## Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use in the second of the year may be the second of the second

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

A	For the 200	calendar	year, or tax year	beginning		, 200	9, and er	nding	i z		,		
В	Check if applica	ni						) Emp	loyer id	entification nun	nber		
Н	Address change	Juse Inco	Las Vegas	s Vegas Valley Humane Society						88	-02	77444	
Н	Name change	label or print or	Number and stre	mber and street (or P.O. box, if mail is not delivered to street address) Room/suite E 7						Tele	phone n	umber	
Н	Initial return	type. See	3395 S. Jo	ones			45	54		(7	02)	434-200	9
Н	Termination Amended return	Specific Instruc-	City or lower sta	ate or country, and	ZIP + 4		1,5,5		-				
Н	Application pen	tions.	Las Vegas				NV 89	9146	5	Gro Nur	up Ex	emption	<b>-</b>
_		-	3) organizations a	and 4947/aV1	) nonevement			<b>Interphenomen</b>	Accounting m		4000	Account of the last of the las	Accrual
_	- 3600	must att	tach a completed	Schedule A	Form 990 or 9	190-EZ).		(	Other (specify	/) -			
1	Website: ►	N/A							Check ► X required to at	tach:	Schedi		
J	Tax-exempt st	atus (check o	only one) - X 50	01(c) ( 3)	◄ (insert no.)	4947(a)(1) or	527	1 3	990-EZ, or 99	30-PF	).		110010-01
K	Check ►	if the org	anization is not a	section 509(	a)(3) supportir	ng organization	and its g	ross	receipts are r	norma	lly not	t more than	30
	\$25,000. A	orm 990-l	EZ or Form 990 re	eturn is not re	quired, but if t	he organization	chooses	s to fil	le a return, be	e sure	to file	a complete	return.
L	Add lines 5t	, 6b, and	7b, to line 9 to de	termine gross	receipts; if \$5	500,000 or more	e, file For	rm 99	90		- ^	2.5	
D.	instead of F	orm 990-E	Z	d Chasses	. In Not Acc		Dalan		Cas the in		► Ş	36.	5,531.
Pe	-		Expenses, an							-	_		
	The second of th		fts, grants, and si								2		2,559.
	The state of the s		revenue including s and assessmen								3	13.	2,990.
	100		ne								4		898.
			om sale of assets					e cocce		1	88888	0 - 0 -	030.
	b Loce:	cont or oth	ner basis and sale	e evnencer	ventory		5 h			-8			
R	C Gain or	(Inse) from s	ale of assets other that	an inventory (Sub	tract line 5h from	line 5a)	- 50			- 11	5 c		
REVENU			ctivities (complete app								56536		
E				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ontributions			_	- 8			
Ü			1)	er Savernous Mer M	Company of the Compan		6.8		49,08	4	1000		
_			enses other than f					_	12,76				
	500000000000000000000000000000000000000		from special events a					. /		_	6c	3	6,319.
			ventory, less retu			The second secon	F			100			
			ods sold							200			
			oss) from sales o								7 c		
	8 Other re	venue (descr	ribe ►				015000 HS 017040	and topologic		)	8		
	9 Total	evenue. A	Add lines 1, 2, 3, 4	4, 5c, 6c, 7c,	and 8						9	35	2,766.
	10 Grant	and simil	ar amounts paid	(attach sched	ule)						10		
_	PARTY SOAMSAASS		or for members .								11		
EXPENSE	12 Salari	es, other c	ompensation, and	d employee be	enefits						12		
Ë	13 Profes	sional fees	s and other paym	ents to indepe	endent contrac	tors				E	13		
S	14 Occup	ancy, rent	, utilities, and ma	intenance							14		
S			tions, postage, an					*****			15		
			cribe - See Other						)		16		5,900.
	17 Total	xpenses.	Add lines 10 thro	ough 16						. •			5,900.
	18 Exces		it) for the year (Su							- 1	18	-8:	3,134.
NSETT	19 Net as figure	sets or fur reported o	nd balances at be on prior year's retu	ginning of yea urn)	ar (from line 2)	7, column (A)) (	must agr	ree w	ith end-of-yea	ar	19	31.	3,787.
			n net assets or fur								20		
S	21 Net as		nd balances at en										0,653.
Pa	art II B	alance S	heets. If Total a			3) are \$1,250,00	0 or mor					rm 990-EZ.	
			(See the ins	structions for F	Part II.)			(A	) Beginning o			(B) End of	
22			nvestments						315,2			23	5,529.
23										-	23		0.
24			be► <u>See L-</u>						21.5		24		2,843.
25									315,2				3,372.
26	Total liabi	ities (desc	ribe - See L	-26 Stmt		)		-		183.			7,719.
27			alances (line 27					4	313,7	187.	2/		0,653.
BA	A For Priva	y Act and	Paperwork Redu	iction Act Not	ice, see the se	eparate instruct	uons.					Form 990-	EL (2009)

Form 990-EZ (2009) Las Vegas Valle	y Humane Society		88	-027	7444 Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? Re			s	(Regi	uired for section
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo persons benefited, or other re	ses. In a clear and con- levant information for e	cise manner, ach	organ 4947	uired for section (3) and (4) (3) and section (a)(1) trusts; optional
program title.	Con obtached De			for ot	hers.)
28 Spay/Neuter/Vaccinations	- See attached Pa	rt 111 4a			
				122	- 12
(Grants \$ 25,000.) If th	is amount includes foreign gra	ants, check here		28 a	0.
29 Medical Rescue and Rehab	ilitation - See at	tached Part II	I_4b		
	is amount includes foreign gra			29 a	
30 Rescue and Adoptions - s	ee attached Part I	II_4c			
70 7					
(Grants \$ ) If th	is amount includes foreign gra			30 a	
31 Other program services (attach schedule (Grants \$ ) If the	is amount includes foreign gr	ente electrica		24	
32 Total program service expenses (add lin	noe 29a through 21a)	ants, check here		31 a	0
Part IV List of Officers, Directors	Trustees and Key Em	ployees List seek as	a avan if not some	32	0.
List of Villouis, Directors	(b) Title and average hours	(c) Compensation (If			
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	is and	(e) Expense account and other allowances
Karen_Layne					
3395 S. Jones, Suite 454	President				
Las Vegas NV 89146	56.00	0.		0.	0.
Ann Chairsell					
3395 S. Jones, Suite 454	Vice President				
Las Vegas NV 89146	5.00	0.		0.	0.
Nancy Smith					
3395 S. Jones, Suite 454	Director				
Las Vegas NV 89146	40.00	0.		0.	0.
Eva Wardlaw		0 10000			
3395 S. Jones, Suite 454	Treasurer				
Las Vegas NV 89146	31.00	0.		0.	0.
Annie Lamb				-	
3395 S. Jones, Suite 454	Director				
Las Vegas NV 89146	11.00	0.		0.	0.
Judith Ruiz					
3395 S. Jones, Suite 454	Director				
Las Vegas NV 89146	2.00	0.		0.	0.
Donald Conkey					
3395 S. Jones, Suite 454	Director				
	15.00	0.		0.	0.
BAA	TEEA0812 0	1/30/10			Form 990-EZ (2009)

Form 990-EZ (2009)

September 1	Tallet intermedent (riote the statement requirements in the mistre for rait v.)			1
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		Yes	No
	each activity	33		X
	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.			
1	Did the organization file Form 1120-POL for this year?	37 b	100000	X
38:	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	10000	Х
1	olf "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			100 E
	Gross receipts, included on line 9, for public use of club facilities			
40 8	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►	138119	10000	1000000
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		Х
(	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ►	40 e		X
42 8	The organization's	1.21	2353	272
	books are in care of ► Roger Montgomery Telephone no. ► (702)  Located at ► 3395 S. Jones, Suite 454 Las Vegas NV ZIP+4 ► 89146		-20	09
,	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	1	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	END BES	Х
	The state of the foliage country.			
	See the instructions for avecations and filling requirements for Form TD F 00 32.1 Beautiful Forcing Dark at Figure 1.1.5			
(	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:	42 c	811033	X
			1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		<b>-</b> 🗌	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		1000	
	ot Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		v
ЗАА		rm 990	)-EZ	(2009)

Form 990		s Vegas Valley Hu			88-027		F	age 4
Part VI	Section 5	01(c)(3) organizations	and section 4947	(a)(1) nonexemp	t charitable trusts on	ly. All se	ection	
	46-49b ar	organizations and sec nd complete the tables	for lines 50 and 5	nexempt charitat 1.	ole trusts must answe	r questio	ns	
AS Did							Yes	No
for p	public office? If	n engage in direct or indirect 'Yes,' complete Schedule C,	Part I	vities on behalf of or	in opposition to candidates	46	103	X
		engage in lobbying activitie						X
		a school as described in sec						Х
		n make any transfers to an e						Х
		ated organization a section 5						X
50 Com emp	nplete this table oloyees) who ea	for the organization's five hi ch received more than \$100	ghest compensated em ,000 of compensation fi	ployees (other than or rom the organization.	officers, directors, trustees If there is none, enter 'Nor	and key		
	a) Name and address	s of each employee paid in \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	opense int and lowance:	5
None								
						V-11-11-11-11-11-11-11-11-11-11-11-11-11		
f Tota	l number of oth	er employees paid over \$10	0.000					
			*************		-			
<b>51</b> Com	nplete this table	for the organization's five hi	ghest compensated ind	ependent contractors	who each received more t	han \$100,0	000 of	
com	pensation from	the organization. If there is	none, enter 'None.'					
	(a) Name and	d address of each independent contra	ctor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	n
None								
								- 33
	-							-
d Tota	I number of oth	er independent contractors e	each receiving over \$10	0,000	<b>&gt;</b>			
	A. A							
7	Under penalties of	f perjury, I declare that I have exami complete. Declaration of preparer (o	ned this return, including according than officer) is based on a	mpanying schedules and sta	tements, and to the best of my knowledge	wiedge and be	elief, it is	
	and annough and		and annual to begon our e		ares nes any knowledge.			
Sign								
Here	Signature of	officer			Date			
	-							
	Type or print	name and title.						
Paid Pre-	Preparer's signature	_0		Date 08/19/1	.0 Check if self- employed ►	eparer's identif se instructions	lying Nu	mber
parer's	Firm's name (or yours if self-	James P. Ensley,	CPA					
Use	employed), address, and	4217 Jory Trail		manual de la companya	EIN ►			
Only	ZIP + 4	Las Vegas	and the same of th	NV 89108-	-5210 Phone no. ►			3.55
May the IF	RS discuss this	return with the preparer show	wn above? See instruct	ions		Form 990		No (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

Las Vegas Valley Humane Society 88-0277444 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II c Type III — Functionally integrated Type III- Other d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11g (i) 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? ...... 11g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in (i) Name of Supported Organization (ii) EIN (iii) Type of organization (vi) Is the organization in col. (i) organized in the (iv) is the (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) organization in col. (i) listed in your organization col. (i) of your support? governing document? U.S.3 Yes No Yes No Yes Total

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

Schedule A (Form 990 or 990-EZ) 2009 Las Vegas Valley Humane Society 88-0277444 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) ► Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 4 Total. Add lines 1-through 3 . . . 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) . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > 7 Amounts from line 4 . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....

Gross receipts from related activities, etc. (see instructions) . . . . 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tay year as

organization, check this box and stop here	<b>&gt;</b>
Section C. Computation of Public Support Percentage	

%

16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

Public support percentage from 2008 Schedule A, Part II, line 14

b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . .

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 15a, 15b, 17a, or 17b, check this box and see instructions

## Schedule A (Form 990 or 990-EZ) 2009 Las Vegas Valley Humane Society 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.)

	tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	389,781.	537,204.	303,459.	328,631.	330,917.	1,889,992.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	39,372.	54,210.	61,256.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	39,312.	54,210.	01,250.	64,426.	18,690.	237,954.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons	429,153.	591,414.	364,715.	393,057.	349,607.	2,127,946.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
(	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						2,127,946.
Sec	tion B. Total Support						
77.00	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	429,153.	591,414.	364,715.	393,057.	349,607.	2,127,946.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	552.					
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	332.	16,396.	13,546.	9,895.	898.	41,287.
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	552.	16,396.	13,546.	9,895.	898.	41,287.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	raitiv.			THE RESERVE THE PERSON NAMED IN	COLUMN VIOLENCE DE LA COLUMN DE	PERCONDICTION OF THE	2 160 022
13	Total support. (add ins 9, 10c, 11, and 12.)					STATE OF THE PARTY	2,109,233.
	Total support. (add ins 9, 10c, 11, and 12.)	s for the organizat	ion's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	2,169,233.
14	Total support. (add ins 9, 10s, 11, and 12.) First five years. If the Form 990 is organization, check this box and s	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
14 Sec	Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pub.	olic Support Po	ercentage	11:11:1			▶∏
14 Sec 15	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Public support percentage for 200	olic Support Po 9 (line 8, column	ercentage (f) divided by line	13, column (f))			
14 Sec 15 16	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Public support percentage for 200 Public support percentage from 2	blic Support Po 9 (line 8, column 008 Schedule A, P	ercentage (f) divided by line Part III, line 15	13, column (f))			▶∏
14 Sec 15 16 Sec	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investigation	blic Support Po 9 (line 8, column 008 Schedule A, P estment Incom	ercentage (f) divided by line Part III, line 15	13, column (f))		15	98.10%
14 Sec 15 16 Sec 17	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for	polic Support Po	ercentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided b	13, column (f))	(f))	15 16	98.10%
14 Sec 15 16 Sec 17 18	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for Investment I	polic Support Po	ercentage (f) divided by line Part III, line 15 e Percentage olumn (f) divided b	13, column (f))	(f))	15 16	98.10% %
14 Sec 15 16 Sec 17 18 19a	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and stion C. Computation of Public support percentage for 200 Public support percentage from 2 tion D. Computation of Investment income percentage for 1 investment income percentage from 33-1/3 support tests – 2009. If the more than 33-1/3%, check this box	polic Support Polic Support Polic Support Polic Support Polic Schedule A, Polic Schedule A, Polic Schedule A, Polic Schedule Polic Poli	ercentage (f) divided by line Part III, line 15  The Percentage olumn (f) divided by A, Part III, line 17 not check the box The organization question of	13, column (f)) by line 13, column on line 14, and line as a public	(f)) ine 15 is more that	15 16 17 18 an 33-1/3%, and lianization	98.10 % % 1.90 % % ne 17 is not
14 Sec 15 16 Sec 17 18 19a	Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 is organization, check this box and ston C. Computation of Public support percentage for 200 Public support percentage from 2 Investment income percentage for Investment income percentage from 33-1/3 support tests = 2009. If the	polic Support Polic Support Polic Support Polic Support Polic Schedule A, Polic Schedule A, Polic Schedule A, Polic Schedule Polic Polic Schedule Polic Poli	ercentage (f) divided by line lart III, line 15 e Percentage olumn (f) divided by A, Part III, line 17 not check the box the organization quant check a box or	on line 14, and liveline 14 or 19a a	(fi)	15 16 17 18 In 33-1/3%, and lianization	98.10 % % 1.90 % % ne 17 is not

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

Name of the organization 88-0277444 Las Vegas Valley Humane Society Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have 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? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (III) Did fundraiser (iv) Gross receipts (or retained by) (i) Name of individual (ii) Activity (or retained by) fundraiser listed in col.(i) have custody or control of contributions? from activity or entity (fundraiser) organization Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (d) Total Events (Add col. (a) through col. (c)) (a) Event #1 (b) Event #2 (c) Other Events WlkaThon Banquet NONE RESERVE (event type) (total number) (event type) 1 Gross receipts ..... 37,511. 11,573. 49,084. 3 Gross income (line 1 minus line 2) . . . . . 37,511. 11,573. 49,084. 4 Cash prizes ...... 5 Noncash prizes ...... 5,226. 5,226. DIRECT 6 Rent/facility costs ..... 7 Food and beverages ..... 3,786. Other direct expenses ..... 3,753. 7,539. 12,765. Net income summary. Combine lines 3, column (d) and line 10. 36,319. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (Add col. (a) through col. (c)) MCZMCMW bingo/progressive bingo 1 Gross revenue ..... DIRECTS 3 Non-cash prizes ...... 4 Rent/facility costs ..... 5 Other direct expenses ...... Yes Yes Yes 90 No No No YES NO 9 Enter the state(s) in which the organization operates gaming activities: 9a b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ..... 10a b If 'Yes,' explain: 11 Does the organization operate garning activities with nonmembers? 11 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? .....

Schedule G (Form 990 or 990-EZ) 2009 Las Vegas Valley Humane Soc	ciety	88-0277444	P	age 3
			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility		8		
b An outside facility		8		
14 Enter the name and address of the person who prepares the organization's gam	ning/special events books ar	nd records:		
Name: ►				
Address:		🌃		
15a Does the organization have a contact with a third party from whom the organiza	tion receives gaming reven	ue? 15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$_ of gaming revenue retained by the third party \$	and t	he amount		
c If 'Yes,' enter name and address of the third party:				
Name: •				
Address:				
16 Gaming manager information				
Name: •				
Gaming manager compensation ► \$				
Description of services provided:				
☐ Director/officer ☐ Employee ☐ Independ	ent contractor			
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from state gaming license?	n the gaming proceeds to re	etain the		
b Enter the amount of distributions required under state law to be distributed to ot organization's own exempt activities during the tax year: ► \$				
BAA TEEA3703 02/05/10	Scheo	fule G (Form 990 or 9	990-EZ	2009

Name as Shown on Return

Las Vegas Valley Humane Society

Employer Identification No. 88-0277444

Line 24 - Other Assets:	Beginning of Year	End of Year
Office Equipment	0.	764.
Prepaid Wag-A-Tail Deposits	0.	2,079
Totals to Form 990-EZ, Part II, line 24	0.	2,843
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable		6,236.
Payroll Liabilities	1,483.	1,483.
Totals to Form 990-EZ, Part II, line 26	1,483.	7,719.

TEEW1801.SCR 02/11/10

### Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
Adoption Expenses	237,941.
Animal Medical Expenses	29,513.
Feral Cat Program	43,165.
Office Expense	1,462.
Insurance	1,664.
Mailing Fees & Postage	2,125.
Telephone & Answer Service	27,233.
Other	13,276.
Legal and Accounting	4,203.
Occupancy	11,700.
Spay & Neuter Clinic	63,618.
Total	435,900.