### EXTENDED TO NOVEMBER 15, 2022

Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2021 calendar year, or tax year beginning	and	ending		
В	heck if pplicable	C Name of organization			D Employer ident	ification number
	Addres change		SVP, INC.		04 3164	022
	change				94-3164	
	Initial return Final return/	Number and street (or P.O. box if mail is not delive PO BOX 1708	vered to street address)	Room/suite	E Telephone numb	
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	1,760,907.
	Amend		o		H(a) Is this a group	return
F	Applica		Y WALT		for subordinat	es? Yes X No
	pendin	SAME AS C ABOVE			1	s included? Yes No
1.1	ах-ехе		(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
		e: NEVADARURALRSVP.ORG			H(c) Group exempt	
			ociation Other	L Year		M State of legal domicile: NV
_	art I	Summary				
	1 1	Briefly describe the organization's mission or most s	significant activities: RSVP	'S MIS	SION IS TO	PROVIDE
Activities & Governance	ا ا	LIFESAVING VOLUNTEER PROGR	AMS THAT HELP S	ENIORS	AND PEOPL	E WITH
E .	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net a	
Ve	3	Number of voting members of the governing body (F	Part VI, line 1a)	*****************		3 7
Ğ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			
80	5	Total number of individuals employed in calendar ye	ar 2021 (Part V, line 2a)	والمستوالة المستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة و		
/itie	6	Total number of volunteers (estimate if necessary)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6 0
Ċ		Total unrelated business revenue from Part VIII, colu				
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			ь 0.
				_	Prior Year	Current Year
đi.	8	Contributions and grants (Part VIII, line 1h)			1,759,588	
Š	9	Program service revenue (Part VIII, line 2g)			52,927	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		3,028	
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		4,741	
	12	Total revenue - add lines 8 through 11 (must equal F	art VIII, column (A), line 12)		1,820,284	
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A),	line 4)		0	
Ś	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		649,736	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), lin			0	. 0.
ç	þ.	Total fundraising expenses (Part IX, column (D), line				
ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		789,074	
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		1,438,810	
		Revenue less expenses. Subtract line 18 from line 1	2		381,474	
IS OF				Be	ginning of Current Yea	
Sets	20	Total assets (Part X, line 16)			427,415	
AB	1	Total liabilities (Part X, line 26)			258,076	
뽈	22	Net assets or fund balances. Subtract line 21 from li	ne 20		169,339	. 373,058.
	art II	Signature Block				I I I I I I I I I I I I I I I I I I I
		ties of perjury, I declare that I have examined this return, i				my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of W	nich preparer	nas any knowledge.	
		Signature of officer			Date	
Sig	- 1	1. The transfer of the control of th			540	
Her	e	MOLLY WALT, CEO Type or print name and title				
_		(K) 31 1	December of anothers	TI	Date Check	PTIN
D-'	, ,	21 1 1	Preparer's signature		.1/15/22 self-em	la company of the com
Paid	- 1	LESLIE KIDD		μ.	Eirm's CIN -	20-5570744
	Only	Firm's name CASEY NEILON INC. Firm's address 503 N DIVISION ST			FIIII S EIN	20 3310144
use	Only	Firm's address 503 N DIVISION ST CARSON CITY, NV 8			Phono no 7	75-283-5555
N.C.	Jak - Je	S discuss this return with the preparer shown above			Fliotie no. /	X Yes No
ivid	v une in	is uiscuss mis return with the preparer shown abov	u :		*******************	

Form	m 990 (2021) NEVADA RURAL COUNTIES RSVP, INC. 94-31	64032	Page 2
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
-	Briefly describe the organization's mission:		
1	RSVP'S MISSION IS TO PROVIDE LIFESAVING VOLUNTEER PROGRAMS THA	T HELP	
	SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN THEIR INDEPENDEN	CE WITT	Н
		CD WIII	
	DIGNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>37</b>
	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 organization's program service accomplishments for each of its three largest program services, as measured by	v expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	evnenses ar	nd
		Aperioco, ai	
	revenue, if any, for each program service reported.	1.1	150.)
4a	(Code:) (Expenses \$1,085,270 . including grants of \$) (Revenue \$)		130.
	PROVIDED VOLUNTEERS, HOME VISITS, RESPITE CARE, LIFELINE EMERG	ENCY	
	NOTIFICATION SERVICES, HEALTH AND WELFARE TRAINING (INCLUDING	SUICID	<u>K</u>
	PREVENTION AND AWARENESS TRAINING), AND TRANSPORTATION SERVICE	S TO	
	HOMEBOUND SENIORS, VETERANS, AND DISABLED PERSONS TO PROMOTE		
	INDEPENDENT LIVING AND PREVENT THEM FROM BEING INSTITUTIONALIZ	ED.	
4b	(Code:) (Expenses \$		)
	PROVIDED APPROXIMATELY 68,000 VOLUNTEER SERVICE HOURS TO PUBLI	C AND	
	NON-PROFIT COMMUNITY AGENCIES THROUGHOUT NEVADA.		
4c	(Code: ) (Expenses \$ 44,986 • including grants of \$) (Revenue \$)		
46	PROVIDED APPROXIMATELY 1,375 HOURS OF LEGAL SERVICES FOR SENIO	RS	
	THROUGHOUT NORTHERN NEVADA.		
4d	Other program services (Describe on Schedule O.)	14	
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 1,352,168.		

Form 990 (2021) NEVADA RURAL COUNTIES RSVP, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			BUEG
	as applicable.		II C	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete	12a	Х	
ı.	Schedule D, Parts XI and XII	120		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	(2021)

Par	t IV Checklist of Required Schedules (continued)	_		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		270		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	
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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		Х
L .	A family member of any individual described in line 28a? /f "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
C	•	28c		x
	"Yes," complete Schedule L, Part IV	29		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part /	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			SIA
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	Mo		LUN
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	47	W.M.	
С	(gambling) winnings to prize winners?	1c		
-	gamming minings to prize minings:		990	(2021

Form 990 (2021) NEVADA RURAL COUNTIES RSVP, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	a 20:		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Yells	1100	2
	filed for the calendar year ending with or within the year covered by this return 2a 14		77	==101
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	- 1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		mite"	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country			200
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ьа		6a		х
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
G	to file Form 8282?	7c		х
d	to be a like the second of the			To L
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			4 2
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		F-15	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		109	Oct :
а	Initiation fees and capital contributions included on Part VIII, line 12	1.5		100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1.5		
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		. 17.7	100
	amounts due or received from them.)	40	1 8	21111
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		11000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	W-18	7 10
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	102		
L	Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the			31/1
D			200	
_	organization to hostilog a feet quality and the second sec			
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			125
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	E4		

Form 990 (2021) NEVADA RURAL COUNTIES RSVP, INC. 94-3164032 Page
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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		65038	X
Sec	tion A. Governing Body and Management			
	A 130 W		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	100	4.31	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	3.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	180	7	1211
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	lus _	(194)	
а	The organization's CEO, Executive Director, or top management official	15a	Х	_
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1985		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		- 8	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	TO S		1000
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 775-687-4680			
	2621 NORTHGATE LN, STE 6, CARSON CITY, NV 89706			
12200	2.40.00.21	Form	990	(2021)

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

Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Name and title  Average hours per week (list any hours for related organizations below line)  1) CAROLINE PUNCHES  RESIDENT  AX X X O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Check this box if neither the organization n	or any related	orga	niza			npen	sate			
hours per week (list any hours for related organizations below line)  1) CAROLINE PUNCHES  2.00  RESUDENT  2) KEVIN KIRKEBY  RESIDENT  X X X  D. O.	(A)	(B)			_ ((	2)			(D)	(E)	(F)
Week (list any hours for related organizations below line)	Name and title	_	(do	not c	heck	more	than o	опе			
Week			box	unie	ss pe	rson i	s both	an tee)	l ·		
hours for related organizations below line   1) CAROLINE PUNCHES   2.00   X   X   X   0.   0.   0.   0.   0.			-	T a	10 0	, colo	T	100,			
1) CAROLINE PUNCHES  RESIDENT  2.00  X X X  0.0.0.0  0.2) KEVIN KIRKEBY  REASURER  X X X  0.0.0.0  0.0.0  0.0.0  3) JERRY THURMAN  AST PRESIDENT  X X X  0.0.0.0  0.0.0  AST PRESIDENT  X X X  0.0.0  0.0.0  1CE PRESIDENT  X X X  0.0.0  0.00  0.00  1CE PRESIDENT  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00			irecto							organizations	·
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1) CAROLINE PUNCHES  RESIDENT  2.00  X X X  0.0.0.0  0.2) KEVIN KIRKEBY  REASURER  X X X  0.0.0.0  0.0.0  0.0.0  3) JERRY THURMAN  AST PRESIDENT  X X X  0.0.0.0  0.0.0  AST PRESIDENT  X X X  0.0.0  0.0.0  1CE PRESIDENT  X X X  0.0.0  0.00  0.00  1CE PRESIDENT  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00			uste	trus		88	neu			1033-1120)	•
1) CAROLINE PUNCHES  RESIDENT  2.00  X X X  0.0.0.0  0.2) KEVIN KIRKEBY  REASURER  X X X  0.0.0.0  0.0.0  0.0.0  3) JERRY THURMAN  AST PRESIDENT  X X X  0.0.0.0  0.0.0  AST PRESIDENT  X X X  0.0.0  0.0.0  1CE PRESIDENT  X X X  0.0.0  0.00  0.00  1CE PRESIDENT  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00		1 -	lual 1	tiona		old I	st co	_	10001120)		
CAROLINE PUNCHES		II.	Indivi	Institu	Office	Key er	Highe emple	Forme			J
2   KEVIN KIRKEBY   2   0   0   0   0   0   0   0   0   0	(1) CAROLINE PUNCHES	2.00									
X   X   X   X   X   X   X   X   X   X	PRESIDENT		X		X				0.	0.	0.
3   JERRY THURMAN	(2) KEVIN KIRKEBY	2.00									
AST PRESIDENT X 0. 0. 0. 0  4) ALLAN WARD  ICE PRESIDENT X X 0. 0. 0. 0  5) STACY GIOMI 2.00  ECRETARY X X 0. 0. 0. 0  6) WILMA BAER 1.00  IRECTOR X 0. 0. 0  7) ABIGAIL WHEELER 1.00	TREASURER		X		X				0.	0.	0.
4) ALIAN WARD  ICE PRESIDENT  5) STACY GIOMI  ECRETARY  X X 0. 0. 0. 0  0. 0. 0  0. 0. 0  1.00  IRECTOR  7) ABIGAIL WHEELER  2.00  X X X 0. 0. 0. 0  0. 0. 0	(3) JERRY THURMAN	1.00								_	_
X X   X   X   X   X   X   X   X   X	PAST PRESIDENT		X			_		_	0.	0.	0 .
5) STACY GIOMI 2.00 X X X 0. 0. 0  ECRETARY X X 0. 0. 0  6) WILMA BAER 1.00 X 0. 0. 0  IRECTOR X 0. 0. 0	(4) ALLAN WARD	2.00	١		, .						_
X X   0. 0. 0   0   0   0   0   0   0   0		0.00	X	_	X	_	_	_	0.	0.	0.
6) WILMA BAER IRECTOR  X  0.  0.  0  7) ABIGAIL WHEELER  1.00		2.00	١,,		, ,					_	0
IRECTOR X 0. 0. 0 7) ABIGAIL WHEELER 1.00		1 00	X	-	X	_	-	-	0.	0.	U .
7) ABIGAIL WHEELER 1.00	. ,	1.00	٠.							ا ۱	0.
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Part VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C					
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable		stimat	
	hours per week					is both or/trus		compensation from	compensation from related	a	ımount other	
	(list any	tor				Г		the	organizations	cor	mpens	
	hours for	direc				pa			(W-2/1099-MISC/		from th	
	related	tee or	ustee			ensal		(W-2/1099-MISC/	1099-NEC)	or	ganiza	tion
	organizations	al trus	onal tr		lloyee	comp		1099-NEC)			nd rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	уещ	Highest compensated employee	in the			org	ganizat	lions
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	<u> </u>							0.	0			0.
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no							0.10	Li		•		
compensation from the organization	ot invited to the	030	11310	u u.	,000	,	010	ocived more than \$100,	ooo or roportable			0
our perioditor non tro organization											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	loyee on	-		
line 1a? If "Yes." complete Schedule J for si										3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth	ner compensation from the	he organization			
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ich i	pers	on .	****			5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co										sation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin		ear.			
(A) Name and business	address	NT/	ONE	,				(B) Description of s	ervices	Comp	(C) ensatio	าก
Traine and badiness	udaroos	TAC	YME			_	$\dashv$	200011p.ii.0.1 01				
		_					$\dashv$					
							$\dashv$					
							$\exists$					
							$\neg$					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation >				<u>C</u>		_			(V=3		-
										Form	ո 990	(2021)

NEVADA RURAL COUNTIES RSVP, INC. 94-3164032 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Revenue excluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Grants 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 Gifts, 1d d Related organizations 1,232,454. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 368,167. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1,600,621. h Total. Add lines 1a-1f **Business Code** 44,150. 44,150. 624100 2 a LIFE LINE Program Service f All other program service revenue 44,150. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (ii) Personal 6 a Gross rents 6a b Less: rental expenses .... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses ..... Other Revenue c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ \_ contributions reported on line 1c). See Part IV, line 18 8a 116,136. 44,568. b Less: direct expenses \_\_\_\_\_ 71,568. 71,568. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** iscellaneous

132009 12-09-21

**▶** 1,716,339.

44,150.

d All other revenue ..... e Total. Add lines 11a-11d

Total revenue. See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 88,199. 8,900. trustees, and key employees 97,099. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 316,750. 283,110. 33,640. 7 Pension plan accruals and contributions (include 19,077. 16,286. 2,791. section 401(k) and 403(b) employer contributions) Other employee benefits 97,287. 85,050. 12,237. Payroll taxes 10 Fees for services (nonemployees): a Management b Legal Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 17,342 500. 70,611. 52,769. column (A), amount, list line 11g expenses on Sch O.) 39,104. 1,516. 36,837. 751. Advertising and promotion 12 67,076. 56,214. 8,580. 2,282. Office expenses 13 Information technology 14 15 3,978. 14,027. 10,049. Occupancy 16 86,992. 86,992. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 654. 654. 20 Payments to affiliates \_\_\_\_\_ 21 48,185. 48. 48,137. Depreciation, depletion, and amortization 22 8,782. 8,782. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 282,726. 6,053. 288,779. VOLUNTEER EXPENSES 189,984. 3,904. 193,888. VOLUNTEER STIPENDS 129,289. 129,289. c SENIORS FARMERS MARKET 405. 35,020. 34,615. d LIFE LINE PROGRAM EXPEN All other expenses 4,298. 1,512,620. 156,154. 1,352,168. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		(A) Beginning of year		<b>(B)</b> End of year
-	Cook you interest begins	105,889.	1	128,770
	Cash - non-interest-bearing	20,145.	2	20,145
2	Savings and temporary cash investments	138,871.	3	109,072
3	Pledges and grants receivable, net	926.	4	926
4	Accounts receivable, net  Loans and other receivables from any current or former officer, director,	7201		720
5	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			recent in the
"	1050(0(4)) and an analysis of the discretized 4050(a)(0)(D)		6	
, 7	Notes and loans receivable, net		7	
6 8 0	Inventories for sale or use		8	
ž   9	Prepaid expenses and deferred charges	7,960.	9	11,247
	Land, buildings, and equipment: cost or other			
""	basis. Complete Part VI of Schedule D 10a 568,455.			
Ι,	Less: accumulated depreciation 10b 413,620.	152,404.	10c	154,835
11	Investments - publicly traded securities		11	7.
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	1,220.	15	9,504
16	Total assets. Add lines 1 through 15 (must equal line 33)	427,415.	16	434,499
17	Accounts payable and accrued expenses	86,284.	17	61,441
18	Grants payable		18	
19	Deferred revenue	10,167.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
, 22	Loans and other payables to any current or former officer, director,		(E-0) I-	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
<sup>-</sup> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	161,625.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	050 056	25	C1 441
26	Total liabilities. Add lines 17 through 25	258,076.	26	61,441
ا	Organizations that follow FASB ASC 958, check here		130 E	
ا ز	and complete lines 27, 28, 32, and 33.	E2 740		205 067
27	Net assets without donor restrictions	52,748.	27	295,067 77,991
28	Net assets with donor restrictions	116,591.	28	11,331
<u> </u>	Organizations that do not follow FASB ASC 958, check here			
<u> </u>	and complete lines 29 through 33.	Section 11 Control of the Party	-00	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	169,339.	31	373,058
	Total net assets or fund balances	427,415.	33	434,499
33	Total liabilities and net assets/fund balances	441,41J.	33	Form <b>990</b> (202

132012 12-09-21

Form 990 (2021)

column (B))

Separate basis

Separate basis

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 on Schedule O. 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

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 on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

2c

3a

Х

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** NEVADA RURAL COUNTIES RSVP, INC. 94-3164032 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 1 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021 NEVADA RURAL COUNTIES RSVP, INC. 94-3164

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1115718.	1337732.	1427789.	1469250.	1600621.	6951110.
2	Tax revenues levied for the organ-						
	ization'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	1115718.	1337732.	1427789.	1469250.	1600621.	6951110.
5	The portion of total contributions						
	by each person (other than a			Charles of the			
	governmental unit or publicly				1 3 1 1 1		
	supported organization) included	A Charles Con-					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
-6	Public support. Subtract line 5 from line 4.						6951110.
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1115718.	1337732.	1427789.	1469250.	1600621.	6951110.
	Gross income from interest,						
_	dividends, payments received on	l X					I
	securities loans, rents, royalties,						
	and income from similar sources	14.	53.	70.	28.		165.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	( - 1.8-W. C.V. )			WILL SEE MA	THE WARRANT	6951275.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax v	vear as a section 5	01(c)(3)	
10	organization, check this box and stop						▶□
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))	MATERIAL SECTION	14	100.00 %
	Public support percentage from 2020					15	100.00 %
	33 1/3% support test - 2021. If the						x and
	stop here. The organization qualifies						N V
+	33 1/3% support test - 2020. If the	organization did no	ot check a box on l	ine 13 or 16a, and			
_	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances to						
ŀ	10% -facts-and-circumstances test						
•	more, and if the organization meets the						
	organization meets the facts-and-circ						<b>&gt;</b> □
18	Private foundation. If the organization						<b></b> ▶□
<u> </u>							(Form 990) 2021

Schedule A (Form 990) 2021 NEVADA RURAL COUNTIES RSVP, IN Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-		l.				
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ľ				
	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						
7 a	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.)	I make week		HA EUTING			
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3) organizatio	n,
_	check this box and stop here						<u> </u>
_	ction C. Computation of Publi					TI	
	Public support percentage for 2021 (li					15	<u>%</u>
	Public support percentage from 2020				***************************************	16	%
_	ction D. Computation of Inves			10! (0)		47	0/
	Investment income percentage for 20	•				17	%
	Investment income percentage from					18	% 'in not
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar	•	-				
b	33 1/3% support tests - 2020. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is pox and see ins	tructions	

132023 01-04-22

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
18 80	Ai s	
1	(Anath)	
2	1000	
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Sa	(Silah	120
8 y 2		
3b		
		XL
3c		
4a		
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4b		pallys.
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4c		
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5a		
	1300	
5b 5c		_
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Serie .		
7		
8		
Nor V		
9a	31,000	
9b		200
ap		No.
9c		
( T. (		1 2
40-	N	
10a	ti o-o	100
10b		
e A (For	m 990	2021

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

3b | Schedule A (Form 990) 2021

2b

3a

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEVADA RURAL COUNTIES RSVP. INC.

Employer identification number 94-3164032

Par			ds or Ad	counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line			*			
		(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year			*			
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised fun	ds ab			
	are the organization's property, subject to the organization's e						
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds car	be used c	nly			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV	line 7.			
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreat			orically important land area			
	Protection of natural habitat	Preservation	n of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	orm of a co	nservation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	,			2b			
С	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ucture	1 . 1			
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organ	ization during the tax			
	year ▶						
4	Number of states where property subject to conservation ease						
5	Does the organization have a written policy regarding the peri			Yes No			
	violations, and enforcement of the conservation easements it	holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservan	on easements during the year			
_	A discount to want to be a strong to a section to a secti	ing of violations, and enforcing cons	onuation oa	coments during the year			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing or violations, and emorcing consi	ervation ea	sements during the year			
_	Does each conservation easement reported on line 2(d) above	action the requirements of section	170/b)//)/D	NG)			
8							
_	and section 170(h)(4)(B)(ii)?	an encoments in its revenue and exps	nce staten	***************************************			
9	balance sheet, and include, if applicable, the text of the footnets						
		ote to the organization's infancial sta	terrieritä tri	at describes the			
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other S	Similar Assets.			
1 4	Complete if the organization answered "Yes" on Form						
4-	If the organization elected, as permitted under FASB ASC 958		ent and hal	ance sheet works			
та	of art, historical treasures, or other similar assets held for pub						
				nos or pasmo			
_	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
D	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	exhibition, education, or research in	Iditifoldifo	or paono parviso,			
				<b>&gt;</b> \$			
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical trea	scures, or other similar assets for fina	ncial gain				
2	the following amounts required to be reported under FASB AS			F ' <del></del>			
_	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$			
a h	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021			

132051 10-28-21

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

		RURAL COUN'			hor Ci			54032	
Par								(continue	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	c	/	xchange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						in Part )	(III.	
5	During the year, did the organization solicit of							10000	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "Yes'	on For	m 990, P	art IV, li	ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	ons or other assets r	ot inclu	ıded	_	1	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		- 1				
								Amount	
С	Beginning balance					1c			
d	Additions during the year		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account li	ability?	*********		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided on Part	XIII				
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on	Form 990, Part IV, li					
		(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three year	s back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
ď	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
	Administrative expenses								
					$\neg$				
g	End of year balance Provide the estimated percentage of the curr		e (line 1 a. column	(a)) held as:			•		
2		rent year end balance	%	(a)) Held as.					
a .	Board designated or quasi-endowment	%							
b	Permanent endowment								
С		%							
	The percentages on lines 2a, 2b, and 2c sho				41		_		
За	Are there endowment funds not in the posse	ession of the organiza	ation that are neid	and administered to	or the o	rganizatio	ori	T.	es No
	by:								65 140
	(i) Unrelated organizations						,	3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			?				_3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm					4.0			
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a						
	Description of property	(a) Cost or o			•	mulated		(d) Book	value
		basis (investr	ment) bas	is (other)	depre	ciation			
1a	Land								
	Buildings	Will be a second of the second							
	Leasehold improvements								
	Equipment		5	68,455.	41	3,620	).	<u> 154</u>	<u>,835.</u>
	Other								
	Add lines 1a through 1e. (Column (d) must e		V column (P) line	1001		h	<b>•</b>	154	,835.

Schedule D (Form 990) 2021

(3) Other

(B) (C) (D) (E) (F) (G)

(1) (2) (3) (4) (5)(6)(7) (8) (9)

Part IX

(1) (2) (3)(4) (5) (6)(7) (8) (9)

1	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
- S.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	<b>&gt;</b>

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

12361115 137139 21750.001

#### **SCHEDULE G** (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Employer identification number Name of the organization 94-3164032 NEVADA RURAL COUNTIES RSVP, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on 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. Solicitation of non-government grants а Mail solicitations Solicitation of government grants Internet and email solicitations h Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser have custody (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization or control of contributions? listed in col. (i) Yes No 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.

Schedule G (Form 990) 2021

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

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr						
		of full of and gr	(a) Event #1 FOURTH OF JULY EVENT	(b) Event #	‡2	(c) Other ev	vents	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type	e)	(total num	oer)	
Revenue	1	Gross receipts	116,136.					116,136.
	2	Less: Contributions						
_	3	Gross income (line 1 minus line 2)	116,136.					116,136.
	4	Cash prizes						
235	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
ect E	7	Food and beverages	9,504.					9,504.
ä	8	Entertainment	18,759.					18,759.
	9	Other direct expenses	4.5.005					16,305.
	10			*****************			▶	44,568.
_		Net income summary. Subtract line 10 from						71,568.
Pa	ırt l		answered "Yes" on Form	990, Part IV, line	∋ 19, or re	ported more t	nan	
_	_	\$15,000 on Form 990-EZ, line 6a.		a > Dull tob offer	-44			(d) Total gaming (add
une			(a) Bingo	(b) Pull tabs/in bingo/progressiv		(c) Other ga	ming	col. (a) through col. (c)
Revenue	1	Gross revenue						
es	2	Cash prizes						
xpens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes% No	Yes No	% [	Yes No	%	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)	.,			>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)	*************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ls t	ter the state(s) in which the organization condi the organization licensed to conduct gaming a No," explain:	activities in each of these					Yes No
	_							
		ere any of the organization's gaming licenses r Yes," explain:				ear?		Yes No
	Ξ							
1320	82 10	0-21-21					Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021 NEVADA RURAL COUNTIES RSVP, INC.	4-3164032	Page 3
11 Does the organization conduct 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 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
17 Enter the half address of the person who propares the organization of garming operation and acceptable and		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes Yes	No No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	nt	
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 ▶ \$		
Gaining manager compensation		
Description of services provided		
Description of services provided		
Director/officer Employee Independent contractor		
47 Namedatana diskila kinna.		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
retain the state gaming license?	C-00000000	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state of	irie	
organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); are considered by Part II, line 2b, columns (iii) and (v); and (v); are considered by Part II, line 2b, columns (iii) and (v); are considered by Part II, line 2b, columns (iiii) and (iiii) and (iiii) and (iiii) and	nd Dort III. lines 0. Ol	h 10h
	no Part III, lines 9, 91	o, lub,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
<del></del>		

Schedule G	(Form 990) NEVADA RURAL COUNTIES RSVP, INC.	94-3164032	Page 4
Part IV	(Form 990) NEVADA RURAL COUNTIES RSVP, INC. Supplemental Information (continued)		
and the same of th	- The state of the state of the control of the state of t		

#### **SCHEDULE 0** (Form 990)

Internal Revenue Service

Department of the Treasury

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

NEVADA RIBAL COINTES RSVD

Employer identification number 94-3164032

NEVADA RURAL COUNTIES RSVF, INC.	34-3104032
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
DISABILITIES MAINTAIN THEIR INDEPENDENCE WITH DIGNITY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PROVIDED TO THE BOARD EACH YEAR.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EMPLOYEES AND MEMBERS OF THE GOVERNING BOARD ARE REQUIRED T	TO REVIEW THE
CONFILCT OF INTEREST POLICY AND SIGN A STATEMENT DISCLOSING	3 ANY CONFLICTS
OF INTEREST ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALI	Y BY THE
GOVERNING BOARD. COMPENSATION IS COMPARED TO INDUSTRY STANI	DARDS DETERMINED
BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVE SURVEY AND	O IS BASED ON
PERFORMANCE.	= = ====
COMPENSATION OF KEY EMPLOYEES IS BASED ON AN ANNUAL PERFORM	MANCE REVIEW,
RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR, AND APPROVED BY	THE GOVERNING
BOARD.	<del>-</del>
·	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, THE CONFILCT OF INTEREST POLICY, AND E	FINANCIAL
STATEMENTS ARE MAINTAINED AT THE ORGANIZATION'S PHYSICAL LO	OCATION AND ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	<del>,</del>

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

Schedule O (Form 990) 2021