

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Las Vegas Rescue Mission		<b>D</b> Employer identification number 23-7222330
	Doing business as		<b>E</b> Telephone number 702-382-1766
	Number and street (or P.O. box if mail is not delivered to street address) 480 W. Bonanza Road		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Las Vegas NV 89106		<b>G</b> Gross receipts \$ 5,358,912
<b>F</b> Name and address of principal officer: Harry Hinderliter 480 W. Bonanza Road Las Vegas NV 89106		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <a href="http://www.vegasrescue.org">www.vegasrescue.org</a>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1979	<b>M</b> State of legal domicile: NV

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Through feeding the hungry, support, and care, we provide redemption, recovery, and re-entry to the homeless, addicted, and those in need.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	65	
	6 Total number of volunteers (estimate if necessary)	21000	
Activities & Governance	7a 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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 4,528,373	Current Year: 5,103,562
	9 Program service revenue (Part VIII, line 2g)	1,846,983	227,222
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,435
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,375,357	5,349,219
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,621,623	1,729,669
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 790,455		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,660,518	3,922,092
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,282,141	5,651,761
	19 Revenue less expenses. Subtract line 18 from line 12	93,216	-302,542
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 6,983,191	End of Year: 6,775,108
	21 Total liabilities (Part X, line 26)	1,168,001	1,231,343
	22 Net assets or fund balances. Subtract line 21 from line 20	5,815,190	5,543,765

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Harry Hinderliter Type or print name and title	President

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Katie Hampton	Katie Hampton	03/15/17		P00292787
	Firm's name ▶	Houldsworth, Russo & Company, P.C.		Firm's EIN ▶	88-0374623
	Firm's address ▶	8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839		Phone no.	702-269-9992

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No