28
	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.	549,091.	33 554,501.	
34	Total liabilities and net assets/fund balances.	2,398,286.	34 2,353,531.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,714,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,709,214.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	549,091.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	554,501.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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	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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

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 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 is a Type I, Type II or Type III supporting organization, check this box _____
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	434,532.	684,527.	860,587.	933,810.	1,080,890.	3,994,346.
2 Tax revenues levied for the organization's benefit and either paid to it 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	434,532.	684,527.	860,587.	933,810.	1,080,890.	3,994,346.
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						3,994,346.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	434,532.	684,527.	860,587.	933,810.	1,080,890.	3,994,346.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,552.	524.	355.	2,431.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3,996,777.
12 Gross receipts from related activities, etc (see instructions)					12	569,380.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	84.98 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the 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 – 2009. 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 – 2010. 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 – 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2010. 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 – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

FISH - Emergency Referral Service Program

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	911,880.			911,880.
b Buildings	1,367,820.			1,367,820.
c Leasehold improvements	395,632.			395,632.
d Equipment	160,798.			160,798.
e Other	47,740.			47,740.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,883,870.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Table with 10 rows for reconciliation of net assets. Includes categories like Total revenue, Total expenses, Excess or (deficit), Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other, Total adjustments, and Excess or (deficit) per audited statements.

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

Table with 5 main rows for revenue reconciliation. Includes sub-rows for adjustments like Net unrealized gains, Recoveries of prior year grants, and Investments expenses not included.

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

Table with 5 main rows for expense reconciliation. Includes sub-rows for adjustments like Donated services, Prior year adjustments, Other losses, and Investments expenses not included.

Part XIV Supplemental Information

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

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

Area with multiple horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HAVE A HEART (event type)	AUTO AUCTION (event type)	NONE (total number)	(add column (a)) through column (c)	
REVENUE	1	Gross receipts	15,135.	13,112.	28,247.	
	2	Less: Charitable contributions	0.		0.	
	3	Gross income (line 1 minus line 2)	15,135.	13,112.	28,247.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,135.	13,112.	28,247.	
	10	Direct expense summary. Add lines 4- through 9 in column (d)				28,247.
	11	Net income summary. Combine line 3, column (d), and line 10				0.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** X
- b** Any related organization? **5b** X
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** X
- b** Any related organization? **6b** X
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

7 X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

8 X

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 DAN RIKALO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
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	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	14	736,455.	WEIGHED
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (-----)				
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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Pt VI-B, Line 11a A copy of the 990 and 990-T is provided to board members before it is filed

Pt VI-B, Line 12c Executive director requests a written statement each

year from board members to verify there are no conflicts.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization FISH - Emergency Referral Service Program	Employer identification number 94-2590904
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 their Form 990, or check the box on line H 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).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARSON DOUGLAS MEDICAL SOCIETY ALLIANCE 2874 N CARSON #205 CARSON CITY NV 89706	\$ 7,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	E.L. CORD FOUNDATION 418 FLINT ST RENO NV 89501	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SHARLENE & RICHARD MASON 5360 FRANKTOWN RD CARSON CITY NV 89705	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HARLEY DAVIDSON CO 222 WEST ADAMS STE 2000 CHICAGO IL 60606	\$ 10,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MARILYN POTTER 3669 GREEN ACRE DR CARSON CITY NV 89705	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TERRY LEE WELLS FOUNDATION PO BOX 70806 RENO NV 89570	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JAMES AND MARGARET BREEDEN 1775 CHAPARRAL DR CARSON CITY NV 89703	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE NEIL J REDFIELD FOUNDATION 1755 E PLUMB LANE STE 212 RENO NV 89512	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ROBERT Z HAWKINS FOUNDATION 1 E LIBERTY STE 509 RENO NV 89501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SAVEMART SEVERAL ADDRESSES IN CARSON CITY CARSON CITY NV 89701	\$ 229,183.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	COSTCO 700 OLD CLEAR CREEK CARSON CITY NV 89701	\$ 103,771.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MAXINE GALLAGHER 850 COLORADO ST CARSON CITY NV 89701	\$ 14,974.	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

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RALEYS ----- PO BOX 15618 ----- SACRAMENTO CA 95852 -----	\$ 69,864.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	SAFEWAY ----- 2035 N CARSON ST ----- CARSON CITY NV 89706 -----	\$ 39,416.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SMITHS ----- 599 E WILLIAMS ----- CARSON CITY NV 89706 -----	\$ 6,473.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	STARBUCKS ----- TWO LOCATIONS IN CARSON CITY ----- CARSON CITY NV 89701 -----	\$ 67,136.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MISSION/MARKS DISTRIBUTING ----- 2917 RANDOLPH CT ----- RENO NV 89502 -----	\$ 13,698.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	CARSON NUGGET ----- 507 N CARSON ----- CARSON CITY NV 89706 -----	\$ 11,723.	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

Employer identification number

FISH - Emergency Referral Service Program

94-2590904

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CC GROCERY OUTLET 1801 N CARSON CARSON CITY NV 89706	\$ 11,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	WALMART 3200 MARKET STREET CARSON CITY NV 89706	\$ 41,430.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	BED, BATH AND BEYOND 911 TOPSY LANE CARSON CITY NV 89705	\$ 21,546.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	7-11 3701 N CARSON ST CARSON CITY NV 89701	\$ 18,088.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BIG LOTS 4216 S. CARSON CARSON CITY NV 89701	\$ 8,973.	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.)

FRIENDS IN SERVICE HELPING

Balance Sheet

June 30, 2011

ASSETS

Current Assets		
Cash On Hand	\$	500.00
Petty Cash CC -US Bank		2,096.31
Checking -US Bank		8,168.94
Bus.Market,deposit -US Bank		51,813.38
City National MM a/c		35,501.85
First Independent Bank a/c		5,162.54
ESFP, Lyon Cty -US Bank		234.00
EFSP- Carson -US Bank		33.67
<hr/>		
Total Current Assets		103,510.69
Property and Equipment		
Building		1,367,820.00
Carson City Land		911,880.00
Furniture, Fixtures & Equip.		160,798.16
Depreciation - F, F & E		(102,586.09)
Depreciation Leasehold Improv.		(365,708.68)
Vehicles		47,739.82
Depreciation - Vehicles		(32,543.09)
Leasehold Imp.		364,896.70
Accum. Depreciation -Building		(174,191.81)
Wylie Leasehold Improvements		30,735.75
Loan Fees -Net of Amortization		10,631.66
Arizona Land		26,625.25
<hr/>		
Total Property and Equipment		2,246,097.67
Other Assets		
Rent Security		3,923.00
<hr/>		
Total Other Assets		3,923.00
<hr/>		
Total Assets	\$	2,353,531.36

LIABILITIES AND CAPITAL

Current Liabilities		
Security Deposit Held	\$	1,800.00
Accounts Payable - Trade		5,343.55
Accrued Payroll Expense		13,367.78
Accrued Vac. Pay (P/R)		12,556.28
Employer FICA payable		1,175.17
Payroll Tax Payable - ESD/SUTA		1,204.93
Employee FIT payable		854.79
Employee FICA payable		1,641.17
Emp. Deds. - Supp. Disability		61.43
Garnishee/Assignments		164.25
NV State Child Support fee		24.00
<hr/>		
Total Current Liabilities		38,193.35
Long-Term Liabilities		
Mortgage Note Payable		1,859,431.46
Mortgage Note Payable		(98,593.31)
<hr/>		

FRIENDS IN SERVICE HELPING
Balance Sheet
June 30, 2011

Total Long-Term Liabilities		1,760,838.15
Total Liabilities		<u>1,799,031.50</u>
Capital		
Fund Balance - Unrestricted	481,965.06	
Fund Balance - Restricted	1,717.23	
Retained Earnings	65,408.50	
Net Income	<u>5,409.07</u>	
Total Capital		<u>554,499.86</u>
Total Liabilities & Capital	\$	<u>2,353,531.36</u>

FRIENDS IN SERVICE HELPING
Income Statement - Combined
For the Twelve Months Ending June 30, 2011

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget
Revenues				
Store Sales	\$ 33,254.80	\$ 51,592.25	\$ 374,229.43	\$ 620,007.77
Credit Card Sales	19,819.64	0.00	190,628.03	0.00
*****SUB-TOTAL SALES*****	(53,074.44)	(51,592.25)	(564,857.46)	(620,007.77)
Allocated By United Way	555.62	416.68	7,442.94	5,000.17
Gov. Grants	0.00	0.00	43,856.00	43,300.00
EFSP	0.00	0.00	10,246.00	17,883.00
ESG Grant	0.00	0.00	32,790.24	32,000.00
Foundation Grants	0.00	0.00	57,000.00	20,000.00
CSBG - Service Revenue	0.00	0.00	0.00	8,700.00
Undes. Donor - Business	600.00	2,000.00	29,474.48	30,000.00
Undes. Donor - Church	600.00	1,000.00	13,118.00	14,000.00
Undes. Donor - Individual	3,362.55	11,000.00	103,508.11	163,000.00
Undes. Donor - Other	42.00	1,000.00	13,762.54	13,000.00
Donated Goods/Misc.	1,340.50	1,250.00	30,764.68	15,000.00
Donated Food	56,602.69	44,500.00	736,455.43	550,000.00
Recycling	0.00	1,335.00	13,277.52	16,000.00
Shelter Income	628.00	584.00	4,523.00	7,000.00
SFR Rental Income	2,034.00	1,750.00	11,860.92	21,000.00
Duplex Rental Income	619.00	834.00	4,534.73	10,000.00
Utility - SHGA	445.68	834.00	2,396.25	10,000.00
Laundry Use Income	16.00	8.00	75.62	100.00
Miscellaneous Sales Income	0.00	0.00	500.00	0.00
Interest Income	17.01	46.00	354.70	500.00
Rental Income	2,200.00	2,065.50	27,055.40	24,786.00
Rex Baggett Dinner Donation	0.00	1,000.00	0.00	4,000.00
Have A Heart Fundraising	0.00	0.00	15,135.10	0.00
Auto Auction Fundraising	200.00	0.00	13,112.25	0.00
Total Revenues	122,337.49	121,215.43	1,736,101.37	1,625,276.94
Expenses				
Accounting & Professional	0.00	0.00	8,000.00	8,000.00
Acquisition property prof. fees	0.00	0.00	2,036.00	0.00
Advertising	0.00	417.00	1,312.65	5,000.00
Awards & Grants	0.00	0.00	254.88	0.00
Bank/Credit Card Charges	621.34	584.50	7,245.85	7,000.00
Burglary - Theft	0.00	0.00	419.40	0.00
Bonuses	25.00	188.00	2,013.00	15,000.00
Sub-contractor	2,000.00	2,000.00	24,467.50	24,000.00
Client Services	58,002.19	46,200.00	754,021.77	560,000.00
Prescription Medication	38.79	84.00	557.76	1,000.00
Commissions	1,679.85	1,419.00	21,515.68	15,000.00
Computer Tech.	0.00	0.00	100.00	0.00
Conf., Conv., & Mtgs.	0.00	100.00	65.00	750.00
Contract Labor	0.00	0.00	1,000.00	0.00
Diabetes Care	2,788.50	0.00	17,233.12	0.00
Depreciation Expense FF&E	(4,376.15)	465.00	4,071.28	5,520.00
Depreciation Expense - Vehicle	1,026.09	940.00	11,192.39	11,280.00
Amortization of Loan Fees	360.90	180.25	2,163.00	2,163.00
Depreciation Expense -Building	2,849.62	2,849.62	34,195.50	34,195.44
Dues/Memberships/Subscriptions	0.00	108.50	937.63	1,300.00
Equipment Purchase	0.00	80.00	5,414.38	1,000.00
Equipment Rental	210.02	100.00	1,440.08	1,740.00
Food Purchases	300.10	100.00	22,010.67	22,000.00
Have A Heart Food Purchs.	0.00	0.00	4,941.60	0.00
Fuel	1,731.36	1,262.00	14,381.81	15,000.00
Fundraising Expense	0.00	495.00	10,472.50	7,000.00
Workers' compensation insuranc	882.09	824.60	10,082.28	10,000.00

FRIENDS IN SERVICE HELPING
Income Statement - Combined
For the Twelve Months Ending June 30, 2011

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget
Insurance - Liability	3,025.49	2,000.00	17,768.61	13,995.16
Mortgage Interest Expense	11,771.52	11,915.77	139,908.32	142,993.02
Insurance - Vehicle	1,696.81	0.00	4,227.81	3,992.80
Insurance Claims	0.00	0.00	200.00	0.00
Legal expenses	0.00	39.00	39.00	500.00
License, Permits, Fees	0.00	0.00	175.00	0.00
Maintenance - Building	1,029.75	220.00	39,059.72	50,000.00
Maintenance - Equipment	65.00	265.00	4,616.15	3,000.00
Maintenance - Vehicle	37.86	250.00	4,640.74	3,000.00
Supplies - Office	597.94	500.00	4,716.28	6,000.00
Supplies - Misc.	710.81	667.00	7,799.98	8,004.00
Have A Heart Supplies -Misc.	0.00	0.00	35.00	0.00
Taxes - Payroll	2,890.50	3,245.37	34,856.65	39,998.29
Personnel Costs	117.18	0.00	286.68	0.00
Postage	(0.41)	417.00	3,237.75	5,004.00
Have A Heart Postage	0.00	0.00	349.60	0.00
Printing & Publication	0.00	457.00	6,653.24	5,999.25
Have A Heart Print'g Publicat.	0.00	0.00	730.18	0.00
Property Tax	0.00	0.00	379.62	450.00
Public Relations	0.00	0.00	1,551.02	1,000.00
Rent	4,544.25	4,967.25	54,531.00	59,607.00
Telephone Expense	648.55	542.00	6,159.56	6,504.00
Utilities	5,337.40	6,250.00	60,816.56	75,000.00
Utilities - SHGA Duplex	368.14	333.00	1,398.22	4,000.00
Vehicle - License & Fees	0.00	0.00	951.09	500.00
Wages - Hourly	13,982.13	16,766.60	175,778.09	199,999.20
Wages - Salaried	14,425.67	17,993.27	194,021.15	214,997.24
Wages - Vacation Pay	0.00	0.00	716.82	0.00
Wages - Vacation Pay	(2,404.05)	0.00	5,551.43	0.00
Wages - Sick Leave	(9,341.58)	0.00	(8,399.95)	0.00
Wages - Holiday	0.00	0.00	6,391.25	0.00
Total Expenses	117,642.66	125,225.73	1,730,692.30	1,591,492.40
Net Income	\$ 4,694.83	\$ (4,010.30)	\$ 5,409.07	\$ 33,784.54