Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

	-	•	
For calendar year 2013, or fiscal year beginning		, 2013, and ending	,20

Do not send to the IRS. Keep for your records.

s your records

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

2013

OMB No. 1545-1878

Name of exempt organization

► Information about Form 8879-EO and its instructions is at www irs gov/form8879eo | Employer identification number

LAS VEGAS VALLEY HUMANE SOCIETY

88-0277449

Name and title of officer

KAREN LAYNE

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	264225
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
			<u> </u>

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIN:	check	one	hov	only
Ullicei 3	TIIV.	CHECK	OHE	DUA	OHIO

XI	authorize ELLSWORTH	& STOUT,	CPAS		to enter my PIN 11111
		I	ERO firm name		Enter five numbers, but do not enter all zeros
is	, ,	(ies) regulating cha	arities as part of the IRS Fed/State		his return that a copy of the return thorize the aforementioned ERO to
in		copy of the return	n is being filed with a state agency		electronically filed return. If I have rities as part of the IRS Fed/State
Officer's sign	ature >			Date >	
Part III	Certification and Aut	hentication			

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88352811111 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 09/16/14

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990

Α	For the	e 2013 calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	LAS VEGAS VALLEY HUMANE SOCIETY			
	Name change	Doing Business As		88-0	277449
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Termir ated	3395 SOUTH JONES BLVD SUITE 454	454	702-	434-2009
	Ameno return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	272,413.
	Applic tion	I LAS VEGAS, NV 09140		H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer:KAREN LAYNE		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		e: WWW.LVVHUMANE.ORG		H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	∟ Year	of formation: 1991	🖊 State of legal domicile: NV
P	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities: LAS	VEGAS	VALLEY HUMA	NE SOCIETY
Activities & Governance		IS DEDICATED TO IMPROVING THE WELFARE OF	ANIMA	ALS IN SOUTH	ERN NEVADA.
ž	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			0
₹		Total number of volunteers (estimate if necessary)			50
4ct	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.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		216,170.	
enr	9	Program service revenue (Part VIII, line 2g)		57,481.	59,435.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33.	50.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13.	-8,188.
	+	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		273,697.	264,225.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,400.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		0.5.4.04.0	201 100
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		274,819.	301,400.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		279,219.	
		Revenue less expenses. Subtract line 18 from line 12		-5,522.	
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		208,540.	174,086.
etA	21	Total liabilities (Part X, line 26)		8,257.	10,978.
		Net assets or fund balances. Subtract line 21 from line 20		200,283.	163,108.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mich prepare	r nas any knowledge.	
-		Signature of officer		I Date	
Sig		KAREN LAYNE, PRESIDENT		2410	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	TÎ PTIN
Pai	d	JEFF A. STOUT, CPA)9/16/14 if self-employ	
	u parer	Firm's name ELLSWORTH & STOUT, CPAS		Firm's EIN ►	26-1629859
	Only		155	THIII S LIN	20 1027037
550	y	LAS VEGAS, NV 89117		Phone no (7	02) 871-2727
Ma	v the IC	RS discuss this return with the preparer shown above? (see instructions)		T Hone no. (7	X Yes No
ivia	, 4110 11	(SEC IIIO FOLGITI WILL AND PROPERTY SHOWIT ADDVE: (SEC IIISHUULIUIIS)			100 110

Form 990 (2013) LAS VEGAS VA 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)?	,	х	
0	If "Yes," complete Schedule A	2	X	
2			21	
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		Х
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		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	174		
	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	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ıσ	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) LAS VEGAS VALLEY H Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
L	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 I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
OZ.	Schedule N, Part II	32		х
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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			37
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) LAS VEGAS VALLEY HUMANE SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance

	d in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		Yes	No				
		12 0							
		Iu							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
c Did the organization com	bly with backup withholding rules for reportable payments to vendors and	reportable gaming							
(gambling) winnings to p	ze winners?		1c						
2a Enter the number of emp	byees reported on Form W-3, Transmittal of Wage and Tax Statements,								
filed for the calendar yea	filed for the calendar year ending with or within the year covered by this return								
b If at least one is reported	on line 2a, did the organization file all required federal employment tax retu	urns?	2b						
Note. If the sum of lines	a and 2a is greater than 250, you may be required to e-file (see instructior	ns)							
3a Did the organization hav	unrelated business gross income of \$1,000 or more during the year?		За		Х				
b If "Yes," has it filed a For	n 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O	3b						
4a At any time during the ca	endar year, did the organization have an interest in, or a signature or other	authority over, a			ĺ				
financial account in a for	ign country (such as a bank account, securities account, or other financia	account)?	4a		X				
b If "Yes," enter the name	f the foreign country:								
See instructions for filing	equirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.							
5a Was the organization a p	rty to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	fy the organization that it was or is a party to a prohibited tax shelter trans		5b		Х				
	lid the organization file Form 8886-T?		5с						
6a Does the organization ha	e annual gross receipts that are normally greater than \$100,000, and did	the organization solicit							
•			6a		X				
b If "Yes," did the organiza	on include with every solicitation an express statement that such contribu	itions or gifts							
were not tax deductible?			6b						
•	receive deductible contributions under section 170(c).		7a		Х				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
to file Form 8282?									
	d If "Yes," indicate the number of Forms 8282 filed during the year								
	ve any funds, directly or indirectly, to pay premiums on a personal benefit		7e 7f						
	ng the year, pay premiums, directly or indirectly, on a personal benefit con								
	d a contribution of qualified intellectual property, did the organization file f		7g						
<u>-</u>	d a contribution of cars, boats, airplanes, or other vehicles, did the organi: aintaining donor advised funds and section 509(a)(3) supporting organizations. I		7h						
	sed fund maintained by a sponsoring organization, have excess business holdings a		8						
	s maintaining donor advised funds.	t any time during the year:	0						
	any taxable distributions under section 4966?		9a						
	a distribution to a donor, donor advisor, or related person?		9b						
10 Section 501(c)(7) organ			30						
	contributions included on Part VIII, line 12	10a							
	on Form 990, Part VIII, line 12, for public use of club facilities								
11 Section 501(c)(12) orga		100							
· · · · · -	ers or shareholders	11a							
	sources (Do not net amounts due or paid to other sources against								
amounts due or received		11b							
	xempt charitable trusts. Is the organization filing Form 990 in lieu of Forn		12a						
	of tax-exempt interest received or accrued during the year	12b							
	d to issue qualified health plans in more than one state?		13a						
Note. See the instruction	for additional information the organization must report on Schedule O.								
	ves the organization is required to maintain by the states in which the								
	issue qualified health plans	13b							
	ves on hand	13c							
	or and the second of the secon		14a		Х				
b If "Yes," has it filed a For	n 720 to report these payments? If "No," provide an explanation in Schedu	ıle O	14b						

Form 990 (2013) LAS VEGAS VALLEY HUMANE SOCIETY 88-0277449 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 in Schedule O. See instructions.	u		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u> .			X
<u>Sec</u>	tion A. Governing Body and Management				
	1. 1	-	<u> </u>	es/	No
1a	Enter the number of voting members of the governing body at the end of the tax year	괵			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5			
_	Enter the number of voting members included in line 1a, above, who are independent	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	,		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	··	+		- 21
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	,		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. –	-		X
6	Did the organization have members or stockholders?		-		Х
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?	. 7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	71	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8	_	X	
b	Each committee with authority to act on behalf of the governing body?	81	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9)		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_		
			-	es/	No
	Did the organization have local chapters, branches, or affiliates?	10)a		X
р	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40			
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		_	х	
b		-	ıa		
12a		12)a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	-		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	··			
	in Schedule O how this was done	12	2c		
13	Did the organization have a written whistleblower policy?	<u>.</u> 10	3		Х
14	Did the organization have a written document retention and destruction policy?		4	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		ба		X
b	Other officers or key employees of the organization	15	b		Х
	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				v
	taxable entity during the year?	16	ia		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	. 16	sh		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	10	ן טכ		
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	y) avai	ilable		
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fir	nanc	ial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ization	n: >		
	THE ORGANIZATION - 702-434-2009				
	2965 S. JONES BLVD. STE E2, LAS VEGAS, NV 89146				

Part VII 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 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.

(A)	(B)				C)	•		ed any current officer, o	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and Title	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	rdire				ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			beusa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onalt		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JASEY BAKER	20.00	드	드	9	포	王 e	요			
TREASURER	20.00	Х		х				0.	0.	0
(2) KAREN LAYNE	40.00			^				0.	0.	0
PRESIDENT	40.00	Х		х				0.	0.	0
(3) ANNE CHAIRSELL	4.00							0.	•	0
VICE PRESIDENT	1.00	x		Х				0.	0.	0
(4) JUDITH RUIZ	0.00								•	
DIRECTOR	3733	x						0.	0.	0
(5) NANCY MCLANE	5.00							•		
DIRECTOR		х						0.	0.	0
(6) JEN HLAVACEK	20.00							-		
DIRECTOR		x						0.	0.	0
								-		
		1								
		1								
		1								
						<u> </u>				
						<u> </u>				
					_	_				
	1	ı	I	l	I	I	ı	l		

332007 10-29-13 Form **990** (2013)

Part VII Section A. Officers, Directors, Tr		pioy	ees			igne	si C					/C \	
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	on		(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	ıs	fr org an	pensa rom the anizati d relate anizatio	e ion ed
	,	-	=	0	Ž	Ξē	ъ.						
								0.		0.			
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A						>	0.		0.			0.0
Total number of individuals (including but compensation from the organization							no re),000 of reportab	_	I		(
3 Did the organization list any former office			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the	sum of reportab	le c	omp	ensa	atior	n an	d otl				3		X
 and related organizations greater than \$ Did any person listed on line 1a receive or rendered to the organization? If "Yes," co 	or accrue compe	nsat	ion 1	from	any	y uni			idual for services	 S	5		X
Section B. Independent Contractors													
Complete this table for your five highest the organization. Report compensation for										npens			
(A) Name and busine	ss address	N	ON	E				(B) Description of s	services	C		C) nsatio	n
Total number of independent contractors \$100,000 of compensation from the organization.		not li	mite	d to		se li 0	stec	d above) who received n	nore than			000 "	

		2013) LIND VIIO	O VAL	прет пони	ND DOCIDII		00 0277	TTJ Fage U
Pa	t VII							
		Check if Schedule O contains a	response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	1b 1c 1d 1e	27,723. 185,205.	212,928.			
Program Service Revenue	2 a	ADOPTIONS SPAY & NEUTER		Business Code 900099 900099	43,935. 15,500.	43,935. 15,500.		
P.		All other program service revenue			50 405			
\rightarrow	g	Total. Add lines 2a-2f			59,435.			
	3 4 5	Investment income (including divide other similar amounts) Income from investment of tax-exer Royalties	npt bond p	oroceeds	50.			50.
	b c	Gross rents Less: rental expenses Rental income or (loss)	i) Real	(ii) Personal				
	7 a	assets other than inventory Less: cost or other basis	ecurities	(ii) Other				
<u>e</u>	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising ever	nts (not	>				
Other Revenue		including \$ 27,723 contributions reported on line 1c). \$ Part IV, line 18 Less: direct expenses	- See a b	8,188.	0 100			0 100
		Net income or (loss) from fundraisin	•	>	-8,188.			-8,188.
	b	Gross income from gaming activitie Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activitie	a					
	10 a b	Gross sales of inventory, less return and allowances Less: cost of goods sold	s a b					
	С	Net income or (loss) from sales of in	ventory					
	11 a	Miscellaneous Revenue		Business Code				
	b							
	c							
		All other revenue						
		Total Add lines 11a-11d						

264,225.

59,435.

Total revenue. See instructions.

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). X Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management b Legal Accounting С Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,176. 12,176. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 18,402. 18,402. 13 Office expenses Information technology 14 15 Royalties 12,103. 12,103. Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 617. 617. 22 Depreciation, depletion, and amortization 1,812. 1,812. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 68,329. 68,329. STERILIZATIONS/VACCINAT ANIMAL FOOD 53,389. 53,389. 38,712. 38,712. MEDICAL EXPENSES ANSWERING SERVICES 29,925. 29,925. 61,155. 4,780. 65,935. SEE SCH O е All other expenses 49,890. 301,400. 251,510. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

_ •							
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			203,209.	1	168,007.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
S.		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,438. 3,818.			
	b	Less: accumulated depreciation	10b	3,818.	897.	10c	1,620.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		4,434.	15	4,459.	
	16	Total assets. Add lines 1 through 15 (must equ			208,540.	16	174,086.
	17	Accounts payable and accrued expenses		8,257.	17	10,978.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r officer	rs, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			8,257.	26	10,978.
		Organizations that follow SFAS 117 (ASC 958	3), chec	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar					1.50 1.00
anc	27	Unrestricted net assets			200,283.	27	163,108.
Bal	28	Temporarily restricted net assets		·····		28	
pu	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶Ш			
ŏ		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
ē	32	Retained earnings, endowment, accumulated in		F	000 000	32	162 102
_	33	Total net assets or fund balances			200,283.	33	163,108.
	24	Total liabilities and not assets/fund balances		l l	208.540.	2/1	174.086.

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	0,2	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	3,1	08.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
·	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja	Act and OMB Circular A-133?	igic Addit	За		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	Ja		
J	or audits, explain why in Schedule Q and describe any steps taken to undergo such audits	iica audit	3b		

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LAS VEGAS VALLEY HUMANE SOCIETY

Employer identification number 88-0277449

Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	e,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7				eives a substantial part					or from the	general	public desc	cribed in	า
			b)(1)(A)(vi). (Comple		• • •		Ü			Ü	•		
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	X												
				nctions - subject to certa									
			•	axable income (less sect	•		•				· ·		
			509(a)(2). (Complete			,			, 9			,	
10				perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	1).				
11		•		perated exclusively for th	•	•			•	v out the	e purposes	of one o	or
•		ū		ations described in section		•				•			
				organization and comple		•		,		-,,-,-			
		a Type I			pe III - Fu			d	avT 🔲 l	e III - No	n-functiona	llv intea	rated
е		* -	•	at the organization is not	•	•	•		• •				
				han one or more publicly									
f			•	ten determination from t		•				()()		. , ,	
			rganization, check th										
g		•		organization accepted ar									
Ū				lirectly controls, either al							<i>/</i> ,	Yes	No
				upported organization?									
				n described in (i) above?									
				person described in (i) o									
h				about the supported org									
			J			. ,							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is organizațio	the .	(vii) Amoun	t of mon	etary
(.,		inization	(, =	(described on lines 1-9	in col. (i) lis		organizat		organizatio (i) organiz	on in col. ed in the		port	iotai y
					governing (document?	(i) of your	support?	U.S.	.?		•	
				(see instructions))	Yes	No	Yes	No	Yes	No	1		

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total distributions, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization of this behalf or expended on the behalf or expended or expended on the behalf or expended or expe	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 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. 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, 6. Public support, subtract time 3 from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 assess (Explain in Part IV.) 11. Total support percentage for 2012 (Schedule A, Part II, line 14. 12. Public support percentage for 2012 (Schedule A, Part II, line 14. 13. Public support percentage for 2013 (line 6, column (i) divided by line 11, column (fi). 14. Public support percentage for 2013 (line 6, column (i) divided by line 11, column (fi). 15. She said support test-2013. If the organization did not check the box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization (II). 15. She support test-2012. If the organization did not check a 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 mests the "facts and circumstances test. 2012. If the organization did not check a box on line 13, fia, an 16, and line 14 is 10% or more, and if the organization in mests the "facts and circumstances test. Check this box and stop here. Explain in Part IV how the organization mests the "facts and circumstances test. Check this box and stop here. Explain in Part IV how the organization mests the "facts and	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
include any "unusual grants") 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 5 The potion 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, serves lines from ine 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 assists (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 19 Public support percentage from 2012 Schedule A, Part II, line 14 19 Public support percentage from 2012 Schedule A, Part II, line 14 19 Public support percentage from 2012 Schedule A, Part II, line 14 19 Section C. Computation of Public Support Percentage 19 Section C. The organization qualifies as a publicly supported organization. 10 31 37% support test - 2013, lift he organization did not check the box on line 13, and line 15 is 33 17% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10 10 10 First five years. The regional conjudines as a publicly supported organization. 10 31 37% support test - 2012, lift he organization did not check the box on line 13, and line 15 is 33 17% or more, check this box and stop here. The organization meets the "facts-and-circumstances test, check this box and stop here. Explain in Part IV how the orga	1	Gifts, grants, contributions, and						
2 Tax revenues levied to the organization is 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 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, acensul time 5 two line 4 8 Certion B. Total Support Calerdary ser of fixest year beginning in ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Calerdary services and income from interest, dividends, payments received on securities loans, ents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support percentage for 2012 Schedule A, Part II, line 14 9 Public support percentage for 2012 Schedule A, Part II, line 14 9 Public support percentage for 2012 (Schedule A, Part II, line 14 9 Public support percentage for 2012 (Schedule A, Part II, line 14 9 Public support percentage for 2012 (Schedule A, Part II, line 14 9 Public support percentage for 2012 (Schedule A, Part II, line 14 9 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 15 9 Sq. 33 13% support test - 2013. 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 meets the "facts-and-circumstances test - 2012. If the organization of long check box on line 13, file, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2012. If the organization of long-check box on line 13, file, file, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test - 2012. If the organization o		membership fees received. (Do not						
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
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	18			•				

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.)

Sec	etion A. Public Support	ciow, picace corri	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	ì	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	330,917.	141,382.	213,113.	216,170.	204,741.	1,106,323.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	18,690.	42,522.	98,379.	57,481.	59,435.	276,507.
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						
	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	349,607.	183,904.	311,492.	273,651.	264,176.	1,382,830.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						1,382,830.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	349,607.	183,904.	311,492.	273,651.	264,176.	1,382,830.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	898.	171.	4.	33.	50.	1,156.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	898.	171.	4.	33.	50.	1,156.
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.)	350,505.	184,075.	311,496.	273,684.	264,226.	1,383,986.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.92 %
	Public support percentage from 2012					16	99.28 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	7 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))						
		ome percentage from 2012 Schedule A, Part III, line 17					
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box at	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	<u>X</u>
b	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u> ▶□

<u>chedule A</u>	(Form 990 or 990-EZ) 2013 LAS V	EGAS VALLEY	HUMANE SUCTETY	88-02//449 Page 4
Part IV	Supplemental Information. F	Provide the explanations	s required by Part II, line 10; Part	II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additi	onal information. (See in	nstructions).	
			,	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

LAS VEGAS VALLEY HUMANE SOCIETY

Employer identification number 88-0277449

Pa			or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(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 v	vriting that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
٠	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	Terry, mile 7.
•	Preservation of land for public use (e.g., recreation or ea		orically important land area
	Protection of natural habitat	Preservation of a certifi	•
	Preservation of open space	Treservation of a certifi	ed Historie structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	f a conservation easement on the last
_	day of the tax year.	ica conscivation contribution in the form of	ra conscivation casement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d			
u	listed in the National Register	•	e 2d
3	Number of conservation easements modified, transferred, rele		
•	year	cased, extinguished, or terminated by the t	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
Ŭ	violations, and enforcement of the conservation easements it	· · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
•		o canory and requirements of deciden 17 o(r	
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	,
	conservation easements.		.e ergam _ ae.r e aeeeag .e.
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ		
b	1611		and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items:		.e common, promae and renoming announce
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		ga, p. 0 vid0
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$
	Assets included in Form 990, Part X		

	t III Ogganizations Maintaining C	Nallastiana af A	4 11:44	aniaal Tu		Oth	Oi	lan Aaaa	1 -1	- "	<u> 90 – </u>
Pai	t III Organizations Maintaining C		-								
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a s	significan	t use of its	collection	items	3
	(check all that apply):										
а	Public exhibition	d	· ∐ ∟	oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	he organizati	on's exe	empt puri	ose in Par	t XIII.		
5	During the year, did the organization solicit o										
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Par) to 11 ti 10	organizatio	ir answered	100 10	7 1 01111 00	0,1 4111,1			
12	Is the organization an agent, trustee, custodi		liany for o	contribution	as or other as	cote no	t includor	1			
Ia									Yes		No
	on Form 990, Part X?								」 Yes		NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							
							-		Amount		
С	Beginning balance										
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete in										
	'	(a) Current year		rior year	(c) Two year			years back	(e) Four	vears t	ack
1a	Beginning of year balance	(,	(/	, , , , , , , , , , , , , , , , , , ,	(-, ,		()		(-)		
b	Contributions										
c	Net investment earnings, gains, and losses										
_											
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				1						
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	ınd administe	red for	the organ	ization			
	by:	· ·					•		Γ.	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	e lietod ae roquirod o	n Schod	ulo P2							
4	Describe in Part XIII the intended uses of the								00		
	t VI Land, Buildings, and Equipm		willenti	urius.							
Га			D-+ N/			Dest	li 40				
	Complete if the organization answere							.			
	Description of property	(a) Cost or o			or other	٠,	ccumula		(d) Book	value	!
		basis (investr	nent)	basis	(other)	de	preciatio	n			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment	1			5,438.		3,8	318.	1	.,62	<u> 10 .</u>
е	Other										
	Add lines 1a through 1e (Column (d) must e		X colum	n (R) line 1	10(c))			•	1	. 62	20.

Part VII Investments - Other Securities.
--

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part > (c) Method of valuati	on: Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	a Form 000 Dort IV line	11a Cas Form 000 Port V	/ line 12
(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
·····	(S) DOOR VAIDO	(S) Mothod of Valdati	Jose of one of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes" t	o Form 990, Part IV, line Description	11d. See Form 990, Part >	(, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" t (a) [11d. See Form 990, Part >	
Part IX Other Assets. Complete if the organization answered "Yes" t (a) [(1) (2)		11d. See Form 990, Part >	
Part IX Other Assets. Complete if the organization answered "Yes" t (a) D (1) (2) (3)		11d. See Form 990, Part >	
Part IX Other Assets. Complete if the organization answered "Yes" t (a) D (1) (2) (3) (4)		11d. See Form 990, Part >	
Complete if the organization answered "Yes" to (a) [2] (3) (4) (5)		11d. See Form 990, Part >	
Complete if the organization answered "Yes" to (a) [2] (3) (4) (5) (6)		11d. See Form 990, Part >	
Part IX Other Assets. Complete if the organization answered "Yes" to (a) [2] (3) (4) (5) (6) (7)		11d. See Form 990, Part >	
Part IX Other Assets. Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part >	
Part IX Other Assets. Complete if the organization answered "Yes" t (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part >	
Complete if the organization answered "Yes" to (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part >	
Complete if the organization answered "Yes" t (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) [2] (b) Partialization answered "Yes" to (b) [2] (c) Partialization answered "Yes" to (a) [2] (c) Partialization answered "Yes" to (b) [2] (d) Partialization answered "Yes" to (a) [2] (e) [2]	Description 15.)		(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) [2] (b) Part is in a filled little in the interval of the i	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [C] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2)	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" t (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [C] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description 15.)	11e or 11f. See Form 990,	(b) Book value
Complete if the organization answered "Yes" to (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) o Form 990, Part IV, line	11e or 11f. See Form 990,	(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	264,225.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	1 7 0			
d	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	264,225.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
_	Add lines 4a and 4b			264,225 .
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		nses per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line		1,1	301,400.
1	Total expenses and losses per audited financial statements		1	301,400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
	Donated services and use of facilities			
	Prior year adjustments			
c C				
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		0.
е 3	Add lines 2a through 2d			301,400.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			301/1001
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5				301,400.
Pa	rt XIII Supplemental Information.	,	· ·	-
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		Part V, line 4; Part X,	line 2; Part XI,

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

LAS VEGAS VALLEY HUMANE SOCIETY

Employer identification number
88-0277449

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not		
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	I III ACTIVITY I have custod		ustody trol of	(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								
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration		

88-0277449 Page 2 Schedule G (Form 990 or 990-EZ) 2013 LAS VEGAS VALLEY HUMANE SOCIETY 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 ${\tt WAG-A-TAIL}$ (add col. (a) through WALK-A-THONcol. (c)) (event type) (total number) (event type) Revenue 18,294. 9,429. 27,723. 1 Gross receipts 18,294 9,429. 27,723. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 7.199. 989. 8,188. Other direct expenses 8,188. 10 Direct expense summary. Add lines 4 through 9 in column (d) -8,188.11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses _____ Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 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? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2013 LAS VEGAS VALLEY HUMANE SOCIETY 88-0	27744	9 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	□ No
	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
12	Indicate the percentage of gaming activity operated in:	ii	
		40-	0.4
	a The organization's facility	13a	<u>%</u>
	o 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
,	or If "Yes," enter name and address of the third party:		
•	on 100; onto hamo 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:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	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 > \$		
Da	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (iiii) and (iii) and (iii) and (iii) and (iiii) and (iii) and (iiii) and (iiiiii) and	200 O Ob	10h 15h
ГС		ies 9, 9b,	100, 150,
_	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		
_			

SCHEDULE 0 (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization LAS VEGAS VALLEY HUMANE SOCIETY	Employer identification number 88-0277449					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
THE ORGANIZATION'S PRIMARY EMPHASIS IS ON STRAY AND ABANDONED ANIMALS						
AND REDUCING ANIMAL OVERPOPULATION.						
FORM 990, PART VI, SECTION B, LINE 11:						
EXPLANATION: THE FORM 990 IS FIRST REVIEWED BY THE TREASU	RER AND PRESIDENT					
AND THEN IS DISTRIBUTED TO THE OTHER BOARD MEMBERS BEFORE	BEING FILED.					
FORM 990, PART VI, SECTION C, LINE 19:						
EXPLANATION: THE ORGANIZATION MAKES IT DOCUMENTS AVAILBLE	TO THE PUBLIC					
UPON REQUEST. THE FORM 990 IS ON THE ORGANIZATIONS WEBSI	TE.					
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	:S:					
BOARDING:						
PROGRAM SERVICE EXPENSES	23,795.					
MANAGEMENT AND GENERAL EXPENSES	0.					
FUNDRAISING EXPENSES	0.					
TOTAL EXPENSES	23,795.					
SUPPLIES:						
PROGRAM SERVICE EXPENSES	20,221.					
MANAGEMENT AND GENERAL EXPENSES	1,442.					
FUNDRAISING EXPENSES	0.					
TOTAL EXPENSES	21,663.					

PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	7,243. 0. 0. 7,243.
FUNDRAISING EXPENSES	0.
	7,243.
COTAL EXPENSES	
AUTOMOBILE:	
PROGRAM SERVICE EXPENSES	5,888.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,888.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,710.
FUNDRAISING EXPENSES	0.
POTAL EXPENSES	2,710.
BANK FEES:	
PROGRAM SERVICE EXPENSES	2,000.
MANAGEMENT AND GENERAL EXPENSES	133.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,133.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	788.
MANAGEMENT AND GENERAL EXPENSES	495.
FUNDRAISING EXPENSES	0.
COTAL EXPENSES	1,283.

LAS VEGAS VALLEY HUMANE SOCIETY	88-0277449
IMPOUND FEES:	
PROGRAM SERVICE EXPENSES	1,220.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,220.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 65,935.

Form 88	68 (Rev. 1-2014)					Page 2			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		X			
Note. O	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.				
If you	are filing for an Automatic 3-Month Extension, comple								
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies neede	ed).			
	Enter filer's identifying number, see instructions								
Type or	De or Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN) or				
print					00 005	T 4 4 0			
File by the due date for	LAS VEGAS VALLEY HUMANE SOC				88-027				
filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.		Social se	ocial security number (SSN)					
instruction	s. City, town or post office, state, and ZIP code. For a for LAS VEGAS, NV 89146	oreign add	dress, see instructions.						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01							
Form 99	0-BL	02	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	0-T (trust other than above)	06	Form 8870			12			
STOP! I	Oo not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8868	<u>. </u>			
	THE ORGANIZATION			C 3.TT.7	00116				
	books are in the care of \blacktriangleright $\frac{2965}{-2009}$ S. JONES 1 shone No. \blacktriangleright $702-434$	• מאחכ		5, NV	03140				
-			Fax No.			.			
	organization does not have an office or place of business								
	s is for a Group Return, enter the organization's four digit	1	<u></u>						
box ►	. If it is for part of the group, check this box equest an additional 3-month extension of time until		BER 15, 2014.	all memb	ers the extens	SION IS TOR.			
	or calendar year 2013, or other tax year beginning	NO V LIM		~					
	the tax year entered in line 5 is for less than 12 months, c	hook roop	, and ending on: Initial return	y ☐ Final r	oturn				
6 If Γ	Change in accounting period	HECK TEAS	on. Initial return	— ГПап	eturri				
7 St	ate in detail why you need the extension								
	DDITIONAL TIME IS NEEDED TO	ORTA TI	N THE INFORMATION	NECE	SSARY T	10			
	OMPLETE AN ACCURATE FORM 990		1111 1111 01111111011	11202	DDIII(I I				
_	<u> </u>	-							
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any						
	onrefundable credits. See instructions.	, 0, 0000,	onto the tentance tax, less any	8a	\$	0.			
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated	- Ju	<u> </u>				
	x payments made. Include any prior year overpayment all		•						
	reviously with Form 8868.	owed as c	a cream and any amount paid	8b	\$	0.			
_	alance due. Subtract line 8b from line 8a. Include your pa	vment wit	th this form, if required, by using	 •••	<u> </u>				
	TPS (Electronic Federal Tax Payment System). See instru	•		8c	\$	0.			
			st be completed for Part II o		. *				
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	<u>-</u>	-	f my knowledge	and belief,			
Signature				Date	•				
11110				Date	-	69 (Dov. 1 2014)			

Form 8868 (Rev. 1-2014)