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)

OMB No. 1545-0047 Inspection

Department of the Treasury

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

Α	For the	e 2011 calendar year, or tax year beginning a	nd ending		
	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre: chang	LAS VEGAS VALLEY HUMANE SOCIETY			
	Name chang			88-0	277449
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su		
	Termir	,	454	-) 434-2009
	ated Amend return		1202	G Gross receipts \$	350,173.
	Applic			H(a) Is this a group r	
	pendir	F Name and address of principal officer:KAREN LAYNE		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
ī	Tax-exe	empt status: \mathbf{X} 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a)	(1) or		list. (see instructions)
		te: WWW.LVVHUMANE.ORG	. /	H(c) Group exemption	
_		organization: X Corporation Trust Association Other	LY		M State of legal domicile: NV
		Summary	, - -		··
4	1	Briefly describe the organization's mission or most significant activities: LAS	VEGA	S VALLEY HUMA	NE SOCIETY
Governance		IS DEDICATED TO IMPROVING THE WELFARE O			
rna	2	Check this box if the organization discontinued its operations or dis			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			8
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1			8
Activities &	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0
Ìţį	6	Total number of volunteers (estimate if necessary)			60
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, line 34 • • • • • •			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		141,382.	213,113.
ž	9	Program service revenue (Part VIII, line 2g)		106,423.	98,380.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-516.	4.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,470.	318.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		298,759.	311,815.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		341,659.	295,860.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		341,659.	295,860.
	19	Revenue less expenses. Subtract line 18 from line 12 • • • • • • • • • • • •	• • • •	-42,900.	15,955.
Net Assets or	2			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		200,145.	213,206.
TA P	21	Total liabilities (Part X, line 26)		10,341.	7,401.
		Net assets or fund balances. Subtract line 21 from line 20 • • • • • • • • •	• • • •	189,804.	205,805.
_	art II	Signature Block			
		llties of perjury, I declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information o	of which prepared	arer has any knowledge.	
		Signature of officer		I Date	
Sig				Dato	
He	re	ROGER MONTGOMERY, TREASURER Type or print name and title			
				Date Check	PTIN
Da:	d	Print/Type preparer's name TERE A CHOTTE CDA		if	
Pai		JEFF A. STOUT, CPA	TIMOTIME	05/15/12 self-employ	
	parer e Only	Firm's name ELLSWORTH, GILMAN, JOHNSON & S		CPAS Firm's EIN	26-1629859
US	Ulliy	Firm's address 7881 W. CHARLESTON BLVD, SUITE LAS VEGAS, NV 89117	. TOO	Dhone no /	702) 871-2727
N46	v tha II	•			
				• • • • • • • • • • • •	• X Yes No Form 990 (2011)
132	001 01-2	$_{3-12}$ $_{-13}$ $_{-13}$ $_{-14}$ roll rapel work neduction actinotice, see the separate instru	cuons.		FOITH 330 (2011)

Form **990** (2011)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III • • • • • • • • • • • • • • • • •	• • •
1	Briefly describe the organization's mission:	
	THE ORGANIZATION IS DEDICATED TO IMPROVING THE WELFARE OF ANIMALS	IN
	SOUTHERN NEVADA. THE ORGANIZATION'S PRIMARY EMPHASIS IS ON STRAY	AND
	ABANDONED ANIMALS AND REDUCING ANIMAL OVERPOPULATION.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	es X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper	nses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocatio	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a		4,599.)
		HAVE
	·	MORE
		THESE
	CLINICS TWICE A MONTH AND PAYS THE FULL COSTS FOR MANY PEOPLE WHO	
	CANNOT PAY. THE LVVHS ALSO PAYS THE COSTS OF OWNED DOGS AT OTHER	
		D EVEN
	RABBITS WERE DONE UNDER THIS PROGRAM IN 2011. IN ADDITION, THE L	
	PROVIDES TNVR PROGRAMS FOR PEOPLE WITH FERAL CATS A	
	TRAP/NEUTER/VACCINATE/RETURN TO CUSTODIAN PROGRAM. WHILE NUMBERS	FOR
	THIS PROGRAM WERE DOWN TO 1100 IN 2011, THE LVVHS TRAPPED MORE TH	_
	ADDITIONAL FERAL CATS, BUT THESE WERE SPAYED/NEUTERED AT ANOTHER	
	UNDER A CLARK COUNTY PROGRAM.	
4b		3,602.)
	LVVHS'S RESCUE/REHAB PROGRAM CONTINUES TO BE UNIQUE IN THE SOUTHE	RN NV
	AREA. LVVHS PROVIDES A HOTLINE NUMBER WHICH IS ANSWERED BY A PER	SON 7
	DAYS A WEEK, 8 HOURS A DAY FOR ANIMALS IN DISTRESS THAT ARE FERAL	,
	STRAY, OR ABANDONED. THE FIRST PRIORITY IS ANIMALS WITH INJURIES.	THE
	LVVHS PROVIDES MEDICAL TREATMENT FOR SUCH ANIMALS AS WELL AS	
	REHABILITATION WHEN NECESSARY. IN FY2011, MORE THAN 200 ANIMALS	
	REQUIRED MEDICAL TREATMENT FROM FERAL MALE CATS WITH ABSCESSES TO	
	BROKEN LEGS ON STRAY DOGS WHICH HAD TO BE TRAPPED. THE LVVHS IS S	EEING
	MORE DOGS WITH INJURIES THAN IN YEARS' PAST.	
4c	(Code:) (Expenses \$	4,464.)
	AS A PART OF ITS RESCUE/REHAB PROGRAM, ANIMALS ARE RE-SOCIALIZED	IN
	PRIVATE HOMES UNTIL THEY CAN BE ADOPTED OUT. MEDICAL AND FOOD CO	STS
		D A
		NIMALS_
	ARE SPAYED/NEUTERED/VACCINATED/MICROCHIPPED. LVVHS TAKES BACK ITS	
	ANIMALS IF THEY ARE LATER ABANDONED. IN 2011, 443 ANIMALS WERE	
	RE-HOMED.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	

253,472.

4e Total program service expenses ▶

Form 990 (2011) LAS VEGAS VALLEY HUMANE SOCIETY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		-23
•	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		- 21
•	the organization's separate or consolidated imarcial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 21
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	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	77	
.5	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • •	20b		

Form 990 (2011) LAS VEGAS VALLEY HUMANE SOCIETY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 25	24a		X
	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			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L. Part I</i>	OEL		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		Λ
20	person outstanding as of the end of the organization's tax year? If "Yes," 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		Х
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		Х
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,			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		Λ
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a		35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	JJa		-23
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note All Form 900 filers are required to complete Schodulo O	20	v	l

Form **990** (2011)

Part V

CO11) LAS VEGAS VALLEY HUMANE SOCIETY

Statements Regarding Other IRS Filings and Tax Compliance

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

	1 21	• • •	• • • • • • • • •	• • •	• • •		
		ı	1	_	Ye	s	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>	2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r		able gaming				
	(gambling) winnings to prize winners?	· · ·	· · · · · · · · · · · · · · · · · · ·	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b			
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	•		0-			v
				3a			X
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	3b			
4a	financial account in a foreign country (such as a bank account, securities account, or other financial			40			Х
h	If "Yes," enter the name of the foreign country:	accou	iiit) !	4a			
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Δασοι	ınte				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a			Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b			X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			- 00			
-	any contributions that were not tax deductible?	_		6a			Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu						
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired				
	to file Form 8282?	• • •		7с			Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7 f			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		_	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D						
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tii	ne during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.			_			
а	Did the organization make any taxable distributions under section 4966?			9a			
	-			9b			
10	Section 501(c)(7) organizations. Enter:	ا ا	I				
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b					
11	Section 501(c)(12) organizations. Enter:	100	1	-			
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against	114		-			
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • •	12b	ĺ				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?			13a	1		
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
				14a	ı 🔼		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O •		14b	,		_

Form 990 (2011) 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.

sec	tion A. Governing Body and Management					
		1	۱ ،		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	-	•			37
_	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7-		v
	more members of the governing body?			7a		<u>X</u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,			71.		v
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			7b		X
8		-		0.0	v	
a	The governing body? Each committee with authority to act on behalf of the governing body?			8a	X	
b	, , , , , , , , , , , , , , , , , , , ,			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			9		х
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O • • • • • tion B. Policies (This Section B requests information about policies not required by the Internal F			9		
500	tion B. Folicies (This Section B requests information about policies not required by the internal P	ieveriu	e Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such or			IUa		21
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bolo	re ming the form.	Ha	21	
				12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		- 21
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
·	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	Х	
 15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.aoponaon			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		X
-	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 arrange	ment v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, an	d finar	ncial	
	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 a	ınd rec	ords of the organiza	tion: 🕨	·	
	THE ORGANIZATION - (702) 434-2009					
10000	3395 SOUTH JONES, NO. 454, LAS VEGAS, NV 89146					
13200 1-23-	5 12			Form	990 (2011)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is both an		compensation	compensation	amount of
	week (describe		cci ai	lu a u	10010)/ ii us		from the	from related organizations	other
	hours for	or director				p		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 Miles)	organization
	organizations	l trust	nal tru		oyee	ompe		,		and related
	in Schedule	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	lndi	Inst	0#!!	Key	Hig	For			
(1) ROGER MONTGOMERY									_	
TREASURER	20.00	Х		Х				0.	0.	0
(2) KAREN LAYNE									_	
PRESIDENT	40.00	Х		Х				0.	0.	0
(3) ANNE CHAIRSELL								_	_	_
VICE PRESIDENT	4.00	Х		Х				0.	0.	0
(4) JUDITH RUIZ										
DIRECTOR	3.00	Х						0.	0.	0
(5) DON CONKEY										
DIRECTOR	4.00	Х						0.	0.	0
(6) NANCY MCLANE										
DIRECTOR	3.00	Х						0.	0.	0
(7) JACQUELYN LELEU										
DIRECTOR	3.00	Х						0.	0.	0
(8) GINA OLIVARES										
SECRETARY	3.00	Х		Х				0.	0.	0
		<u> </u>				<u> </u>				
		<u> </u>				<u> </u>				
						<u> </u>				
		1	1							

132007 01-23-12 Form **990** (2011)

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er		yee	s, a	nd l	ligh	est	Compensated Employ		,,,			
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi		than o	one	Reportable	ole Reportable			Estimated	
		hours per week	box	, unle	ss pe	rson	is botl or/trus	n an	compensation	compensation	1		ount	of
		(describe						,	from the	from related organizations			other oensa	tion
		hours for	r direc				peq		organization	(W-2/1099-MIS			om the	
		related	stee o	rustee			pensat		(W-2/1099-MISC)			•	anizat	
		organizations in Schedule	ual tru	ional t		ploye	t com	_					l relat nizati	
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızatı	2112
			_)	Χ.	1 0	H						
-														
									0		^			
	Sub-total								0.		0.			0.
	Total (add lines 1b and 1c) • • • • • • •								0.		0.			0.
2	Total number of individuals (including but n						e) wh	no re		.000 of reportable				
_	compensation from the organization						.,			,000 0, 10,00,10,010				0
	•												Yes	No
3	Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•		•					•	•				
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				-						_		77
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaui	9 <i>J T</i>	or si	icn į	oers	son •	• •	• • • • • • • • • • •	• • • • • • • •	•	5		X
1	Complete this table for your five highest co	mnensated inc	lene	ende	nt c	ontr	racto	rs t	hat received more than	\$100,000 of com	nensa	tion fr	om	
•	the organization. Report compensation for													
	(A)	•							(B)			(C)	
	Name and business	address	NC	ONE	G				Description of s	ervices	Co	mper	satio	n
								\dashv						
								1						
2	Total number of independent contractors (i	•	ot lir	mite	d to		_	sted	l above) who received m	ore than				
	\$100,000 of compensation from the organization	zation >				(0							

Statement of Revenue Part VIII (**D**) Revenue excluded from (C) (A) (B) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 32,672c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and 180,441. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 213,113 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a ADOPTIONS 900099 54,464 54,464. STERLIZATIONS 900099 40,314. 40,314. c RESCUE/REHAB 900099 3,602. 3,602. d f All other program service revenue 98,380 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) • • • • • • • • • • • • 7 a Gross amount from sales of (i) Securities assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) • • • • • • • • • • • 8 a Gross income from fundraising events (not Other Revenue including \$32,672. of contributions reported on line 1c). See 38,358 Part IV, line 18 b Less: direct expenses _____ b 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities • • • • • • 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold ______ **b** Net income or (loss) from sales of inventory . . Miscellaneous Revenue **Business Code** 11 a OTHER 900099 318 318 b d All other revenue e Total. Add lines 11a-11d 318. Total revenue. See instructions. • • • • • • • • • • • 311 815. 98,698

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	see to any guestion in th	is Dart IV		X
Do	not include amounts reported on lines 6b,			(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Managèment and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
С	Accounting				
a	Lobbying Professional fundamina convices Cos Port IV line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,247.	2,500.	5,747.	
g	Other	0,24/•	2,300.	3,747.	
12	Advertising and promotion	12,623.		12,623.	
13 14	Office expenses Information technology	12,023.		12,025.	
15	Royalties				
16	Occupancy	14,949.		14,949.	
17	Travel	11/3131		21/3130	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,878.		1,878.	
24	Other expenses. Itemize expenses not covered 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.)				
а	STERILIZATIONS/VACCINAT	83,817.	83,817.		
b	ANIMAL FOOD	62,090.	62,090.		
c	MEDICAL EXPENSES	47,145.	47,145.		
d	ANSWERING SERVICES	29,778.	29,778.		
e	All other expenses SEE SCH O	35,333.	28,142.	7,191.	
25	Total functional expenses. Add lines 1 through 24e	295,860.	253,472.	42,388.	0.
26	Joint costs. Complete this line only if the organization	•			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12 Form **990** (2011)

Form 990 (2011)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	198,132.	1	211,161.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	"	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ţ	7			7	
Assets		Notes and loans receivable, net		8	
⋖	8	Inventories for sale or use Prepaid expenses and deferred charges		9	
	9			9	
	ioa	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		10-	
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	0.	11	
	12	Investments - other securities. See Part IV, line 11	0.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2 012	14	2 045
	15	Other assets. See Part IV, line 11	2,013. 200,145.	15	2,045.
	16	Total assets. Add lines 1 through 15 (must equal line 34) • • • • • • • • •		16	213,206.
	17	Accounts payable and accrued expenses	10,341.	17	7,401.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
<u> </u>		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	10 241	25	E 401
	26	Total liabilities. Add lines 17 through 25 • • • • • • • • • • • • • • • • • •	10,341.	26	7,401.
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	100 004		005 005
au	27	Unrestricted net assets	189,804.	27	205,805.
Bal	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117, check here and			
ŏ		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 equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	400.00:	32	
2	33	Total net assets or fund balances	189,804.	33	205,805.
	34	Total liabilities and net assets/fund balances • • • • • • • • • • • • • • • • • • •	200,145.	34	213,206.

Form **990** (2011)

Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response to any question in this Part XI • • • • • • • • • • • • • • • • • •	• • • •		Х
_	Tatal variance (much acual Dark VIII ashuran (A) line 10)	ایا	311,81	E
1	Total revenue (must equal Part VIII, column (A), line 12)	1		_
2	Total expenses (must equal Part IX, column (A), line 25)	2	295,86	<u>. 0</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	15,95	55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	189,80	4.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4	6.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	205,80	5.
Pa	rt XIII Financial Statements and Deporting			

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any q	uestion in this Part XII • • • • • • • • • • • • • • • • • •
--	--

	Check if Scriedule O contains a response to any question 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	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits. • • • • • • • • • • • • • • • • • • •	3b		

Form **990** (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		LAS VEG	AS VALLEY HU	MANE	SOCIE	TY			8	8-0277	449	
Part I	Reason	for Public Char	ity Status (All organiz	zations mus	st complet	te this part	t.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of chur	ches desci	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	described i	in section	170(b)(1)(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ribed in se	ction 170	(b)(1)(A)(iii). Enter	the hospital'	s nam	ne,
	city, and stat	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governr	mental unit	describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, sta	te, or local governm	ent or governmental uni	t described	in sectio	n 170(b)(1	I)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desci	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	rom contri	butions, m	nembership	fees, a	nd gross rec	eipts	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	e Part III.)									
10	An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11	An organizati	on organized and or	perated exclusively for the	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carry	out the	purposes o	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	I) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	a Type I	b	Type II o	туре	e III - Func	tionally int	egrated		d	Type III - C	ther	
е	By checking	this box, I certify tha	at the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified	persons oth	er tha	ın
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	ons?	1		•
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed i	n (ii) and (i	ii) below	,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganization((s).							
(i) Name	of supported	(ii) EIN	(iii) Type of			(v) Did you		(vi) Is organizatio		(vii) Am	ount o	f
orga	anization		organization (described on lines 1-9	in col. (i) lis	,	organizati		(i) organize	ed in the	supp	oort	
			above or IRC section	governing (uocument?	*, -	Support?	U.S.	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			

(i) Name of supported organization	(ii) EIN	organization	governing document? (i		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts 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						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop				• • • • • • •		• • • •
Sec	ction C. Computation of Publi	c Support Per	centage			1 1	
	Public support percentage for 2011 (I		•	.,,		14	%
	Public support percentage from 2010						%
16a	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						_
	meets the "facts-and-circumstances"	-					
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						e .
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	Sa, 16b, 17a, or 17			
					Coh	adula A (Earm 00)	0 or 000 E7\ 2011

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	303,459.	328,631.	330,917.	141,382.	213,113.	1,317,502.
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	61,256.	64,426.	18,690.	42,522.	98.379.	285,273.
3	Gross receipts from activities that	01,230.	01,120.	10,000.	10,522.	30,313.	203,273
	are not an unrelated trade or business 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	364,715.	393,057.	349,607.	183,904.	311,492.	1,602,775.
7	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
k	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.
,	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						1,602,775.
	ction B. Total Support						1,002,773.
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	364,715.	393,057.	349,607.	183,904.	311,492.	1,602,775.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,546.	9,895.	898.	171.	4.	24,514.
k	Unrelated business taxable income		2 / 32 3 3	35 3 1	<u> </u>		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	13,546.	9,895.	898.	171.	4.	24,514.
	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.)						
	Total support (Add lines 9, 10c, 11, and 12.)	378,261.		350,505.	184,075.	311,496.	1,627,289.
14	First five years. If the Form 990 is for	· ·	,	,	,	()()	*
<u> </u>	check this box and stop here • • • •			• • • • • • • •	• • • • • • • •	• • • • • • • •	· · · · • • • • • • • • • • • • • • • •
	ction C. Computation of Publi			. (5)			00 10 0
	Public support percentage for 2011 (I					15	98.49 %
	Public support percentage from 2010 ction D. Computation of Inves			• • • • • • • •	• • • • • • •	16	<u>97.87 %</u>
	•			12 column (f)		17	1.51 %
	Investment income percentage for 20 Investment income percentage from 2					18	1.51 % 2.13 %
	a 33 1/3% support tests - 2011. If the			on line 14, and line	· ·		
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	> X
				line 11 en line - 10 -	and line 40 :		200
k	o 33 1/3% support tests - 2010. If the line 18 is not more than 33 1/3%, che						

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. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

LAS VEGAS VALLEY HUMANE SOCIETY

Employer identification number 88-0277449

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line 6		IS OF AC	counts. C	omplete if the	
	, ,	(a) Donor advised funds	(b)	Funds and	other accounts	i
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 wri		rised funds	 S		
	are the organization's property, subject to the organization's ex-	•			Yes	No
6	Did the organization inform all grantees, donors, and donor adv					
-	for charitable purposes and not for the benefit of the donor or d	• •		•		
	impermissible private benefit? • • • • • • • • • • • • • • • •			• • • •	Yes	No
Paı	t II Conservation Easements. Complete if the organ					
1	Purpose(s) of conservation easements held by the organization		·			
	Preservation of land for public use (e.g., recreation or edu		istorically	important la	nd area	
	Protection of natural habitat	Preservation of a ce	•	=		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	n of a cons	servation eas	sement on the	last
_	day of the tax year.					
	au, or are tar your			Held at	the End of the T	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic struct			2c		
	Number of conservation easements included in (c) acquired after					
-	listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, relea				the tax	
	year▶	, , , ,	Ü	ŭ		
4	Number of states where property subject to conservation easer	ment is located >				
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling o	f			
	violations, and enforcement of the conservation easements it he	olds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, an					
7	Amount of expenses incurred in monitoring, inspecting, and enf	forcing conservation easements durin	ng the year	\$		_
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 17	'0(h)(4)(B)(i	i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIV, describe how the organization reports conservation				nce sheet, and	i
	include, if applicable, the text of the footnote to the organization	n's financial statements that describe	s the orga	nization's ac	counting for	
	conservation easements.		_		_	
Paı	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or 0	Other Si	milar Ass	ets.	
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and	balance she	eet works of an	t,
	historical treasures, or other similar assets held for public exhibit	ition, education, or research in further	rance of p	ublic service	, provide, in Pa	rt XIV,
	the text of the footnote to its financial statements that describe	s these items.				
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and bal	ance sheet v	vorks of art, his	storical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of p	ublic servi	ce, provide t	the following ar	nounts
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1			\$		
				\$		
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financ	ial gain, pr	rovide		
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X			\$		

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colur	mn (B), line 10(c).) • • •		0

Schedule D (Form 990) 2011

Pa	art VII	Investments - Other Securities. S	See Form 990, Part X, I	ne 12.		
		(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua ost or end-of-year mar	
(1)	Financi	ial derivatives				
		/-held equity interests				
	Other					
	(A)					
	(B)					
	(C)					
	(D)					
	(E)					
	(F)					
	(G)					
	(H)					
	(I)					
Tota	I. (Col (I	b) must equal Form 990, Part X, col (B) line 12.)				
Pa	art VIII	I Investments - Program Related.	See Form 990, Part X,	line 13.		
		(a) Description of investment type	(b) Book value	С	(c) Method of valua ost or end-of-year mar	
	(1)					
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	(7)					
	(8)					
	(9)					
	0)					
	1. (Col (1 art IX	b) must equal Form 990, Part X, col (B) line 13.)	- 45			
P			e 15. Description			(b) Book value
	(a)	(6) Description			(b) Book value
	(1)					
	(2)					
	(3)					
	(4) (5)					
	(6)					
	(0) (7)					
	(8)					
	(9)					
	0)					
		umn (b) must equal Form 990, Part X, col (B) lii	ne 15) • • • • • • •			
Pa	art X	Other Liabilities. See Form 990, Part >	(, line 25.			
1.		(a) Description of liability	•	(b) Book value		
	(1) Fed	deral income taxes				
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	(7)					
	(8)					
((9)					
(1	0)					
(1	1)					
T - 4	-1 (0-1	/b) Faure 000 David V 1 /D) //	05 \			

_	dule D (Form 990) 2011 LAS VEGAS VALLEY HUMANE SO						277449	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	cial S	tate	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				<u>,815.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				<u>,860.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			15	<u>,955.</u>
4	Net unrealized gains (losses) on investments			4				46.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				46.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an			10			16	,001.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme					eturn		
1	Total revenue, gains, and other support per audited financial statements					1	311	<u>,861.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments				46.			
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		46.
3	Subtract line 2e from line 1					3	311	,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b					4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) • • •					5		,815.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem					Retur		
1	Total expenses and losses per audited financial statements					1	<u> 295</u>	<u>,860.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1						
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	295	,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b					4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) • •			• • • •	•	5	295	,860.
Pa	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1	a and 4; Pa	rt IV, li	nes 1	and 2b	; Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this	part to pro	vide ar	ny add	ditional in	nformation.	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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.

OMB No. 1545-0047

Open To Public Inspection

No

Name of the organization

LAS VEGAS VALLEY HUMANE SOCIETY

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or

Employer identification number

88-0277449

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - а Internet and email solicitations h f Solicitation of government grants
 - Phone solicitations С

compensated at least \$5,000 by the organization.

d In-person solicitations

- Solicitation of non-government grants
- Special fundraising events
- key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total • • • • • • • • • • • • • • • • • • •			>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2011

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.

		or furidialsing event contributions and gr		EE, III CO T ATA OD: EIST C	avente with gross receip	to greater than \$6,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			${ t WAG-A-TAIL}$			(add col. (a) through
			WALK-A-THON	FUR BALL	2	col. (c))
ē			(event type)	(event type)	(total number)	55 (5 //
Revenue						
3eV	1	Gross receipts	37,932.	22,042.	11,056.	71,030.
_						
	2	Less: Charitable contributions	22,132.	6,579.	3,961.	32,672.
	3	Gross income (line 1 minus line 2) • • • •	15,800.	15,463.	7,095.	38,358.
	4	Cash prizes				
S	5	Noncash prizes				
Expenses						
×p	6	Rent/facility costs				
벙						
Direct	7	Food and beverages				
	8	Entertainment		1 - 1 - 1		
	9	Other direct expenses			7,096.	38,358.
		Direct expense summary. Add lines 4 through				(38,358)
Pa	11	Net income summary. Combine line 3, colum				0.
Pa	ITT I	J	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(I.) Dull take (in stant		(N Tabal manais a fadal
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				singo, progressive singe		(b)
Be		0				
	1	Gross revenue • • • • • • • • • • • •				
	_	Cash prizes				
ses	_	Casii prizes				
Direct Expenses	2	Noncash prizes				
Š	3	Noncash prizes				
ect	4	Rent/facility costs				
₫	7	Tierio lacinty costs				
	5	Other direct expenses • • • • • • • •				
	,	Carlot direct expenses * * * * * * * * * * * * * * * * * *	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No /*	No No	
			110	140	110	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	(
	•					
	8	Net gaming income summary. Combine line	1. column d. and line 7			
		y y y			· ·	
9	En	ter the state(s) in which the organization opera	ates gaming activities:			
		the organization licensed to operate gaming a				Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				

11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity operated in:			
	The organization's facility			%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
_				
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	103	140
-	organization's own exempt activities during the tax year > \$			
Pa	TT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v), and Pa	ırt III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ı (see i	nstructio	ns).

Schedule G (Form 990 or 990-EZ) 2011 LAS VEGAS VALLEY HUMANE SOCIETY

88-0277449 Page 3

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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

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: THE FORM 990 IS FIRST REVIEWED BY
THE TREASURER AND PRESIDENT AND THEN IS DISTRIBUTED TO THE OTHER BOARD
MEMBERS BEFORE BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT DOCUMENTS
AVAILBLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS ON THE ORGANIZATIONS
WEBSITE.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:
BOARDING:
PROGRAM SERVICE EXPENSES 15,263.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 15,263.
CONTRACT LABOR:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 6,832.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 6,832.
SUPPLIES:

Name of the organization LAS VEGAS VALLEY HUMANE SOCIETY	Employer identification number 88-0277449
PROGRAM SERVICE EXPENSES	6,517.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,517.
AUTOMOBILE:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,507.
IMPOUND FEES:	
PROGRAM SERVICE EXPENSES	855.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	855.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	359.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	359.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 35,333.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	46.
-	