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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: Nevada Rural Counties RSVP Program

Amount Requested: \$35,000

Contact Person: Janice Ayres

Mailing Address: P.O. Box 1708

City: Carson City State: NV Zip Code: 89706

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

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

Date Submitted: January 17, 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?

RSVP's mission is to provide meaningful volunteer opportunities in Carson City to serve in a variety of volunteer settings in the community to improve the quality of life for all citizens, and to provide Independent Living Programs utilizing volunteers to assist low-income seniors to remain independent and in their own homes as long as possible, preventing premature and costly institutionalization.

2. How long has your organization been in existence? 39 Years ___ Months

How long has your organization been in Carson City? 39 Years ___ Months

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

RSVP provides volunteer opportunities which can be with a community or city agency such as those listed in question 11, or in one of our Senior Independent Living Programs also detailed in question 11: Home Companion, Lifeline, Resistance Exercise Training, Transportation, CARE Law and Respite Care. In addition, RSVP volunteers distribute free USDA Commodities to Carson City needy families every other month on an annual basis, and also distribute free Seniors Farmer's Market Coupons to low-income seniors in the community each Spring.

4. How many people do you intend to serve during this Fiscal Year 2012-2013?

of Youth 4,000 # of Adults 10,000 # of Seniors 2,800

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

of Youth 4,000 # of Adults 10,000 # of Seniors 2,800

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

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

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

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

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

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Janice R. Ayres	Executive Director	687-4680, Ext.2
Jerry Thurman	Board President	882-9537
Margaret Lowther	Board Vice-President	847-0563
Jeff Fontaine	Board Secretary	883-7863
Marsha Burgess	Board Treasurer	882-7600
Jo Etta Brown	Board Member	224-1133
Charlie Abowd	Board Member	882-3353
Brian Costello	Board Member	834-5772

Program/Proposal Information

10. Amount of funds requested? \$ **35,000**
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.

With the shift from state to counties for long term care financial responsibility, the Home Companion Program, which helps to keep the "at risk" elderly at home rather than be prematurely institutionalized at great cost to the public sector for long-term care for the low-income and indigent is a critical program for the city. RSVP Home Companion volunteers helped 234 local seniors remain independent and in their own homes by assisting them with basic needs such as transportation to local Doctor and Dentist appointments, grocery shopping, picking-up prescriptions, help with correspondence, friendly visits and telephone check-ups. With additional funding, more companions could be recruited.

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

Our Transportation Program with RSVP vans take senior clients to and from Reno 2 days per week for medical, dental and vision appointments as well as similar trips within the city. We are the only program available and at no cost. There are few physicians in Carson City that accept Medicare and Medicaid insurance, so these seniors must go to Reno or they will not be able to access the care they need, and good medical care keeps seniors healthier at home longer.

Our Resistance Exercise Training Program teaches seniors very gentle exercises with light weights that help them build strength and increase balance. This assists them in remaining at home rather than in a care facility, as the institutionalization of many seniors occurs as the result of a fall. Classes are held twice a week at the Senior Center, Comstock Mobile Village, Carson Plaza and other local venues. In 2011, 275 seniors received Resistance Exercise Training from 12 RSVP volunteers.

RSVP's Carson and Rural Elder (CARE) Law Program assists low-income seniors in Carson City who cannot afford the high cost of private attorney fees, with legal matters such as wills, guardianships, powers of attorney, and Social Security, Medicare and Medicaid problems. Last year 328 Carson City seniors were helped by the pro bono attorney and her paralegal who provided 1,769 hours of service to clients, which at a minimum of \$300 an hour is a gift of over \$500,000. Seniors must be 60 years of age or older to qualify, and be low-income (federal poverty level or below).

The RSVP Respite Care Program provides volunteers who give weekly breaks to caregivers. RSVP volunteers gave thousands of hours of respite care for 12 Carson City families, whose caregivers must have time-off for themselves if they are to continue to stay healthy, both mentally and physically in order to give 24/7 care to a loved one to keep them out of a care facility. Research has shown that 24/7 caregivers are at increased risk for depression and anxiety, and that 40% of them die before their loved one, thus putting that person at risk of institutionalization, which they fear more than death.

For the ninth year RSVP was the sub-contractor for the State of Nevada Food Distribution Program to provide fresh produce to low income seniors through the Senior Farmer's Market Nutrition Program. Last year, books of \$30 worth of free coupons were distributed to 1,100 Carson City seniors who could then redeem them at the Carson City Farmer's Market in the Pony Express Pavilion. In addition, RSVP volunteers distributed USDA Commodity Foods at the Carson City Community Center on the last Friday of every other month. In 2011, over 225 local needy families were served each month.

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

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

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

A caring community is one that understands and finds the financial resources to take care of those in dire need. RSVP volunteers embody that spirit by assisting local non-profit and government organizations in service while also helping to keep its low-income seniors independent and in their own homes rather than in a care facility.

Outcomes will be the numbers of new city volunteers recruited, new volunteer work places added in the city, expansion of services, requests for assistance from individuals and other local social service and government agencies, and the total number of city clients served, in addition to the numbers of Carson City seniors who are enabled to remain independent and in their own homes. Every indigent senior kept at home for just one year saves the city somewhere near \$75,000. RSVP can keep one at home for less

than \$1,000. The \$35,000 being requested is only one-half of what it would cost the city to institutionalize just one senior for a year!

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

In addition to the benefits of keeping seniors secure and in their own homes with the help of the Home Companion, Respite Care, Lifeline, Transportation, Resistance Exercise Training and CARE Law programs as noted in question #11, RSVP volunteers also benefit the citizens of Carson City by serving at City venues such as the Carson City Sheriff's Department, Aquatic Center, Juvenile Detention, Library, Lone Mountain Cemetery etc. Additionally, all Carson City residents benefited from RSVP volunteers serving at locations such as the Children's Museum, FISH, Carson-Tahoe Regional Medical Center, Carson High School, Bordewich - Bray, Fremont and Fritch Elementary schools; Brewery Arts Center, Computer Learning Center (Senior Center), Computer Corps, Carson City Literacy Project, Nevada Department of Public Safety, Nevada State Museum, Railroad Museum, Northern Nevada Railway Foundation, Legislative Complex, Western Nevada College, and many more. All RSVP programs/projects are ongoing. For future sustainability, RSVP solicits funding assistance from the State of Nevada Division for Aging Services, the Corporation for National and Community Service, private foundations and businesses, and by fundraising events such as the three family fairs held in Mills Park each year, the proceeds of which all go toward RSVP's Carson City senior programs, plus provide affordable entertainment for Carson City families, including the annual fireworks show on the 4th of July. In addition, RSVP pays nearly \$8,000 per year in park fees which helps their budget.

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

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

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

16. Has your organization been funded by Carson City previously? Yes No
 If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2005	\$32,500	All RSVP Programs
2006	\$35,000	All RSVP Programs
2007	\$11,500	All RSVP Programs (\$20,000 taken for rent)
2008	\$11,500	All RSVP Programs (\$20,000 taken for rent)
2009	\$31,500	All RSVP Programs
2010	\$31,500	All RSVP Programs
2011	\$35,000	All RSVP Programs

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.

Nevada Rural Counties RSVP Program

Name of Program

Jamie B. Reyes
Project Director Signature

1/23/12
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 2011-2012

Name of Organization: Nevada Rural Counties RSVP Program

Program/Project: Senior Independent Living Programs

Amount of Funds Received \$35,000

Contact Person: Janice Ayres

Mailing Address: P.O. Box 1708

City: Carson City State: NV Zip Code: 89702

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

Date Submitted: JANUARY 17, 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:

Due to services provided by RSVP, low-income homebound Senior Clients were able to remain independent and in their own homes, preventing costly premature institutionalization. In addition, RSVP volunteers provided manpower to many community and governmental agencies in providing vital services to the people in need, thus saving the city thousands of taxpayer dollars.

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

For the grant period, RSVP volunteers served 234 Home Companion clients; 89 Lifeline clients; 275 Resistance Exercise clients; provided 520 Reno and local Transportation medical rides for seniors; CARE Law pro bono program gave legal assistance to 328 seniors; Respite Care for 12 families; free fresh produce to 1,100 seniors via the Senior Farmer's Market Nutrition Program; and provided free USDA Commodity Foods to 205 local needy families bi-monthly. All were Carson City residents. Some individual benefits included Home Companion and Lifeline clients enabled to remain independent and in their own homes, Resistance Exercise clients becoming stronger and more ambulatory. In addition, RSVP's pro bono legal assistance helped many seniors with

Medicare/Medicaid, Social Security problems and to become free of bill collectors and scams, transportation clients were able to get to critical medical appointments and pick up their prescriptions. RSVP volunteers also benefited the citizens of Carson City by serving at City venues such as the Carson City Sheriff's Department, Aquatic Center, Juvenile Detention, Library, Lone Mountain Cemetery, Boldrick Theater, etc. Additionally, all Carson City residents benefited from RSVP volunteers serving at locations such as the Children's Museum, FISH, Carson-Tahoe Regional Medical Center, Carson High School, Bordewich - Bray, Fremont and Fritch Elementary schools; Brewery Arts Center, Computer Learning Center (Senior Center), Computer Corps, Carson City Literacy Project, Nevada Department of Public Safety, Nevada State Museum, Railroad Museum, Northern Nevada Railway Foundation, Legislative Complex, Western Nevada College, and many more.

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

Many RSVP direct service programs provided over 63,000 hours to Carson City, provided by over 400 RSVP volunteers that helped local organizations and providing the City with an image of taking care of its residents, especially its low-income seniors, and by encouraging volunteerism and civic engagement from all citizens which is beneficial to the City.

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

RSVP programs/projects have been ongoing since 1973. For future sustainability, RSVP solicits funding assistance from the State of Nevada Aging & Disability Services Division, the Corporation for National and Community Service, United Way, private Foundations and businesses, and by fundraising events such as the three family fairs (Mother's Day, July 4th, Nevada Days) held in Mills Park each year. The proceeds from the fairs go toward RSVP's Carson City senior Independent Living Programs, and provide affordable entertainment for Carson City families, including the annual fireworks show on the 4th of July. RSVP pays the city close to \$8,000 in park fees to hold these events.

6. Describe any challenges that impacted your program.

The failure of the Omnibus Bill in Congress that had grants which funds approximately 40% of RSVP Programs was devastating. Also, the Nevada Legislature has taken money from the Tobacco Settlement Funds which help fund RSVP Senior Independent Living grants to help keep seniors at home. This cut was 26% from 2010 levels. The downturn in the economy, along with the growing senior population in Carson City has placed continued stress on our ability to serve low-income seniors and other community organizations. Tremendous pressure for more volunteers also increased substantially as many current RSVP volunteers suddenly became clients in need of services themselves. In addition, with the state shifting the responsibility of long term care to counties, keeping seniors at home and out of costly institutions should be a

number one priority. The \$35,000 requested is only one-half of what it would cost Carson City to institutionalize one indigent senior citizen for a year. RSVP keeps hundreds of seniors at home for this amount.

**RSVP PROJECT BUDGET FOR CARSON CITY
2010-11 ACTUAL**

<u>Revenues</u>	<u>Revenue Amount</u>
Carson City Grant	\$ 35,000
Spring Fun Fair (May 2011)	\$ 14,068
July 4th Fair (July 2011).	\$ 17,325
Nevada Day Celebration (October 2011)	\$ 12,187
Administration on Aging (# of volunteers in Carson)	\$ 48,600
Corporation for National Service (federal)	
Proportionate percentage based on # of volunteers	
in Carson County - 36% - 452 of 1250	\$ 53,160
Aging Services (Based on # of volunteers)	\$ 141,652
United Way (Based on # of volunteers)	\$ 4,643
Transportation donations	\$ 2,383
Lifeline Revenue (90 in Carson City)	\$ 32,400
CDBG	\$ 2,500
CARE Law Donations	\$ 4,896
Total Revenues	\$ 368,814

EXPENSES	<u>Expense Amount</u>
Volunteer Expenses:	
Overall cost per volunteer to place in a social service	
is \$1033/year. This includes Awards/Recognition,	
out-of-pocket reimbursement, background checks	
& insurance for 452 volunteers @ \$1033*	\$ 466,916
Fair expenses (staff, advertising, fireworks, etc.)	\$ 38,349
Lifeline costs	\$ 33,380
Total Expenses	\$ 538,645

Total Loss (Revenue - Expenses)	\$ (169,831)
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452 Volunteers served in Carson City
49,508 hours @ \$21.36 = \$1,057,491

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

**RSVP PROJECT BUDGET FOR CARSON CITY
2012-2013 PROJECTED**

Revenues	Revenue Amount
Carson City Grant	\$ 35,000
Spring Fun Fair (May 2012)	\$ 15,000
July 4th Fair (July 2012)	\$ 17,000
Nevada Day Celebration (October 2012)	\$ 12,000
Administration on Aging (# of volunteers in Carson)	\$ 21,600
Corporation for National Service (federal)	\$ 53,169
Proportionate percentage based on # of volunteers in Carson County	
Aging Services (Based on # of volunteers/clients involved)	\$ 141,652
United Way (Based on # of volunteers/clients involved)	\$ 3,856
Transportation donations	\$ 3,300
Lifeline Revenues (92 clients)	\$ 30,420
CARE Law Donations	\$ 4,680
Total Revenues	\$ 337,677
EXPENSES	
	Expense Amount
Volunteer Expenses:	
Overall cost per volunteer to place in a social service is \$1033/year. This includes Awards/Recognition, out-of-pocket reimbursement & insurance	
466 volunteers @ \$1033*	\$ 481,378
Fair expenses (staff, advertising, fireworks, etc.)	\$ 33,120
Lifeline Expenses	\$ 38,000
Total Expenses	\$ 552,498
Total Revenue (Loss)	\$ (214,821)

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



Department of the Treasury
Internal Revenue Service

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

In reply refer to: 4077552422
July 16, 2010 LTR 4168C 0
94-3164032 000000 00

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BODC: TE

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JUL 18 2010

For _____

NEVADA RURAL COUNTIES RSVP
PROGRAM INC
2621 NORTHGATE LANE SUITE 6
CARSON CITY NV 89706-1619

Employer Identification Number: 94-3164032
Person to Contact: Mr. R. Molloy
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 12, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1998.

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

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

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

REPORTING PACKAGE

DECEMBER 31, 2010

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
DECEMBER 31, 2010

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statement of financial position of Nevada Rural Counties RSVP Program, Inc. (a nonprofit organization) as of December 31, 2010, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 2009 financial statements and, in our report dated November 19, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Nevada Rural Counties RSVP Program, Inc. as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated September 28, 2011, on our consideration of Nevada Rural Counties RSVP Program, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kohn Colodny CP

Reno, Nevada
September 28, 2011

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2010
(WITH COMPARATIVE TOTALS FOR DECEMBER 31, 2009)

2

	2010	2009 (Memorandum Only)
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 204,350	\$ 264,657
Accounts and grants receivable	10,376	9,264
Prepaid expenses	17,545	8,791
Total current assets	232,271	282,712
CARE Law program funds	549	435
PROPERTY AND EQUIPMENT, net	82,847	63,281
Total assets	\$ 315,667	\$ 346,428
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 48,132	\$ 19,746
Accrued payroll and related taxes and benefits	19,115	16,395
Accrued vacation	33,122	37,131
Deferred revenue	-	58,413
Total current liabilities / total liabilities	100,369	131,685
NET ASSETS		
Unrestricted	214,749	214,308
Temporarily restricted	549	435
Total net assets	215,298	214,743
Total liabilities and net assets	\$ 315,667	\$ 346,428

See accompanying notes

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2010
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2009)

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	2010			2009
	Unrestricted	Temporarily Restricted	Total	Total (Memorandum Only)
PUBLIC AND GOVERNMENTAL SUPPORT, RECLASSIFICATIONS, AND REVENUE				
Public and governmental support				
Federal and state grants	\$ 907,793	\$ -	\$ 907,793	\$ 812,851
Local government grants	63,370	-	63,370	75,870
Food commodities	322,910	-	322,910	188,222
United Way	19,440	-	19,440	31,140
Private grants and contributions	41,655	5,762	47,417	53,252
Fund raising revenue	81,120	-	81,120	94,479
Reclassifications				
Net assets released from restrictions - satisfaction of donor restrictions	5,648	(5,648)	-	-
Total public and governmental support and reclassifications	1,441,936	114	1,442,050	1,255,814
Revenue				
Investment income	807	-	807	1,554
Volunteer reimbursements	705	-	705	1,740
Lifeline reimbursements	135,212	-	135,212	138,161
Miscellaneous revenue	4,008	-	4,008	9,287
Total revenue	140,732	-	140,732	150,742
Total public and governmental support, reclassifications, and revenue	1,582,668	114	1,582,782	1,406,556
EXPENSES				
Program services				
Retired and senior services	200,442	-	200,442	188,584
Senior independent living assistance	1,100,253	-	1,100,253	917,974
Legal assistance	89,668	-	89,668	93,309
Supporting services				
General and administrative	122,352	-	122,352	203,471
Fund raising	69,512	-	69,512	82,114
Total expenses	1,582,227	-	1,582,227	1,485,452
OTHER GAINS AND (LOSSES)				
Gain (loss) on disposal of assets	-	-	-	(27,199)
CHANGE IN NET ASSETS	441	114	555	(106,095)
NET ASSETS, beginning of year	214,308	435	214,743	320,838
NET ASSETS, end of year	<u>\$ 214,749</u>	<u>\$ 549</u>	<u>\$ 215,298</u>	<u>\$ 214,743</u>

See accompanying notes

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 SCHEDULE OF FUNCTIONAL EXPENSES
 FOR THE YEAR ENDED DECEMBER 31, 2010
 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2009)

	2010						2009
	Program Services			Supporting Services			Total (Memorandum Only)
	Retired and Senior Services	Senior Independent Living Assistance	Legal Assistance	General and Administrative	Fund Raising	Total	
Advertising	\$ 886	\$ 23,458	\$ -	\$ 36	\$ 15,501	\$ 39,881	\$ 50,332
Bank charges	-	3,508	95	712	-	4,315	3,190
Contributions	-	-	-	116	-	116	20
Depreciation	-	14,215	4,100	9,246	-	27,561	29,717
Dues and subscriptions	1,057	-	855	1,853	-	3,765	2,056
Event costs	-	-	-	-	23,440	23,440	24,925
Farmer's Market							
Vendors	-	140,585	-	-	-	140,585	146,163
Commodities	-	291,714	-	-	-	291,714	158,977
Insurance	13,261	29,648	18,492	12,109	-	73,510	84,742
Licenses and permits	-	47	-	85	2,689	2,821	7,996
Lifeline	-	133,938	-	-	-	133,938	150,542
Miscellaneous	-	-	-	4,411	-	4,411	10,873
Payroll taxes and employee benefits	9,755	16,411	3,021	7,170	1,167	37,524	36,954
Postage and delivery	88	8,152	1,621	813	-	10,674	9,632
Printing and reproduction	318	20,561	1,462	-	-	22,341	40,879
Professional fees	3,320	18,899	-	17,364	-	39,583	28,840
Rent	-	-	-	702	-	702	1,742
Repairs	-	-	28	5,904	-	5,932	12,261
Retirement	6,378	8,391	1,824	4,001	-	20,594	20,072
Salaries and wages	108,046	194,823	37,986	39,700	26,669	407,224	410,328
Staff travel	2,672	16,402	4,963	5,104	-	29,141	17,951
Stipends and contract labor	1,550	48,785	-	46	-	50,381	45,069
Supplies	5,070	13,667	2,480	1,151	46	22,414	21,852
Telephone	499	12,281	3,281	3,547	-	19,608	19,118
Utilities	-	222	-	6,047	-	6,269	5,119
Vehicle	-	29,334	9,460	1,227	-	40,021	43,956
Volunteer expenses	47,542	75,212	-	1,008	-	123,762	102,146
	<u>\$ 200,442</u>	<u>\$ 1,100,253</u>	<u>\$ 89,668</u>	<u>\$ 122,352</u>	<u>\$ 69,512</u>	<u>\$ 1,582,227</u>	<u>\$ 1,485,452</u>

See accompanying notes

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2010
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2009)

5

	2010	2009 (Memorandum Only)
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 555	\$ (106,095)
Adjustments to reconcile change in net assets to to net cash used by operating activities		
Depreciation	27,561	29,717
Loss on disposal of assets	-	27,199
Donation of fixed assets	(47,127)	-
Changes in certain components of working capital		
(Increase) decrease in:		
Accounts and grants receivable	(1,112)	882
Prepaid expenses	(8,754)	179
CARE Law program funds	(114)	855
Increase (decrease) in:		
Accounts payable	28,386	(895)
Accrued payroll and related taxes and benefits	2,720	1,473
Accrued vacation	(4,009)	(996)
Due to grantor	-	-
Deferred revenue	(58,413)	29,555
Net cash provided used by operating activities	(60,307)	(18,126)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of equipment	-	(18,282)
NET CHANGE IN CASH AND CASH EQUIVALENTS	(60,307)	(36,408)
CASH AND CASH EQUIVALENTS, beginning of year	264,657	301,065
CASH AND CASH EQUIVALENTS, end of year	\$ 204,350	\$ 264,657

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

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

Nature of Activities

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

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

The Program also operates the following programs:

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

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

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

Basis of Accounting

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2010

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

Basis of Presentation

The Program reports information regarding its financial position and activities according to the three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. Temporarily restricted net assets at December 31, 2010 total \$549 for the CARE Law program. The Program has not received any contributions with donor-imposed restrictions that would result in permanently restricted net assets.

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

Cash and Cash Equivalents

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

CARE Law Program Funds

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

Accounts and Grants Receivable

Accounts receivable consists of fees for Lifeline services. Grants receivable consist of grant funds which have been expended but not yet received at year-end. Accounts and grants receivable are considered fully collectible by management. Accordingly, no allowance for doubtful accounts is included in the accompanying financial statements.

Property and Equipment

The Program records equipment and vehicles at cost or at the estimated fair value at the date of gift, if donated. Such gifts are reported as unrestricted unless specific donor stipulations specify how the donated assets must be used. The Program's policy is to capitalize all assets with an estimated useful life of more than one year and a cost of \$1,000 or more.

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

Deferred Revenue

Deferred revenue represents grant funds which have been received, but not yet expended and the grant period is ongoing into the subsequent year.

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2010

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

Donated Services

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

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

Advertising Costs

Advertising costs are incurred to promote the Program's activities and are expensed as incurred. Advertising expense totals \$39,881 for the year ended December 31, 2010.

Income Taxes

The Program is a nonprofit corporation, exempt from federal income tax under Internal Revenue Code Section 501(c)(3) as a non-private organization. Accordingly, no provision for federal income taxes is reflected in the financial statements.

Tax positions to consider include but are not limited to:

- Classification of program services, administrative and fund raising
- Characterization of its activities as related or unrelated to its tax exempt purpose

It is the Program's tax position that it has not engaged in activities that would jeopardize its exempt status nor has it engaged in activities that would result in unrelated business income tax.

Although the Program has not been notified of any pending Internal Revenue Service (IRS) examinations, its returns are subject to examination within a three year statute of limitations. The 2008 through the current period returns are still subject to examination by the IRS as of December 31, 2010.

Functional Allocation of Expenses

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

Use of Estimates

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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 NOTES TO FINANCIAL STATEMENTS (CONTINUED)
 DECEMBER 31, 2010

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

Subsequent Events

Subsequent events have been evaluated through the report date, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

Memorandum Only – Total Columns

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

Reclassifications

Certain items on the 2009 financial statements have been reclassified to conform to the 2010 presentation.

NOTE 2 - PROPERTY AND EQUIPMENT

The following is a summary of property and equipment at December 31, 2010:

Furniture and equipment	\$ 81,058
Vehicles	<u>206,557</u>
	287,615
Less accumulated depreciation	<u>(204,768)</u>
Total	<u>\$ 82,847</u>

Vehicles with a net book value of \$63,417 at December 31, 2010 were provided to the Program by the Nevada Department of Transportation. The Program has the exclusive use of the vehicles and is responsible for registration and all operations and maintenance costs. However, the Nevada Department of Transportation retains the title on the vehicles for the first five years and RSVP cannot sell or otherwise dispose of the vehicles during that period. After five years, the title is transferred to RSVP. Total depreciation expense for the year ended December 31, 2010 was \$27,561.

NOTE 3 - EMPLOYEE BENEFIT PLAN

Pursuant to the plan agreement effective July 1, 2003, the Program offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 403 (b). Under the plan, the Board may make discretionary contributions for eligible employees at a percentage to be determined annually. In addition, employees are allowed to defer income up to the applicable annual limit as set forth by the Internal Revenue Service. During the year ended December 31, 2010, the Program contributed \$20,594, or 5% of eligible employees' earnings to the plan.

NOTE 4 - OPERATING LEASE OBLIGATIONS

During 2009, the Program entered into a ten-year lease agreement with Carson City for office space at a cost of \$1 each year. The Organization has the option to renew the lease for the office space through 2018.

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 NOTES TO FINANCIAL STATEMENTS (CONTINUED)
 DECEMBER 31, 2010

NOTE 4 - OPERATING LEASE OBLIGATIONS (Continued)

The Program also leases an office copier and printer units expiring at various dates through May 2011.

Minimum future rental payments to be paid on these leases as of December 31, 2010, for the remaining term of the leases are:

<u>Year ending December 31</u>		
2011	\$	1,403
2012		1
2013		1
2014		1
2015 - Thereafter		4

NOTE 5 - VOLUNTEER SERVICES

The Program's mission includes providing opportunities for persons over 55 years old to volunteer throughout the local communities and the Program's operations are significantly dependent upon the volunteers who assist senior citizens. For the year ended December 31, 2010, volunteers provided approximately 48,226 hours of community service to various local governments and non-profit agencies and 94,065 hours of services to support the Program's services to assist senior citizens in maintaining independent lifestyles. Based upon the average hourly wage for nonagricultural workers as determined by the Bureau of Labor Statistics increased for fringe benefits, the Independent Sector has estimated the value of volunteer services to approximate \$19 per hour. Accordingly, public entities have received approximately \$916,000 in services provided by the Program volunteers and the Program's senior citizens assistance programs have received an additional amount of approximately \$1,787,000 of other skilled volunteer services, which is not reflected in the accompanying financial statements because the services do not meet the criteria for recognition as set forth in Note 1. If the volunteer services that support the Program's activities were included in the financial statements, program costs would comprise more than 93% of the Program's total costs.

SUPPLEMENTARY INFORMATION

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
 FOR THE YEAR ENDED DECEMBER 31, 2010

Federal Grantor Pass-Through Grantor/ Program Title	Award Period	Pass-Through Grantor Identifying Number	Federal CFDA Number	Federal Expenditures
Corporation for National and Community Service				
Volunteers in Service to America	02/14/10 - 02/26/11	08VSPNV002	94.013	\$ 4,000
Retired and Senior Volunteer Program	01/01/10 - 12/31/10	09SRPNV001	94.002	<u>184,604</u>
Subtotal - Corporation for National and Community Service				188,604
United States (U.S.) Department of Agriculture Food and Nutrition Service Passed through State of Nevada Department of Administration Emergency Food Assistance Program Cluster				
Emergency Food Assistance Program (Administrative Costs)	01/01/10 - 12/31/10	94-3164032	10.568	11,196 *
ARRA - Emergency Food Assistance Program (Administrative Costs)	01/01/10 - 12/31/10	94-3164032	10.568A	4,927 *
Emergency Food Assistance Programs (Food Commodities)	01/01/10 - 12/31/10	94-3164032	10.569	<u>275,290</u> *
ARRA - Emergency Food Assistance Programs (Food Commodities)	01/01/10 - 12/31/10	94-3164032	10.569A	<u>11,498</u> *
Subtotal - U.S. Department of Agriculture / Emergency Food Assistance Program Cluster				302,911
U.S. Department of Health and Human Services - Administration on Aging Passed through State of Nevada Aging and Disability Services Division Special Programs for the Aging Title III, Part B Grants for Supportive Services and Senior Centers				
	10/01/09 - 06/30/10	18-005-16-BX-11	93.044	74,029
	07/01/10 - 06/30/11	18-005-16-BX-11	93.044	<u>60,971</u>
Subtotal - CFDA 93.044				135,000
Special Programs for the Aging Title IV and Title II Discretionary Projects				
	08/01/09 - 07/31/10	90MA0005/01	93.048	61,276 *
	07/01/10 - 06/30/11	90MA0027/01	93.048	<u>100,000</u> *
Subtotal CFDA 93.048				<u>161,276</u>
Subtotal - U.S. Department of Health and Human Services				296,276

* Denotes major program

See accompanying note to this schedule

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
 FOR THE YEAR ENDED DECEMBER 31, 2010

Federal Grantor Pass-Through Grantor/ Program Title	Award Period	Pass-Through Grantor Identifying Number	Federal CFDA Number	Federal Expenditures
U.S. Department of Housing and Urban Development - Office of Community Planning and Development				
Community Development Block Grants / Entitlement Grants	07/01/10 - 06/30/11	94-3164032	14.218	\$ <u>2,500</u>
Total federal expenditures				\$ <u>790,291</u>

* Denotes major program

See accompanying note to this schedule

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
NOTE TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2010

NOTE 1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Nevada Rural Counties RSVP Program, Inc. is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some of the amounts presented in this schedule may differ from amounts presented in, or used in the preparation of the basic consolidated financial statements or other reports submitted directly to grantor agencies.

REPORTS ON COMPLIANCE AND INTERNAL CONTROL



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

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

We have audited the financial statements of Nevada Rural Counties RSVP Program, Inc. (nonprofit organization) as of and for the year ended December 31, 2010, and have issued our report thereon dated September 28, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Nevada Rural Counties RSVP Program, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Nevada Rural Counties RSVP Program, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Nevada Rural Counties RSVP Program, Inc.'s financial statements are free of material misstatement, we performed tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of the Board of Directors, management, others within the Organization and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Kohn Colodny CP

Reno, Nevada
September 28, 2011



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS
THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM AND ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

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

Compliance

We have audited Nevada Rural Counties RSVP Program, Inc.'s compliance with the types of compliance requirements described in the *U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement* that could have a direct and material effect on Nevada Rural Counties RSVP Program, Inc.'s major federal programs for the year ended December 31, 2010. Nevada Rural Counties RSVP Program, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of Nevada Rural Counties RSVP Program, Inc.'s management. Our responsibility is to express an opinion on Nevada Rural Counties RSVP Program, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Nevada Rural Counties RSVP Program, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of Nevada Rural Counties RSVP Program, Inc.'s compliance with those requirements.

In our opinion, Nevada Rural Counties RSVP Program, Inc. complied, in all material respects, with the requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2010.

Internal Control Over Compliance

Management of Nevada Rural Counties RSVP Program, Inc. is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered Nevada Rural Counties RSVP Program, Inc.'s internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness Nevada Rural Counties RSVP Program, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or

combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, others within the Organization and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Kohn Colodny LLP

Reno, Nevada
September 28, 2011



SCHEDULE OF FINDINGS AND QUESTIONED COSTS

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2010

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued: Unqualified

Internal control over financial reporting:

- Material weakness(es) identified? ___yes X no
- Significant deficiency(ies) identified
that are not considered to be
material weaknesses? ___yes X no

Noncompliance material to financial
statements noted? ___yes X no

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? ___yes X no
- Significant deficiency(ies) identified
that are not considered to be
material weaknesses? ___yes X no

Type of auditors' report issued on
compliance for major programs: Unqualified

Any audit findings disclosed that are
required to be reported in accordance
with section 510(a) of Circular A-133 ___yes X no

Identification of major programs:

<i>CFDA Number(s)</i>	<i>Name of Federal Program or Cluster</i>
10.568	Emergency Food Assistance Program Cluster (Administrative Costs)
10.568A	ARRA – Emergency Food Assistance Program Cluster (Administrative Costs)
10.569	Emergency Food Assistance Program Cluster (Food Commodities)
10.569A	ARRA – Emergency Food Assistance Program Cluster (Food Commodities)
93.048	Special Programs for the Aging Title IV and Title II Discretionary Projects

Dollar threshold used to distinguish
between type A and type B programs: \$300,000

The auditee does not qualify as a low-risk auditee as defined by OMB Circular A-133 since it has not been required to have a Single Audit for the past two years.

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
FOR THE YEAR ENDED DECEMBER 31, 2010

SECTION II – FINANCIAL STATEMENT FINDINGS

None.

SECTION III – FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS

None.

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS AND CORRECTIVE ACTION PLAN

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS AND CORRECTIVE ACTION PLAN
FOR THE YEAR ENDED DECEMBER 31, 2010

Prior Audit Findings

There were no prior year audit findings as a single audit was not previously required.

Corrective Action Plan

Not applicable as there are no current year findings.

EXTENDED UNTIL NOVEMBER 15, 2011

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 and ending

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

C Name of organization
 NEVADA RURAL COUNTIES RSVP PROGRAM, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 PO BOX 1708
 City or town, state or country, and ZIP + 4
 CARSON CITY, NV 89702
F Name and address of principal officer: JANICE AYRES
 P. O. BOX 1708, CARSON CITY, NV 89706

D Employer identification number
 94-3164032

E Telephone number
 (775) 687-4680

G Gross receipts \$ 1,582,782.

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)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.NEVADARURALRSVP.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1992 **M** State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION ARRANGES FOR PERSONS 55 OR OLDER TO VOLUNTEER FOR SERVICES IN COMMUNITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	1214
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,161,335.	Current Year 1,360,930.
	9 Program service revenue (Part VIII, line 2g)	139,901.	135,917.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,554.	807.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,045.	61,688.
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,381,835.	1,559,342.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	542,639.	530,385.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,072.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	918,092.	1,028,402.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,460,731.	1,558,787.
19 Revenue less expenses. Subtract line 18 from line 12	<78,896.>	555.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 346,428.	End of Year 315,667.
	21 Total liabilities (Part X, line 26)	131,685.	100,369.
	22 Net assets or fund balances. Subtract line 21 from line 20	214,743.	215,298.

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.

TAXPAYER'S COPY

Sign Here
 Signature of officer: JANICE AYRES, EXECUTIVE DIRECTOR
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: CONNIE CHRISTIANSEN
 Preparer's signature: *Connie Christian*
 Date: 10/18/11
 Check if self-employed PTIN: _____
 Firm's name: KOHN COLODNY LLP
 Firm's address: 5310 KIETZKE LANE, SUITE 101 RENO, NV 89511
 Firm's EIN: _____
 Phone no.: 775-828-7300

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 [X]

1 Briefly describe the organization's mission:

RSVP'S MISSION IS TO HELP STRENGTHEN THE FABRIC OF THE COMMUNITIES IN WHICH WE SERVE BY FOSTERING GREATER CIVIC ENGAGEMENT FOR CITIZENS AGED 55 AND OLDER BY PROVIDING MEANINGFUL OPPORTUNITIES FOR VOLUNTEERING IN THEIR COMMUNITIES, AND BY PROVIDING HIGH IMPACT INDEPENDENT LIVING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 1,100,253. including grants of \$) (Revenue \$ 139,220.) PROVIDED VOLUNTEERS, HOME VISITS, LIFELINE EMERGENCY NOTIFICATION SERVICES, HEALTH AND WELFARE TRAINING, AND TRANSPORTATION SERVICES TO HOMEBOUND SENIORS TO PROMOTE INDEPENDENT LIVING AND PREVENT THEM FROM BEING INSTITUTIONALIZED.

4b (Code:) (Expenses \$ 200,442. including grants of \$) (Revenue \$ 705.) PROVIDED VOLUNTEER SERVICES TO PUBLIC AND NON-PROFIT COMMUNITY AGENCIES

4c (Code:) (Expenses \$ 89,668. including grants of \$) (Revenue \$) PROVIDED LEGAL SERVICES AND OTHER SUPPORT FOR SENIORS THROUGHOUT NEVADA.

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

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

4e Total program service expenses 1,390,363.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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>		
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>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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>	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>		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>		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>		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>		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>		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>	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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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)		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 (2010) table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and Section 501(c)(7), (12), (29) organizations.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Does the organization have members or stockholders... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body... 7b Are any decisions of the governing body subject to approval... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NV
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DONNA DORRIS - (775) 687-4680 PO BOX 1708, CARSON CITY, NV 89702

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

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			
JERRY THURMAN PRESIDENT	1.00	X		X			0.	0.	0.	
MARGARET LOWTHER VICE PRESIDENT	1.00	X		X			0.	0.	0.	
CHARLIE ABOWD DIRECTOR	1.00	X					0.	0.	0.	
BONNIE FARNELL DIRECTOR	1.00	X					0.	0.	0.	
MARSHA BURGESS TREASURER	1.00	X		X			0.	0.	0.	
JEFF FONTAINE SECRETARY	1.00	X		X			0.	0.	0.	
HELAINÉ JESSE DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	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 **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1360930.				
	g	Noncash contributions included in lines 1a-1f: \$		11,920.				
	h	Total. Add lines 1a-1f		1360930.				
Program Service Revenue	2 a	LIFE LINE	Business Code 624100	135,212.	135,212.			
	b	VOLUNTEER SUPPORT	561499	705.	705.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		135,917.				
Other Revenue	3	Investment Income (including dividends, interest, and other similar amounts)		807.			807.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	81,120.					
		b	Less: direct expenses	b	23,440.			
		c	Net income or (loss) from fundraising events		57,680.		57,680.	
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	MISCELLANEOUS	900099	4,008.	4,008.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		4,008.					
12	Total revenue. See instructions.		1559342.	139,925.	0.	58,487.		

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	86,368.	77,731.	8,637.	
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	320,856.	263,124.	31,063.	26,669.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,594.	16,593.	4,001.	
9 Other employee benefits	65,043.	54,636.	10,407.	
10 Payroll taxes	37,524.	29,187.	7,170.	1,167.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,420.	13,675.	10,745.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	65,544.	58,879.	6,665.	
12 Advertising and promotion	39,881.	24,344.	36.	15,501.
13 Office expenses	89,135.	75,070.	14,065.	
14 Information technology				
15 Royalties				
16 Occupancy	18,173.	6,987.	8,451.	2,735.
17 Travel	29,141.	24,037.	5,104.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,561.	18,315.	9,246.	
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 SENIORS FARMERS MARKET	432,299.	432,299.		
b LIFE LINE PROGRAM EXPEN	133,938.	133,938.		
c VOLUNTEER SUPPORT	123,762.	122,754.	1,008.	
d VEHICLE	40,021.	38,794.	1,227.	
e MISCELLANEOUS	4,527.		4,527.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,558,787.	1,390,363.	122,352.	46,072.
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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	15,954.	1	10,498.
	2	Savings and temporary cash investments	248,703.	2	193,852.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,264.	4	10,376.
	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,791.	9	17,545.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 287,615.		
	b	Less: accumulated depreciation	10b 204,768.	10c 63,281.	82,847.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	435.	15	549.
16	Total assets. Add lines 1 through 15 (must equal line 34)	346,428.	16	315,667.	
Liabilities	17	Accounts payable and accrued expenses	19,746.	17	100,369.
	18	Grants payable		18	
	19	Deferred revenue	58,413.	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		24	
	25	Other liabilities. Complete Part X of Schedule D	53,526.	25	0.
	26	Total liabilities. Add lines 17 through 25	131,685.	26	100,369.
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	214,308.	27	214,749.
	28	Temporarily restricted net assets	435.	28	549.
	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	214,743.	33	215,298.	
34	Total liabilities and net assets/fund balances	346,428.	34	315,667.	

Form 990 (2010)

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	1,559,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,558,787.
3	Revenue less expenses. Subtract line 2 from line 1	3	555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214,743.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	215,298.

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
b	Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
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	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? 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	

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

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

The organization is not a private foundation because it is: (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)(vii). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

LHA 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 any "unusual grants.")	1,134,419.	1,056,719.	1,053,669.	1,161,335.	1,360,930.	5,767,072.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,134,419.	1,056,719.	1,053,669.	1,161,335.	1,360,930.	5,767,072.
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.						5,767,072.

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	1,134,419.	1,056,719.	1,053,669.	1,161,335.	1,360,930.	5,767,072.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,354.	15,545.	8,268.	1,554.	807.	40,528.
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.)	639.	2,410.	2,313.	<17,912.>	4,008.	<8,542.>
11 Total support. Add lines 7 through 10						5,799,058.
12 Gross receipts from related activities, etc. (see instructions)					12	1,162,676.
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	99.45 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.27 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 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"/>	

Schedule A (Form 990 or 990-EZ) 2010

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 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, line 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

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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.

- 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	
- 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
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 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.

- 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.
 - 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	▶ \$ _____
- 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds. Complete if 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
1a 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 _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		287,615.	204,768.	82,847.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				82,847.

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)		
(J)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

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

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

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

1. (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, col (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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,559,342.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,558,787.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	555.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	555.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,582,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	23,440.
e	Add lines 2a through 2d	2e	23,440.
3	Subtract line 2e from line 1	3	1,559,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,559,342.

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

1	Total expenses and losses per audited financial statements	1	1,582,227.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	23,440.
e	Add lines 2a through 2d	2e	23,440.
3	Subtract line 2e from line 1	3	1,558,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,558,787.

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.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED AGAINST REVENUE 23,440.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES NETTED AGAINST REVENUE 23,440.

Supplemental Information Regarding
Fundraising or Gaming Activities

2010

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Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number
94-3164032

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

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

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

(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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	▶					

3 List all states in which the organization is registered or licensed to solicit 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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FOURTH OF JULY FESTIVAL (event type)	SPRING FAIR (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1	37,900.	21,917.	21,303.	81,120.
	2				
	3	37,900.	21,917.	21,303.	81,120.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	19,519.	2,117.	1,804.	23,440.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Combine line 3, column (d), and line 10 ▶				57,680.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<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 line 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 contract 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number
94-3164032

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS E-MAILED TO ALL
MEMBERS OF THE GOVERNING BODY. MEMBERS THEN REVIEW THE FORM FOR ACCURACY
AND COMPLETNESS.

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

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

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

Employer identification number

94-3164032

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

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS FROM PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2010

Prepared for	NEVADA RURAL COUNTIES RSVP PROGRAM, INC. PO BOX 1708 CARSON CITY, NV 89702
Prepared by	KOHN COLODNY LLP 5310 KIETZKE LANE, SUITE 101 RENO, NV 89511
Amount due or refund	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$2,732
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2011
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

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

OMB No. 1545-0047

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning _____, and ending _____

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NEVADA RURAL COUNTIES RSVP PROGRAM, INC.</p> <p>Number, street, and room or suite no. if a P.O. box, see instructions. PO BOX 1708</p> <p>City or town, state, and ZIP code CARSON CITY, NV 89702</p>	<p>D Employer identification number (Employees' trust, see instructions) 94-3164032</p> <p>E Unrelated business activity codes (See instructions.)</p>
<p>C Book value of all assets at end of year 315,667.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Describe the organization's primary unrelated business activity. ▶ **NONE**

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

J The books are in care of ▶ **DONNA DORRIS** Telephone number ▶ **(775) 687-4680**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)				14
15 Salaries and wages				15
16 Repairs and maintenance				16
17 Bad debts				17
18 Interest (attach schedule)				18
19 Taxes and licenses				19
20 Charitable contributions (See instructions for limitation rules.)				20
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			22b
23 Depletion				23
24 Contributions to deferred compensation plans				24
25 Employee benefit programs				25
26 Excess exempt expenses (Schedule I)				26
27 Excess readership costs (Schedule J)				27
28 Other deductions (attach schedule)				28
29 Total deductions. Add lines 14 through 28				29 0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				30 0.
31 Net operating loss deduction (limited to the amount on line 30)				31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				32 0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)				33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				34 0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40b Other credits (see instructions). 40c General business credit. Attach Form 3800. 40d Credit for prior year minimum tax (attach Form 8801 or 8827). 41 Subtract line 40e from line 39. 42 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 43 Total tax. Add lines 41 and 42. 44a Payments: A 2009 overpayment credited to 2010. 44b 2010 estimated tax payments. 44c Tax deposited with Form 8868. 44d Foreign organizations: Tax paid or withheld at source (see instructions). 44e Backup withholding (see instructions). 44f Credit for small employer health insurance premiums (Attach Form 8941). 44g Other credits and payments: Form 2439, Form 4136, Other. Total. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 48 you want: Credited to 2011 estimated tax, Refunded.

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

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

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

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs. 4b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No. Signature of officer: CONNIE CHRISTIANSEN, Date: 10/18/11, Title: EXECUTIVE DIRECTOR.

Paid Preparer Use Only. Print/Type preparer's name: CONNIE CHRISTIANSEN, Preparer's signature: Connie Christian, Date: 10/18/11, Check self-employed: [] Yes [] No, PTIN: P00398106, Firm's name: KOHN COLODNY LLP, Firm's EIN: 86-0846032, Firm's address: 5310 KIETZKE LANE, SUITE 101, RENO, NV 89511, Phone no.: 775-828-7300.

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

94-3164032

1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	12
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	9
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	45,000.
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	60,185.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	54,636.
6	Enter the smaller of line 4 or line 5	54,636.
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	13,659.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	13,659.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	2,732.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
11	Subtract line 10 from line 4. If zero or less, enter -0-	60,185.
12	Enter the smaller of line 9 or line 11	2,732.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	12
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	9
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
16	Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17	2,732.
17	Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions)	
18	Subtract line 17 from line 16	2,732.
19	Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions)	
20	Carryback of the credit for small employer health insurance premiums from 2011	
21	Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h	2,732.
22	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
23	Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h	
24	Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions)	11,876.
25	Tax-exempt small employers, enter the smaller of line 21 or line 24 here and on Form 990-T, line 44f	2,732.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2010)