

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

OMB No. 1545-0047

2022
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

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	C Name of organization Las Vegas Rescue Mission		D Employer identification number 23-7222330
	Doing business as		E Telephone number 702-382-1766
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 480 W. Bonanza Road		G Gross receipts\$ 6,295,269
	City or town, state or province, country, and ZIP or foreign postal code Las Vegas NV 89106		
F Name and address of principal officer: David Callahan 480 W. Bonanza Road Las Vegas NV 89106		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I 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		H(c) Group exemption number	
J Website: www.vegasrescue.org		L Year of formation: 1979	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: NV	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To serve those in need through food, shelter, daily needs and addiction recovery, offering hope to individuals and families through Jesus Christ.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	2000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,309,128	5,562,100
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	490,932	656,797
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,013	4,842
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,695	27,232
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,827,768	6,250,971
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,871	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,858,557	2,129,183
	b Total fundraising expenses (Part IX, column (D), line 25)	452,715	514,073
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,027,589	2,390,939
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,390,939	2,688,000
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	4,705,082	5,331,256
	20 Total assets (Part X, line 16)	1,122,686	919,715
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	10,258,184	11,204,545
		1,789,530	1,816,176
	8,468,654	9,388,369	

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 David Callahan	Date			
	Type or print name and title Chairman				
Paid Preparer Use Only	Print/Type preparer's name Jessica P Sayles	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01530213
	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	Phone no. 702-269-9992			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Through feeding the hungry, support, and care, we provide redemption, recovery, and re-entry to the homeless, addicted, and those in need.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,659,376** including grants of\$) (Revenue \$ **437,444**)
See Schedule O

4b (Code:) (Expenses \$ **496,623** including grants of\$) (Revenue \$ **219,353**)

Our Thrift Store is an important link between the community & our homeless & hurting neighbors. Donated items are given to those in need, or sold, with 100% of sales reinvested into our critical programs. The Thrift Store carries a wide variety of items, including microwaves, TV sets, couches, chairs, other furniture, clothes, kitchenware & more. Inventory is constantly changing, so visit often!

4c (Code:) (Expenses \$ **1,456,933** including grants of\$) (Revenue \$)

We have emergency overnight housing for individuals, families, single mothers with children, & we are the only local shelter able to accommodate single fathers with children. Our facilities provide temporary housing for nearly 200 men, women and children daily. The overnight shelter guests can stay up to 7 nights if they request only emergency shelter, should they request case management services their stay can be extended on an individualized basis. These single men, women and families are provided with overnight shelter, hot meals, clothing, assistance with transportation, parenting classes and additional programming to assist them in finding jobs, stable housing and ongoing support to prevent them from sliding back into homelessness.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **3,612,932**

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
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	63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against 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 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

Nicki Antill
Las Vegas

480 W. Bonanza Road

NV 89106

702-382-1766

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Heather Engle CEO	40.00 0.00			X				158,529	0	60
(2) Nicola Antill COO	40.00 0.00			X				107,107	0	11,004
(3) David Callahan Chairman	2.00 0.00	X		X				0	0	0
(4) Robert DeJong Vice Chairman	2.00 0.00	X		X				0	0	0
(5) Robert Andrews Treasurer	2.00 0.00	X		X				0	0	0
(6) Kyle Kenny Secretary	2.00 0.00	X		X				0	0	0
(7) Bob Gaus Director	2.00 0.00	X						0	0	0
(8) Robert Wood Director	2.00 0.00	X						0	0	0
(9) John T. Moran III, Esq Director	2.00 0.00	X						0	0	0
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							265,636		11,064	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							265,636		11,064	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TrueSense Marketing Pittsburgh	PO Box 641114 PA 15264-1114 Fundraising	614,184
Innovative Technology Solutions Las Vegas	3111 S Valley View Blvd, Ste L-104 NV 89102 IT Support	119,826

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	226,039				
	d Related organizations	1d					
	e Government grants (contributions)	1e	509,960				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,826,101				
	g Noncash contributions included in lines 1a-1f	1g	\$ 645,141				
	h Total. Add lines 1a-1f		5,562,100				
	Program Service Revenue			Business Code			
2a Program services			452000	437,444	437,444		
b Thrift store sale of merch			624200	219,353	219,353		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		656,797					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,842		4,842	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a		12,000			
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c		12,000			
	d Net rental income or (loss)			12,000		12,000	
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 226,039 of contributions reported on line 1c). See Part IV, line 18	8a		44,298				
	b Less: direct expenses	8b	44,298				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a Other		Business Code				
			812900	15,232		15,232	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			15,232				
12 Total revenue. See instructions			6,250,971	656,797	0	32,074	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	276,085		276,085	
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	1,548,411	1,197,058	104,292	247,061
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	143,028	102,294	19,621	21,113
10 Payroll taxes	161,659	106,760	32,865	22,034
11 Fees for services (nonemployees):				
a Management				
b Legal	64,726		64,726	
c Accounting	62,350		62,350	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	514,073			514,073
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	277,757	109,918	33,839	134,000
12 Advertising and promotion	30,959			30,959
13 Office expenses	205,990	141,404	35,194	29,392
14 Information technology				
15 Royalties				
16 Occupancy	503,511	470,834	18,524	14,153
17 Travel	48,833	48,833		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,952	25,723	7,919	5,310
20 Interest	26,362		26,362	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	266,343	251,641	7,138	7,564
23 Insurance	67,922	64,172	1,820	1,930
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food commodities	799,675	799,675		
b Program supplies	294,620	294,620		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,331,256	3,612,932	690,735	1,027,589
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,512,303	1	4,411,434
	2 Savings and temporary cash investments	1,032,878	2	1,037,091
	3 Pledges and grants receivable, net	126,064	3	245,295
	4 Accounts receivable, net	23,080	4	26,947
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,095	9	125,889
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,137,131		
	b Less: accumulated depreciation	10b 4,862,996	5,471,641	10c 5,274,135
	11 Investments—publicly traded securities	15,354	11	15,223
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,769	15	68,531
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,258,184	16	11,204,545	
Liabilities	17 Accounts payable and accrued expenses	221,651	17	236,744
	18 Grants payable		18	
	19 Deferred revenue	40,525	19	7,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,617	21	2,395
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	19,737	23	
	24 Unsecured notes and loans payable to unrelated third parties	1,500,000	24	1,500,000
	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		25	70,037
	26 Total liabilities. Add lines 17 through 25	1,789,530	26	1,816,176
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,346,669	27	7,591,653
	28 Net assets with donor restrictions	1,121,985	28	1,796,716
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,468,654	32	9,388,369
33 Total liabilities and net assets/fund balances	10,258,184	33	11,204,545	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,250,971
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,331,256
3	Revenue less expenses. Subtract line 2 from line 1	3	919,715
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,468,654
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,388,369

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

Las Vegas Rescue Mission

Employer identification number

23-7222330

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 12, check only one box.)

- 1 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 (Form 990).)
- 3 A hospital or a 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,471,436	4,233,994	6,073,998	5,309,128	5,562,100	24,650,656
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,471,436	4,233,994	6,073,998	5,309,128	5,562,100	24,650,656
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)						625,447
6 Public support. Subtract line 5 from line 4						24,025,209

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3,471,436	4,233,994	6,073,998	5,309,128	5,562,100	24,650,656
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,467	15,037	19,338	21,085	16,842	109,769
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 VI.)	2,792		23,316	3,695	15,232	45,035
11 Total support. Add lines 7 through 10						24,805,460
12 Gross receipts from related activities, etc. (see instructions)					12	2,667,478

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.85 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.23 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. 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—2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a		
b		Yes	No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
	3a		
b		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Sum of prior year other income \$ **29,803**

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Las Vegas Rescue Mission

Employer identification number

23-7222330

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Las Vegas Rescue Mission

Employer identification number

23-7222330**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Credit One Bank, N.A. 585 Pilot Rd. Las Vegas NV 89119	\$ 430,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Nevada Behavioral Health 3035 S Maryland Pkwy, Ste 110 Las Vegas NV 89109	\$ 243,908	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Clark County Social Services 1600 Pinto Lane Las Vegas NV 89106	\$ 431,657	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Gene Haas Foundation 2800 Sturgis Rd Oxnard CA 93030	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DeJong Charitable Fund 10317 Summit Canyon Dr Las Vegas NV 89144	\$ 440,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Russell B Gray Jr Trust Premier Trust Inc 4465 S Jones Blvd Las Vegas NV 89103	\$ 166,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Las Vegas Rescue Mission

Employer identification number

23-7222330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		343,757		343,757
b Buildings		8,470,616	3,766,102	4,704,514
c Leasehold improvements				
d Equipment		1,291,506	1,066,917	224,589
e Other		31,252	29,977	1,275
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,274,135

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Finance lease liabilities	46,515
(3) Operating lease liabilities	23,522
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	70,037

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,343,815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	92,844	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	92,844
3	Subtract line 2e from line 1		3	6,250,971
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,250,971

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,424,100
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	92,844	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	92,844
3	Subtract line 2e from line 1		3	5,331,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,331,256

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part IV, Line 2b - Escrow Liability Arrangement Explanation

The Organization holds funds in a custodial capacity for residents of the program services.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Las Vegas Rescue Mission

Employer identification number

23-7222330

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TrueSense Marketing 1 502 Keystone Dr. Warrendale PA 15086	Consulting		X	1,522,214	514,073	1,008,141
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,522,214	514,073	1,008,141

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	<u>Walk a Mile</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	141,510	128,827	270,337
	2	Less: Contributions	106,703	119,336	226,039
	3	Gross income (line 1 minus line 2)	34,807	9,491	44,298
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	19,000	1,051	20,051
	7	Food and beverages	10,148		10,148
	8	Entertainment			
	9	Other direct expenses	5,659	8,440	14,099
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b 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 \$
- 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
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation
TrueSense Marketing
Fees paid to fundraiser

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

23-7222330

Las Vegas Rescue Mission

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Heather Engle 1 CEO	(i)	150,000	8,529	0	0	60	158,589	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Las Vegas Rescue Mission

Employer identification number

23-7222330

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	200000	645,141	Fair market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**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 Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

Las Vegas Rescue Mission

Employer identification number

23-7222330**Form 990, Part III, Line 4a - First Accomplishment**

Our residential recovery program is for men and women with life-controlling addictions who want to make a positive life change. The program is free and is a way to get off the streets into a safe environment. Residents have all physical needs met during the program, so they can focus on recovery. The recovery program is up to a one-year commitment and can serve approximately 120 participants. Residents are required to actively pursue recovery, including attending required treatment programming and meeting regularly with a counselor. The program also includes providing a resident with the necessary tools for successful integration back into society. For more information about entering the program, come to the Mission between the hours of 8am and 2pm, Monday through Friday and fill out an application or call 702-382-1766.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of Form 990 is given to the CEO and the finance committee which is chaired by the board treasurer for review before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board members are required to disclose conflicts of interest annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Review and approval by the board using comparability data, bonus structures and contemporaneous documentation for the president/CEO compensation is performed annually.

Name of the organization

Employer identification number

Las Vegas Rescue Mission

23-7222330

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Financial statements are available to the general public upon request or are available for inspection on the organization's website.

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Identifying number
23-7222330

Las Vegas Rescue Mission

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	216,348

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	216,348
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

There are no amounts for Page 2

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
1	Office Complex	7/15/82	35,532			35,532	15	MO S/L	35,532	0
2	Shed	1/01/94	7,800			7,800	7	MO S/L	7,800	0
3	Family Shelter	1/01/80	30,279			30,279	40	MO S/L	30,279	0
4	Building	1/01/89	28,868			28,868	32	MO S/L	28,868	0
5	Mission Building	11/19/73	33,891			33,891	20	MO S/L	33,891	0
6	Mission Improvements	1/01/74	13,178			13,178	20	MO S/L	13,178	0
7	Mission Improvements	1/01/74	5,775			5,775	20	MO S/L	5,775	0
8	Family Shelter B	2/01/77	43,099			43,099	20	MO S/L	43,099	0
9	Mission Improvements	1/01/78	7,817			7,817	17	MO S/L	7,817	0
10	Mission Improvements	1/01/79	8,892			8,892	20	MO S/L	8,892	0
11	Family Shelter Improvements	1/01/81	80,004			80,004	5	MO S/L	80,004	0
12	Electric System	2/01/91	18,000			18,000	15	MO S/L	18,000	0
13	Building	1/01/93	367,341			367,341	39	MO S/L	277,861	9,419
14	Dormitory Addition	1/01/94	2,800			2,800	7	MO S/L	2,800	0
15	Mission Improvements	3/01/95	2,624			2,624	20	MO S/L	2,624	0
16	Mission Improvements	5/01/95	12,040			12,040	15	MO S/L	12,040	0
17	Mission Addition	10/01/95	10,000			10,000	39	MO S/L	6,859	256
18	Building	2/01/96	320,324			320,324	39	MO S/L	216,972	8,213
19	Improvements	2/01/96	7,000			7,000	39	MO S/L	4,742	179
20	Improvements	4/01/96	6,363			6,363	39	MO S/L	4,283	163
21	Improvements	4/01/96	6,363			6,363	39	MO S/L	4,283	163
22	Improvements	5/01/96	7,940			7,940	39	MO S/L	5,327	204
23	Improvements	8/01/96	10,000			10,000	39	MO S/L	6,645	257
24	Improvements	8/01/96	2,975			2,975	39	MO S/L	1,977	76
25	Improvements	10/01/96	2,478			2,478	39	MO S/L	1,636	64
26	Improvements	10/01/96	10,940			10,940	39	MO S/L	7,223	281
27	Improvements	12/31/96	2,315			2,315	39	MO S/L	1,514	59
28	Building Improvements	7/01/97	97,583			97,583	39	MO S/L	62,553	2,502
29	Thrift Store Improvements	9/18/00	1,668			1,668	5	MO S/L	1,668	0
30	Tetra Southwest	4/11/00	2,813			2,813	5	MO S/L	2,813	0
31	Home Depot	4/12/00	1,145			1,145	5	MO S/L	1,145	0
32	T.N.D. Refrigerant	4/24/00	1,590			1,590	5	MO S/L	1,590	0
33	Dwyer Engineering	10/26/00	6,324			6,324	5	MO S/L	6,324	0
34	Pavement	1/10/01	3,000			3,000	5	MO S/L	3,000	0
35	Dwyer Engineering	4/04/01	500			500	5	MO S/L	500	0
36	Improvements	4/04/01	878			878	5	MO S/L	878	0
37	Dwyer Engineering	12/03/01	1,500			1,500	5	MO S/L	1,500	0
38	Plan Check	12/14/01	1,923			1,923	5	MO S/L	1,923	0
39	Blinds for Shelter	5/06/02	1,685			1,685	5	MO S/L	1,685	0
40	Carpet for Administration	6/15/02	8,919			8,919	5	MO S/L	8,919	0
41	Building - Men's	4/01/03	1,762,532			1,762,532	39	MO S/L	869,968	45,193
42	Tile Instalation	10/31/05	3,300			3,300	7	MO S/L	3,300	0
43	New roof on shelter	3/09/06	17,340			17,340	5	MO S/L	17,340	0
44	Security System	3/13/07	4,500			4,500	5	MO S/L	4,500	0
45	Security System	5/07/07	6,487			6,487	5	MO S/L	6,487	0
46	Carpet	10/16/08	1,813			1,813	5	MO S/L	1,813	0
47	New Dining Building	10/05/09	2,975,711			2,975,711	39	MO S/L	972,829	76,300
48	Metal Overhang	2/25/10	2,230			2,230	5	MO S/L	2,230	0
49	Electrical Instalation	5/04/10	5,332			5,332	5	MO S/L	5,332	0
50	Carpet	8/01/10	1,384			1,384	5	MO S/L	1,384	0
51	Brick Wall	12/08/10	3,700			3,700	5	MO S/L	3,700	0
52	Lights for Parking	12/28/10	2,460			2,460	5	MO S/L	2,460	0
53	Men's Dorm Addition	4/01/11	1,061,419			1,061,419	39	MO S/L	306,179	27,215
54	Men's Shealter Remodel	7/01/11	15,480			15,480	5	MO S/L	15,480	0
55	Mew Patio	7/01/11	2,560			2,560	5	MO S/L	2,560	0
56	New Carpet	8/01/11	11,928			11,928	5	MO S/L	11,928	0
57	New Carpeting	8/21/11	7,488			7,488	5	MO S/L	7,488	0
58	Upgrade of electrical	8/24/11	4,580			4,580	5	MO S/L	4,580	0
59	New Carpeting	10/19/11	11,210			11,210	5	MO S/L	11,210	0
60	New Office Building	10/20/11	4,216			4,216	5	MO S/L	4,216	0
61	New Carpeting	11/11/11	2,610			2,610	5	MO S/L	2,610	0
62	Desert Fasteners	6/04/12	565			565	5	MO S/L	565	0
63	Desert Fasteners	6/04/12	376			376	5	MO S/L	376	0
64	A&D Automatic	6/05/12	3,747			3,747	5	MO S/L	3,747	0
65	New Gate	6/05/12	6,920			6,920	5	MO S/L	6,920	0
66	Ed Lynch	6/06/12	2,000			2,000	5	MO S/L	2,000	0
67	Access Electric	6/08/12	5,375			5,375	5	MO S/L	5,375	0
68	Canopy Construction	6/30/12	35,452			35,452	5	MO S/L	35,452	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Conversion of A.	6/30/12	6,968			6,968	5 MO S/L	6,968	0
70	Construction in Progress	7/09/12	13,231			13,231	5 MO S/L	13,231	0
71	Construction in Progress	10/12/12	1,400			1,400	5 MO S/L	1,400	0
72	Pastor's Residence	11/15/12	496			496	5 MO S/L	496	0
73	Access Electric	3/22/13	925			925	5 MO S/L	925	0
74	Building & Improvements	6/30/13	8,145			8,145	5 MO S/L	8,145	0
75	Building Permit	6/30/13	2,475			2,475	5 MO S/L	2,475	0
76	Ackerly Creative	8/12/14	4,960			4,960	5 MO S/L	4,960	0
77	Warehouse Building	2/01/15	232,038			232,038	39 MO S/L	44,127	5,950
78	Access Services	5/07/15	3,034			3,034	5 MO S/L	3,034	0
79	Freezer	12/01/95	12,194			12,194	7 MO S/L	12,194	0
80	TND Refridgerator	3/11/98	2,550			2,550	7 MO S/L	2,550	0
81	Southwest AC	4/03/98	2,500			2,500	7 MO S/L	2,500	0
82	Design Studio	5/07/98	3,500			3,500	7 MO S/L	3,500	0
83	Entech Solution	5/07/98	2,757			2,757	7 MO S/L	2,757	0
84	Desert GMC	5/11/98	3,385			3,385	7 MO S/L	3,385	0
85	Furniture	5/11/98	1,204			1,204	7 MO S/L	1,204	0
86	LVRM Check	6/01/98	2,500			2,500	7 MO S/L	2,500	0
87	Southwest AC	6/01/98	6,377			6,377	7 MO S/L	6,377	0
88	CC Resturant	7/13/98	739			739	7 MO S/L	739	0
89	Adirondak Direc.	7/15/98	2,639			2,639	7 MO S/L	2,639	0
90	TND Refridgerator	9/07/98	1,800			1,800	7 MO S/L	1,800	0
91	Service Merch.	9/11/98	3,399			3,399	7 MO S/L	3,399	0
92	Mike Pistone	9/14/98	10,900			10,900	5 MO S/L	10,900	0
93	Shower Stalls	1/19/99	2,000			2,000	7 MO S/L	2,000	0
94	Shower Stalls	2/09/99	2,689			2,689	7 MO S/L	2,689	0
95	Walk in Freezer	4/01/99	18,447			18,447	7 MO S/L	18,447	0
96	Furniture for Sh.	6/01/99	1,800			1,800	5 MO S/L	1,800	0
97	Dishwasher	2/04/00	1,700			1,700	5 MO S/L	1,700	0
98	Printer - HRS US	2/07/00	1,443			1,443	5 MO S/L	1,443	0
99	Furniture for Sh.	2/25/00	1,610			1,610	5 MO S/L	1,610	0
100	Shelter Beds	11/10/00	1,895			1,895	5 MO S/L	1,895	0
101	GMC Deisel	12/31/00	7,000			7,000	5 MO S/L	7,000	0
102	Playground	5/30/01	10,207			10,207	5 MO S/L	10,207	0
103	7 beds Men 4 bed	6/19/01	1,210			1,210	5 MO S/L	1,210	0
104	Nellis Motors	7/19/01	13,970			13,970	5 MO S/L	13,970	0
105	New AC for Mer	12/05/01	2,750			2,750	5 MO S/L	2,750	0
106	Software upgrade	12/26/01	2,700			2,700	5 MO S/L	2,700	0
107	Washer & Dryer	1/29/02	3,349			3,349	5 MO S/L	3,349	0
108	Bunk Beds	6/18/02	72,000			72,000	7 MO S/L	72,000	0
109	Master Lock Sys.	9/06/02	3,021			3,021	5 MO S/L	3,021	0
110	Dell Computer	1/06/03	786			786	3 MO S/L	786	0
111	Accent on Blind	1/07/03	1,886			1,886	7 MO S/L	1,886	0
112	Misc. - Chk 15	1/31/03	1,530			1,530	7 MO S/L	1,530	0
113	Ace Lock	2/14/03	1,581			1,581	7 MO S/L	1,581	0
114	Price Less Furniture	2/24/03	1,972			1,972	7 MO S/L	1,972	0
115	Sysco	3/04/03	885			885	7 MO S/L	885	0
116	Accent on Blind	3/13/03	1,886			1,886	7 MO S/L	1,886	0
117	Home Deport	3/17/03	1,784			1,784	7 MO S/L	1,784	0
118	Price Less Furniture	4/03/03	1,321			1,321	7 MO S/L	1,321	0
119	Price Less Furniture	4/10/03	1,050			1,050	7 MO S/L	1,050	0
120	CitiCorp Vendor	5/01/03	3,222			3,222	3 MO S/L	3,222	0
121	Price Less Furniture	5/12/03	2,263			2,263	7 MO S/L	2,263	0
122	Evaporative	7/16/03	1,712			1,712	5 MO S/L	1,712	0
123	Dell Computer	8/01/03	1,007			1,007	3 MO S/L	1,007	0
124	Dell Computer	10/29/03	1,188			1,188	3 MO S/L	1,188	0
125	Furniture - RC W	12/04/03	7,429			7,429	7 MO S/L	7,429	0
126	Dell Computer	12/15/03	728			728	3 MO S/L	728	0
127	5 Grey Carts	11/18/05	1,207			1,207	5 MO S/L	1,207	0
128	New Bunk Beds	4/20/06	7,274			7,274	5 MO S/L	7,274	0
129	Gas dual timer	12/06/06	2,568			2,568	5 MO S/L	2,568	0
130	Ken's Office	4/19/07	2,420			2,420	5 MO S/L	2,420	0
131	New Furniture	10/05/09	9,822			9,822	5 MO S/L	9,822	0
132	Water Heater	2/19/10	1,364			1,364	5 MO S/L	1,364	0
133	Shelving	2/21/11	2,384			2,384	5 MO S/L	2,384	0
134	Beds for New D	4/01/11	13,287			13,287	5 MO S/L	13,287	0
135	Sams Club	11/29/11	1,328			1,328	5 MO S/L	1,328	0
136	Furniture	6/30/12	14,189			14,189	5 MO S/L	14,189	0
137	NV State Bank	6/30/12	2,729			2,729	5 MO S/L	2,729	0
138	Table & Chairs	7/20/12	872			872	5 MO S/L	872	0
139	Office Equipment	7/30/12	2,126			2,126	5 MO S/L	2,126	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
140	TV in Conference Room	7/31/12	2,074			2,074	5 MO S/L	2,074	0
141	Pastor's Residence	3/02/12	99,762			99,762	15 MO S/L	68,725	6,651
142	Land - Mission	4/01/73	12,376			12,376	0 -- Land	0	0
143	Land - Family Shelter	11/15/79	12,000			12,000	0 -- Land	0	0
144	Land - Women's Shelter	11/15/80	25,197			25,197	0 -- Land	0	0
145	Land - Office Co.	6/01/81	16,714			16,714	0 -- Land	0	0
146	Land - Other	4/01/82	5,232			5,232	0 -- Land	0	0
147	Land	6/01/86	70,603			70,603	0 -- Land	0	0
148	Land	6/01/88	7,217			7,217	0 -- Land	0	0
149	Land Parcel	12/01/94	53,480			53,480	0 -- Land	0	0
150	Land Parcel	12/01/94	20,000			20,000	0 -- Land	0	0
151	Land Parcel	12/01/94	21,000			21,000	0 -- Land	0	0
152	Land Parcel	7/01/95	20,857			20,857	0 -- Land	0	0
153	Land	12/01/96	79,081			79,081	0 -- Land	0	0
154	Air Conditioner	4/05/02	2,250			2,250	5 MO S/L	2,250	0
155	A/C for White House	5/07/02	2,475			2,475	5 MO S/L	2,475	0
156	Zep Carpet Cleaner	8/21/02	3,734			3,734	5 MO S/L	3,734	0
157	Cooking Kettle	4/01/04	12,163			12,163	5 MO S/L	12,163	0
158	Scanner	10/31/05	879			879	7 MO S/L	879	0
159	Office Depot	11/09/05	2,000			2,000	7 MO S/L	2,000	0
160	Installed new heater	12/31/05	3,800			3,800	5 MO S/L	3,800	0
161	Machinery	2/10/06	3,059			3,059	5 MO S/L	3,059	0
162	Lift Trucks	3/24/06	20,219			20,219	5 MO S/L	20,219	0
163	Used Conventio	5/31/06	2,895			2,895	5 MO S/L	2,895	0
164	#2 & #4 airco	9/18/07	6,800			6,800	5 MO S/L	6,800	0
165	Sharp Copier	11/01/07	7,845			7,845	5 MO S/L	7,845	0
166	New Truck	2/19/08	49,300			49,300	5 MO S/L	49,300	0
167	Microwave Oven	6/30/08	1,028			1,028	5 MO S/L	1,028	0
168	Microwave Oven	6/30/08	1,733			1,733	5 MO S/L	1,733	0
169	Hardmount Was	10/01/08	3,000			3,000	5 MO S/L	3,000	0
170	Computers for	9/23/09	1,996			1,996	3 MO S/L	1,996	0
171	Kitchen Equipment	10/05/09	250,824			250,824	7 MO S/L	250,824	0
172	Fry's Computer	11/13/09	658			658	3 MO S/L	658	0
173	Acu-Tek fuser	12/15/09	180			180	5 MO S/L	180	0
174	Appliances	1/15/10	215			215	5 MO S/L	215	0
175	Various Machinery	6/07/11	6,100			6,100	5 MO S/L	6,100	0
176	New Condensing	10/18/11	3,244			3,244	5 MO S/L	3,244	0
177	Kmaran & Co	1/12/12	17,471			17,471	5 MO S/L	17,471	0
178	Two New Evapo.	3/19/12	5,608			5,608	5 MO S/L	5,608	0
179	Young, Chontell	6/08/12	130			130	5 MO S/L	130	0
180	RC Willeys Furniture	7/12/12	1,020			1,020	5 MO S/L	1,020	0
181	Water Equipment	1/01/13	2,882			2,882	5 MO S/L	2,882	0
182	Machinery & Equip	1/01/13	699			699	5 MO S/L	699	0
183		7/31/14	3,581			3,581	5 MO S/L	3,581	0
184	Ryder Corp.	5/30/03	26,080			26,080	7 MO S/L	26,080	0
185	2006 Chevy	11/28/05	16,251			16,251	5 MO S/L	16,251	0
186	Truck	6/13/06	51,929			51,929	5 MO S/L	51,929	0
187	Golf Cart	6/20/06	1,650			1,650	5 MO S/L	1,650	0
188	Truck	11/30/06	41,100			41,100	5 MO S/L	41,100	0
189	06 Van E350	4/30/07	21,500			21,500	5 MO S/L	21,500	0
190	2013 Izuzu	5/07/12	4,800			4,800	5 MO S/L	4,800	0
191	Hercules Hauling	5/14/12	960			960	5 MO S/L	960	0
192	Hot Dog Stand	7/12/12	3,800			3,800	5 MO S/L	3,800	0
193	Harry Hinderliter	1/09/15	5,000			5,000	5 MO S/L	5,000	0
194	Tilt Skillet	11/13/15	6,000			6,000	5 MO S/L	6,000	0
195	A/C	3/18/16	7,000			7,000	5 MO S/L	7,000	0
196	Projection Equipment	6/02/16	3,292			3,292	7 MO S/L	2,861	431
197	Oven Heater Booster	4/04/16	3,483			3,483	5 MO S/L	3,483	0
198	Ornamental Fence	8/27/15	5,192			5,192	39 MO S/L	910	133
201	2201 E. McWilliams	12/20/16	80,000			80,000	39 MO S/L	11,453	2,052
202	2014 Chevrolet Express	12/15/16	19,000			19,000	5 MO S/L	19,000	0
203	2003 Ford Taurus	5/02/17	2,308			2,308	5 MO S/L	2,308	0
204	2001 Mercury Sable LS	6/12/17	2,110			2,110	5 MO S/L	2,110	0
205	Gas Dryers - 2	8/01/16	13,500			13,500	5 MO S/L	13,500	0
206	Double Stack Oven	12/06/16	2,800			2,800	5 MO S/L	2,800	0
207	Computer for SOH Manager	4/07/17	866			866	3 MO S/L	866	0
208	Computer for SOH Assistant	4/07/17	866			866	3 MO S/L	866	0
209	Computer for Men's Intake	4/07/17	866			866	3 MO S/L	866	0
210	Capital Lease Copier (Revco)	5/18/17	9,484			9,484	5 MO S/L	9,183	301
211	New Flooring	8/17/16	4,325			4,325	7 MO S/L	3,655	618
212	AC - McWilliams	4/21/17	1,300			1,300	5 MO S/L	1,300	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
213	Hot Water Tank - Ganzo	5/09/17	850			850	5 MO S/L	850	0
214	Vinyl Plank Flooring - Dr's Office	6/12/17	2,443			2,443	7 MO S/L	1,774	349
215	Hot Water tank - McWilliams	5/15/17	1,220			1,220	5 MO S/L	1,220	0
216	Solar Panels	1/01/17	586,386			586,386	20 MO S/L	161,256	29,319
217	Mattresses	8/26/16	3,761			3,761	1 MO S/L	3,761	0
218	Mattresses	4/11/17	4,487			4,487	1 MO S/L	4,487	0
219	Bunk Beds	9/08/16	6,225			6,225	5 MO S/L	6,225	0
220	225 Shell Stack Chairs	10/14/16	5,397			5,397	5 MO S/L	5,397	0
221	Website	6/23/17	8,280			8,280	3 MO S/L	8,280	0
Total Other Depreciation			<u>9,566,480</u>			<u>9,566,480</u>		<u>4,603,312</u>	<u>216,348</u>
Total ACRS and Other Depreciation			<u>9,566,480</u>			<u>9,566,480</u>		<u>4,603,312</u>	<u>216,348</u>
Grand Totals			9,566,480			9,566,480		4,603,312	216,348
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>9,566,480</u>			<u>9,566,480</u>		<u>4,603,312</u>	<u>216,348</u>

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
196	Projection Equipment	6/02/16	3,292			X	1,646	7	MQ200DB	3,166	126
197	Oven Heater Booster	4/04/16	3,483			X	1,742	5	MQ200DB	3,483	0
198	Ornamental Fence	8/27/15	5,192				5,192	39	MMS/L	915	133
201	2201 E. McWilliams	12/20/16	80,000				80,000	27	MMS/L	16,121	2,909
			<u>91,967</u>				<u>88,580</u>			<u>23,685</u>	<u>3,168</u>
Other Depreciation:											
1	Office Complex	7/15/82	0				0	0	HY	0	0
2	Shed	1/01/94	0				0	0	HY	0	0
3	Family Shelter	1/01/80	0				0	0	HY	0	0
4	Building	1/01/89	0				0	0	HY	0	0
5	Mission Building	11/19/73	0				0	0	HY	0	0
6	Mission Improvements	1/01/74	0				0	0	HY	0	0
7	Mission Improvements	1/01/74	0				0	0	HY	0	0
8	Family Shelter B	2/01/77	0				0	0	HY	0	0
9	Mission Improvements	1/01/78	0				0	0	HY	0	0
10	Mission Improvements	1/01/79	0				0	0	HY	0	0
11	Family Shelter Improvements	1/01/81	0				0	0	HY	0	0
12	Electric System	2/01/91	0				0	0	HY	0	0
13	Building	1/01/93	0				0	0	HY	0	0
14	Dormitory Addition	1/01/94	0				0	0	HY	0	0
15	Mission Improvements	3/01/95	0				0	0	HY	0	0
16	Mission Improvements	5/01/95	0				0	0	HY	0	0
17	Mission Addition	10/01/95	0				0	0	HY	0	0
18	Building	2/01/96	0				0	0	HY	0	0
19	Improvements	2/01/96	0				0	0	HY	0	0
20	Improvements	4/01/96	0				0	0	HY	0	0
21	Improvements	4/01/96	0				0	0	HY	0	0
22	Improvements	5/01/96	0				0	0	HY	0	0
23	Improvements	8/01/96	0				0	0	HY	0	0
24	Improvements	8/01/96	0				0	0	HY	0	0
25	Improvements	10/01/96	0				0	0	HY	0	0
26	Improvements	10/01/96	0				0	0	HY	0	0
27	Improvements	12/31/96	0				0	0	HY	0	0
28	Building Improvements	7/01/97	0				0	0	HY	0	0
29	Thrift Store Improvements	9/18/00	0				0	0	HY	0	0
30	Tetra Southwest	4/11/00	0				0	0	HY	0	0
31	Home Depot	4/12/00	0				0	0	HY	0	0
32	T.N.D. Refrigerant	4/24/00	0				0	0	HY	0	0
33	Dwyer Engineering	10/26/00	0				0	0	HY	0	0
34	Pavement	1/10/01	0				0	0	HY	0	0
35	Dwyer Engineering	4/04/01	0				0	0	HY	0	0
36	Improvements	4/04/01	0				0	0	HY	0	0
37	Dwyer Engineering	12/03/01	0				0	0	HY	0	0
38	Plan Check	12/14/01	0				0	0	HY	0	0
39	Blinds for Shelter	5/06/02	0				0	0	HY	0	0
40	Carpet for Administration	6/15/02	0				0	0	HY	0	0
41	Building - Men's	4/01/03	0				0	0	HY	0	0
42	Tile Instalation	10/31/05	0				0	0	HY	0	0
43	New roof on shelter	3/09/06	0				0	0	HY	0	0
44	Security System	3/13/07	0				0	0	HY	0	0
45	Security System	5/07/07	0				0	0	HY	0	0
46	Carpet	10/16/08	0				0	0	HY	0	0
47	New Dining Building	10/05/09	0				0	0	HY	0	0
48	Metal Overhang	2/25/10	0				0	0	HY	0	0
49	Electrical Instalation	5/04/10	0				0	0	HY	0	0
50	Carpet	8/01/10	0				0	0	HY	0	0
51	Brick Wall	12/08/10	0				0	0	HY	0	0
52	Lights for Parking	12/28/10	0				0	0	HY	0	0
53	Men's Dorm Addition	4/01/11	0				0	0	HY	0	0
54	Men's Shealter Remodel	7/01/11	0				0	0	HY	0	0
55	Mew Patio	7/01/11	0				0	0	HY	0	0
56	New Carpet	8/01/11	0				0	0	HY	0	0
57	New Carpeting	8/21/11	0				0	0	HY	0	0
58	Upgrade of electrical	8/24/11	0				0	0	HY	0	0
59	New Carpeting	10/19/11	0				0	0	HY	0	0
60	New Office Building	10/20/11	0				0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv	Meth	Prior	Current
61	New Carpeting	11/11/11	0			0	0	HY	0	0
62	Desert Fasteners	6/04/12	0			0	0	HY	0	0
63	Desert Fasteners	6/04/12	0			0	0	HY	0	0
64	A&D Automatic	6/05/12	0			0	0	HY	0	0
65	New Gate	6/05/12	0			0	0	HY	0	0
66	Ed Lynch	6/06/12	0			0	0	HY	0	0
67	Access Electric	6/08/12	0			0	0	HY	0	0
68	Canopy Construction	6/30/12	0			0	0	HY	0	0
69	Conversion of A.	6/30/12	0			0	0	HY	0	0
70	Construction in Progress	7/09/12	0			0	0	HY	0	0
71	Construction in Progress	10/12/12	0			0	0	HY	0	0
72	Pastor's Residence	11/15/12	0			0	0	HY	0	0
73	Access Electric	3/22/13	0			0	0	HY	0	0
74	Building & Improvements	6/30/13	0			0	0	HY	0	0
75	Building Permit	6/30/13	0			0	0	HY	0	0
76	Ackerly Creative	8/12/14	0			0	0	HY	0	0
77	Warehouse Building	2/01/15	0			0	0	HY	0	0
78	Access Services	5/07/15	0			0	0	HY	0	0
79	Freezer	12/01/95	0			0	0	HY	0	0
80	TND Refridgerator	3/11/98	0			0	0	HY	0	0
81	Southwest AC	4/03/98	0			0	0	HY	0	0
82	Design Studio	5/07/98	0			0	0	HY	0	0
83	Entech Solution	5/07/98	0			0	0	HY	0	0
84	Desert GMC	5/11/98	0			0	0	HY	0	0
85	Furniture	5/11/98	0			0	0	HY	0	0
86	LVRM Check	6/01/98	0			0	0	HY	0	0
87	Southwest AC	6/01/98	0			0	0	HY	0	0
88	CC Resturant	7/13/98	0			0	0	HY	0	0
89	Adirondak Direc.	7/15/98	0			0	0	HY	0	0
90	TND Refridgerator	9/07/98	0			0	0	HY	0	0
91	Service Merch.	9/11/98	0			0	0	HY	0	0
92	Mike Pistone	9/14/98	0			0	0	HY	0	0
93	Shower Stalls	1/19/99	0			0	0	HY	0	0
94	Shower Stalls	2/09/99	0			0	0	HY	0	0
95	Walk in Freezer	4/01/99	0			0	0	HY	0	0
96	Furniture for Sh.	6/01/99	0			0	0	HY	0	0
97	Dishwasher	2/04/00	0			0	0	HY	0	0
98	Printer - HRS US	2/07/00	0			0	0	HY	0	0
99	Furniture for Sh.	2/25/00	0			0	0	HY	0	0
100	Shelter Beds	11/10/00	0			0	0	HY	0	0
101	GMC Deisel	12/31/00	0			0	0	HY	0	0
102	Playground	5/30/01	0			0	0	HY	0	0
103	7 beds Men 4 bed	6/19/01	0			0	0	HY	0	0
104	Nellis Motors	7/19/01	0			0	0	HY	0	0
105	New AC for Mer	12/05/01	0			0	0	HY	0	0
106	Software upgrade	12/26/01	0			0	0	HY	0	0
107	Washer & Dryer	1/29/02	0			0	0	HY	0	0
108	Bunk Beds	6/18/02	0			0	0	HY	0	0
109	Master Lock Sys.	9/06/02	0			0	0	HY	0	0
110	Dell Computer	1/06/03	0			0	0	HY	0	0
111	Accent on Blind	1/07/03	0			0	0	HY	0	0
112	Misc. - Chk 15	1/31/03	0			0	0	HY	0	0
113	Ace Lock	2/14/03	0			0	0	HY	0	0
114	Price Less Furniture	2/24/03	0			0	0	HY	0	0
115	Sysco	3/04/03	0			0	0	HY	0	0
116	Accent on Blind	3/13/03	0			0	0	HY	0	0
117	Home Deport	3/17/03	0			0	0	HY	0	0
118	Price Less Furniture	4/03/03	0			0	0	HY	0	0
119	Price Less Furniture	4/10/03	0			0	0	HY	0	0
120	CitiCorp Vendor	5/01/03	0			0	0	HY	0	0
121	Price Less Furniture	5/12/03	0			0	0	HY	0	0
122	Evaporative	7/16/03	0			0	0	HY	0	0
123	Dell Computer	8/01/03	0			0	0	HY	0	0
124	Dell Computer	10/29/03	0			0	0	HY	0	0
125	Furniture - RC W	12/04/03	0			0	0	HY	0	0
126	Dell Computer	12/15/03	0			0	0	HY	0	0
127	5 Grey Carts	11/18/05	0			0	0	HY	0	0
128	New Bunk Beds	4/20/06	0			0	0	HY	0	0
129	Gas dual timer	12/06/06	0			0	0	HY	0	0
130	Ken's Office	4/19/07	0			0	0	HY	0	0
131	New Furniture	10/05/09	0			0	0	HY	0	0

AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
132	Water Heater	2/19/10	0				0	0	HY	0	0
133	Shelving	2/21/11	0				0	0	HY	0	0
134	Beds for New D	4/01/11	0				0	0	HY	0	0
135	Sams Club	11/29/11	0				0	0	HY	0	0
136	Furniture	6/30/12	0				0	0	HY	0	0
137	NV State Bank	6/30/12	0				0	0	HY	0	0
138	Table & Chairs	7/20/12	0				0	0	HY	0	0
139	Office Equipment	7/30/12	0				0	0	HY	0	0
140	TV in Conference Room	7/31/12	0				0	0	HY	0	0
141	Pastor's Residence	3/02/12	0				0	0	HY	0	0
142	Land - Mission	4/01/73	0				0	0	HY	0	0
143	Land - Family Shelter	11/15/79	0				0	0	HY	0	0
144	Land - Women's Shelter	11/15/80	0				0	0	HY	0	0
145	Land - Office Co.	6/01/81	0				0	0	HY	0	0
146	Land - Other	4/01/82	0				0	0	HY	0	0
147	Land	6/01/86	0				0	0	HY	0	0
148	Land	6/01/88	0				0	0	HY	0	0
149	Land Parcel	12/01/94	0				0	0	HY	0	0
150	Land Parcel	12/01/94	0				0	0	HY	0	0
151	Land Parcel	12/01/94	0				0	0	HY	0	0
152	Land Parcel	7/01/95	0				0	0	HY	0	0
153	Land	12/01/96	0				0	0	HY	0	0
154	Air Conditioner	4/05/02	0				0	0	HY	0	0
155	A/C for White House	5/07/02	0				0	0	HY	0	0
156	Zep Carpet Cleaner	8/21/02	0				0	0	HY	0	0
157	Cooking Kettle	4/01/04	0				0	0	HY	0	0
158	Scanner	10/31/05	0				0	0	HY	0	0
159	Office Depot	11/09/05	0				0	0	HY	0	0
160	Installed new heater	12/31/05	0				0	0	HY	0	0
161	Machinery	2/10/06	0				0	0	HY	0	0
162	Lift Trucks	3/24/06	0				0	0	HY	0	0
163	Used Conventio	5/31/06	0				0	0	HY	0	0
164	#2 & #4 airco	9/18/07	0				0	0	HY	0	0
165	Sharp Copier	11/01/07	0				0	0	HY	0	0
166	New Truck	2/19/08	0				0	0	HY	0	0
167	Microwave Oven	6/30/08	0				0	0	HY	0	0
168	Microwave Oven	6/30/08	0				0	0	HY	0	0
169	Hardmount Was	10/01/08	0				0	0	HY	0	0
170	Computers for	9/23/09	0				0	0	HY	0	0
171	Kitchen Equipment	10/05/09	0				0	0	HY	0	0
172	Fry's Computer	11/13/09	0				0	0	HY	0	0
173	Acu-Tek fuser	12/15/09	0				0	0	HY	0	0
174	Appliances	1/15/10	0				0	0	HY	0	0
175	Various Machinery	6/07/11	0				0	0	HY	0	0
176	New Condensing	10/18/11	0				0	0	HY	0	0
177	Kmaran & Co	1/12/12	0				0	0	HY	0	0
178	Two New Evapo.	3/19/12	0				0	0	HY	0	0
179	Young, Chontell	6/08/12	0				0	0	HY	0	0
180	RC Willeys Furniture	7/12/12	0				0	0	HY	0	0
181	Water Equipment	1/01/13	0				0	0	HY	0	0
182	Machinery & Equip	1/01/13	0				0	0	HY	0	0
183		7/31/14	0				0	0	HY	0	0
184	Ryder Corp.	5/30/03	0				0	0	HY	0	0
185	2006 Chevy	11/28/05	0				0	0	HY	0	0
186	Truck	6/13/06	0				0	0	HY	0	0
187	Golf Cart	6/20/06	0				0	0	HY	0	0
188	Truck	11/30/06	0				0	0	HY	0	0
189	06 Van E350	4/30/07	0				0	0	HY	0	0
190	2013 Izuzu	5/07/12	0				0	0	HY	0	0
191	Hercules Hauling	5/14/12	0				0	0	HY	0	0
192	Hot Dog Stand	7/12/12	0				0	0	HY	0	0
193	Harry Hinderliter	1/09/15	0				0	0	HY	0	0
194	Tilt Skillet	11/13/15	6,000				6,000	5	MO S/L	6,000	0
195	A/C	3/18/16	7,000				7,000	5	MO S/L	7,000	0
202	2014 Chevrolet Express	12/15/16	0				0	0	HY	0	0
203	2003 Ford Taurus	5/02/17	0				0	0	HY	0	0
204	2001 Mercury Sable LS	6/12/17	0				0	0	HY	0	0
205	Gas Dryers - 2	8/01/16	0				0	0	HY	0	0
206	Double Stack Oven	12/06/16	0				0	0	HY	0	0
207	Computer for SOH Manager	4/07/17	0				0	0	HY	0	0
208	Computer for SOH Assistant	4/07/17	0				0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
209	Computer for Men's Intake	4/07/17	0			0	0 HY	0	0
210	Capital Lease Copier (Revco)	5/18/17	0			0	0 HY	0	0
211	New Flooring	8/17/16	0			0	0 HY	0	0
212	AC - McWilliams	4/21/17	0			0	0 HY	0	0
213	Hot Water Tank - Ganzo	5/09/17	0			0	0 HY	0	0
214	Vinyl Plank Flooring - Dr's Office	6/12/17	0			0	0 HY	0	0
215	Hot Water tank - McWilliams	5/15/17	0			0	0 HY	0	0
216	Solar Panels	1/01/17	0			0	0 HY	0	0
217	Mattresses	8/26/16	0			0	0 HY	0	0
218	Mattresses	4/11/17	0			0	0 HY	0	0
219	Bunk Beds	9/08/16	0			0	0 HY	0	0
220	225 Shell Stack Chairs	10/14/16	0			0	0 HY	0	0
221	Website	6/23/17	0			0	0 HY	0	0
	Total Other Depreciation		<u>13,000</u>			<u>13,000</u>		<u>13,000</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>13,000</u>			<u>13,000</u>		<u>13,000</u>	<u>0</u>
	Grand Totals		104,967			101,580		36,685	3,168
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>104,967</u>			<u>101,580</u>		<u>36,685</u>	<u>3,168</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Office Complex	7/15/82	35,532	0	0
2	Shed	1/01/94	7,800	0	0
3	Family Shelter	1/01/80	30,279	0	0
4	Building	1/01/89	28,868	0	0
5	Mission Building	11/19/73	33,891	0	0
6	Mission Improvements	1/01/74	13,178	0	0
7	Mission Improvements	1/01/74	5,775	0	0
8	Family Shelter B	2/01/77	43,099	0	0
9	Mission Improvements	1/01/78	7,817	0	0
10	Mission Improvements	1/01/79	8,892	0	0
11	Family Shelter Improvements	1/01/81	80,004	0	0
12	Electric System	2/01/91	18,000	0	0
13	Building	1/01/93	367,341	9,419	0
14	Dormitory Addition	1/01/94	2,800	0	0
15	Mission Improvements	3/01/95	2,624	0	0
16	Mission Improvements	5/01/95	12,040	0	0
17	Mission Addition	10/01/95	10,000	257	0
18	Building	2/01/96	320,324	8,214	0
19	Improvements	2/01/96	7,000	180	0
20	Improvements	4/01/96	6,363	163	0
21	Improvements	4/01/96	6,363	163	0
22	Improvements	5/01/96	7,940	203	0
23	Improvements	8/01/96	10,000	256	0
24	Improvements	8/01/96	2,975	76	0
25	Improvements	10/01/96	2,478	63	0
26	Improvements	10/01/96	10,940	280	0
27	Improvements	12/31/96	2,315	59	0
28	Building Improvements	7/01/97	97,583	2,502	0
29	Thrift Store Improvements	9/18/00	1,668	0	0
30	Tetra Southwest	4/11/00	2,813	0	0
31	Home Depot	4/12/00	1,145	0	0
32	T.N.D. Refrigerant	4/24/00	1,590	0	0
33	Dwyer Engineering	10/26/00	6,324	0	0
34	Pavement	1/10/01	3,000	0	0
35	Dwyer Engineering	4/04/01	500	0	0
36	Improvements	4/04/01	878	0	0
37	Dwyer Engineering	12/03/01	1,500	0	0
38	Plan Check	12/14/01	1,923	0	0
39	Blinds for Shelter	5/06/02	1,685	0	0
40	Carpet for Administration	6/15/02	8,919	0	0
41	Building - Men's	4/01/03	1,762,532	45,193	0
42	Tile Instalation	10/31/05	3,300	0	0
43	New roof on shelter	3/09/06	17,340	0	0
44	Security System	3/13/07	4,500	0	0
45	Security System	5/07/07	6,487	0	0
46	Carpet	10/16/08	1,813	0	0
47	New Dining Building	10/05/09	2,975,711	76,300	0
48	Metal Overhang	2/25/10	2,230	0	0
49	Electrical Instalation	5/04/10	5,332	0	0
50	Carpet	8/01/10	1,384	0	0
51	Brick Wall	12/08/10	3,700	0	0
52	Lights for Parking	12/28/10	2,460	0	0
53	Men's Dorm Addition	4/01/11	1,061,419	27,216	0
54	Men's Shealter Remodel	7/01/11	15,480	0	0
55	Mew Patio	7/01/11	2,560	0	0
56	New Carpet	8/01/11	11,928	0	0
57	New Carpeting	8/21/11	7,488	0	0
58	Upgrade of electrical	8/24/11	4,580	0	0
59	New Carpeting	10/19/11	11,210	0	0
60	New Office Building	10/20/11	4,216	0	0
61	New Carpeting	11/11/11	2,610	0	0
62	Desert Fasteners	6/04/12	565	0	0
63	Desert Fasteners	6/04/12	376	0	0
64	A&D Automatic	6/05/12	3,747	0	0
65	New Gate	6/05/12	6,920	0	0
66	Ed Lynch	6/06/12	2,000	0	0
67	Access Electric	6/08/12	5,375	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
68	Canopy Construction	6/30/12	35,452	0	0
69	Conversion of A.	6/30/12	6,968	0	0
70	Construction in Progress	7/09/12	13,231	0	0
71	Construction in Progress	10/12/12	1,400	0	0
72	Pastor's Residence	11/15/12	496	0	0
73	Access Electric	3/22/13	925	0	0
74	Building & Improvements	6/30/13	8,145	0	0
75	Building Permit	6/30/13	2,475	0	0
76	Ackerly Creative	8/12/14	4,960	0	0
77	Warehouse Building	2/01/15	232,038	5,949	0
78	Access Services	5/07/15	3,034	0	0
79	Freezer	12/01/95	12,194	0	0
80	TND Refridgerator	3/11/98	2,550	0	0
81	Southwest AC	4/03/98	2,500	0	0
82	Design Studio	5/07/98	3,500	0	0
83	Entech Solution	5/07/98	2,757	0	0
84	Desert GMC	5/11/98	3,385	0	0
85	Furniture	5/11/98	1,204	0	0
86	LVRM Check	6/01/98	2,500	0	0
87	Southwest AC	6/01/98	6,377	0	0
88	CC Resturant	7/13/98	739	0	0
89	Adirondak Direc.	7/15/98	2,639	0	0
90	TND Refridgerator	9/07/98	1,800	0	0
91	Service Merch.	9/11/98	3,399	0	0
92	Mike Pistone	9/14/98	10,900	0	0
93	Shower Stalls	1/19/99	2,000	0	0
94	Shower Stalls	2/09/99	2,689	0	0
95	Walk in Freezer	4/01/99	18,447	0	0
96	Furniture for Sh.	6/01/99	1,800	0	0
97	Dishwasher	2/04/00	1,700	0	0
98	Printer - HRS US	2/07/00	1,443	0	0
99	Furniture for Sh.	2/25/00	1,610	0	0
100	Shelter Beds	11/10/00	1,895	0	0
101	GMC Deisel	12/31/00	7,000	0	0
102	Playground	5/30/01	10,207	0	0
103	7 beds Men 4 bed	6/19/01	1,210	0	0
104	Nellis Motors	7/19/01	13,970	0	0
105	New AC for Mer	12/05/01	2,750	0	0
106	Software upgrade	12/26/01	2,700	0	0
107	Washer & Dryer	1/29/02	3,349	0	0
108	Bunk Beds	6/18/02	72,000	0	0
109	Master Lock Sys.	9/06/02	3,021	0	0
110	Dell Computer	1/06/03	786	0	0
111	Accent on Blind	1/07/03	1,886	0	0
112	Misc. - Chk 15	1/31/03	1,530	0	0
113	Ace Lock	2/14/03	1,581	0	0
114	Price Less Furniture	2/24/03	1,972	0	0
115	Sysco	3/04/03	885	0	0
116	Accent on Blind	3/13/03	1,886	0	0
117	Home Deport	3/17/03	1,784	0	0
118	Price Less Furniture	4/03/03	1,321	0	0
119	Price Less Furniture	4/10/03	1,050	0	0
120	CitiCorp Vendor	5/01/03	3,222	0	0
121	Price Less Furniture	5/12/03	2,263	0	0
122	Evaporative	7/16/03	1,712	0	0
123	Dell Computer	8/01/03	1,007	0	0
124	Dell Computer	10/29/03	1,188	0	0
125	Furniture - RC W	12/04/03	7,429	0	0
126	Dell Computer	12/15/03	728	0	0
127	5 Grey Carts	11/18/05	1,207	0	0
128	New Bunk Beds	4/20/06	7,274	0	0
129	Gas dual timer	12/06/06	2,568	0	0
130	Ken's Office	4/19/07	2,420	0	0
131	New Furniture	10/05/09	9,822	0	0
132	Water Heater	2/19/10	1,364	0	0
133	Shelving	2/21/11	2,384	0	0
134	Beds for New D	4/01/11	13,287	0	0
135	Sams Club	11/29/11	1,328	0	0
136	Furniture	6/30/12	14,189	0	0
137	NV State Bank	6/30/12	2,729	0	0
138	Table & Chairs	7/20/12	872	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
139	Office Equipment	7/30/12	2,126	0	0
140	TV in Conference Room	7/31/12	2,074	0	0
141	Pastor's Residence	3/02/12	99,762	6,651	0
142	Land - Mission	4/01/73	12,376	0	0
143	Land - Family Shelter	11/15/79	12,000	0	0
144	Land - Women's Shelter	11/15/80	25,197	0	0
145	Land - Office Co.	6/01/81	16,714	0	0
146	Land - Other	4/01/82	5,232	0	0
147	Land	6/01/86	70,603	0	0
148	Land	6/01/88	7,217	0	0
149	Land Parcel	12/01/94	53,480	0	0
150	Land Parcel	12/01/94	20,000	0	0
151	Land Parcel	12/01/94	21,000	0	0
152	Land Parcel	7/01/95	20,857	0	0
153	Land	12/01/96	79,081	0	0
154	Air Conditioner	4/05/02	2,250	0	0
155	A/C for White House	5/07/02	2,475	0	0
156	Zep Carpet Cleaner	8/21/02	3,734	0	0
157	Cooking Kettle	4/01/04	12,163	0	0
158	Scanner	10/31/05	879	0	0
159	Office Depot	11/09/05	2,000	0	0
160	Installed new heater	12/31/05	3,800	0	0
161	Machinery	2/10/06	3,059	0	0
162	Lift Trucks	3/24/06	20,219	0	0
163	Used Conventio	5/31/06	2,895	0	0
164	#2 & #4 airco	9/18/07	6,800	0	0
165	Sharp Copier	11/01/07	7,845	0	0
166	New Truck	2/19/08	49,300	0	0
167	Microwave Oven	6/30/08	1,028	0	0
168	Microwave Oven	6/30/08	1,733	0	0
169	Hardmount Was	10/01/08	3,000	0	0
170	Computers for	9/23/09	1,996	0	0
171	Kitchen Equipment	10/05/09	250,824	0	0
172	Fry's Computer	11/13/09	658	0	0
173	Acu-Tek fuser	12/15/09	180	0	0
174	Appliances	1/15/10	215	0	0
175	Various Machinery	6/07/11	6,100	0	0
176	New Condensing	10/18/11	3,244	0	0
177	Kmaran & Co	1/12/12	17,471	0	0
178	Two New Evapo.	3/19/12	5,608	0	0
179	Young, Chontell	6/08/12	130	0	0
180	RC Willeys Furniture	7/12/12	1,020	0	0
181	Water Equipment	1/01/13	2,882	0	0
182	Machinery & Equip	1/01/13	699	0	0
183		7/31/14	3,581	0	0
184	Ryder Corp.	5/30/03	26,080	0	0
185	2006 Chevy	11/28/05	16,251	0	0
186	Truck	6/13/06	51,929	0	0
187	Golf Cart	6/20/06	1,650	0	0
188	Truck	11/30/06	41,100	0	0
189	06 Van E350	4/30/07	21,500	0	0
190	2013 Izuzu	5/07/12	4,800	0	0
191	Hercules Hauling	5/14/12	960	0	0
192	Hot Dog Stand	7/12/12	3,800	0	0
193	Harry Hinderliter	1/09/15	5,000	0	0
194	Tilt Skillets	11/13/15	6,000	0	0
195	A/C	3/18/16	7,000	0	0
196	Projection Equipment	6/02/16	3,292	0	0
197	Oven Heater Booster	4/04/16	3,483	0	0
198	Ornamental Fence	8/27/15	5,192	133	134
201	2201 E. McWilliams	12/20/16	80,000	2,051	2,909
202	2014 Chevrolet Express	12/15/16	19,000	0	0
203	2003 Ford Taurus	5/02/17	2,308	0	0
204	2001 Mercury Sable LS	6/12/17	2,110	0	0
205	Gas Dryers - 2	8/01/16	13,500	0	0
206	Double Stack Oven	12/06/16	2,800	0	0
207	Computer for SOH Manager	4/07/17	866	0	0
208	Computer for SOH Assistant	4/07/17	866	0	0
209	Computer for Men's Intake	4/07/17	866	0	0
210	Capital Lease Copier (Revco)	5/18/17	9,484	0	0
211	New Flooring	8/17/16	4,325	52	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
212	AC - McWilliams	4/21/17	1,300	0	0
213	Hot Water Tank - Ganzo	5/09/17	850	0	0
214	Vinyl Plank Flooring - Dr's Office	6/12/17	2,443	320	0
215	Hot Water tank - McWilliams	5/15/17	1,220	0	0
216	Solar Panels	1/01/17	586,386	29,320	0
217	Mattresses	8/26/16	3,761	0	0
218	Mattresses	4/11/17	4,487	0	0
219	Bunk Beds	9/08/16	6,225	0	0
220	225 Shell Stack Chairs	10/14/16	5,397	0	0
221	Website	6/23/17	8,280	0	0
	Total Other Depreciation		<u>9,566,480</u>	<u>215,020</u>	<u>3,043</u>
	Total ACRS and Other Depreciation		<u>9,566,480</u>	<u>215,020</u>	<u>3,043</u>
	Grand Totals		<u>9,566,480</u>	<u>215,020</u>	<u>3,043</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		

Name

Taxpayer Identification Number

Las Vegas Rescue Mission**23-7222330**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	4,925,899	5,052,140	126,241
	2. Membership dues and assessments			
	3. Government contributions and grants	383,229	509,960	126,731
	4. Program service revenue	490,932	656,797	165,865
	5. Investment income	4,085	4,842	757
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	1,928		-1,928
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	21,695	27,232	5,537
	12. Total revenue. Add lines 1 through 11	5,827,768	6,250,971	423,203
Expenses	13. Grants and similar amounts paid	2,871		-2,871
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	274,463	276,085	1,622
	16. Salaries, other compensation, and employee benefits	1,584,094	1,853,098	269,004
	17. Professional fundraising fees	452,715	514,073	61,358
	18. Other professional fees	272,145	404,833	132,688
	19. Occupancy, rent, utilities, and maintenance	404,458	503,511	99,053
	20. Depreciation and Depletion	261,886	266,343	4,457
	21. Other expenses	1,452,450	1,513,313	60,863
	22. Total expenses. Add lines 13 through 21	4,705,082	5,331,256	626,174
	23. Excess or (Deficit). Subtract line 22 from line 12	1,122,686	919,715	-202,971
Other Information	24. Total exempt revenue	5,827,768	6,250,971	423,203
	25. Total unrelated revenue			
	26. Total excludable revenue	518,640	688,871	170,231
	27. Total assets	10,258,184	11,204,545	946,361
	28. Total liabilities	1,789,530	1,816,176	26,646
	29. Retained earnings	8,468,654	9,388,369	919,715
	30. Number of voting members of governing body	6	7	
31. Number of independent voting members of governing body	6	7		
32. Number of employees	62	63		
33. Number of volunteers	12465	2000		

Form 990	Tax Return History	2022
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Name Las Vegas Rescue Mission	Employer Identification Number 23-7222330
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	3,471,436	4,233,994	6,073,998	5,309,128	5,562,100	
Membership dues						
Program service revenue	634,618	510,999	374,132	490,932	656,797	
Capital gain or loss		200,406		1,928		
Investment income	6,298	4,309	1,188	4,085	4,842	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	34,961	11,273	42,466	21,695	27,232	
Total revenue	4,147,313	4,960,981	6,491,784	5,827,768	6,250,971	
Grants and similar amounts paid	6,674	1,225	3,172	2,871		
Benefits paid to or for members						
Compensation of officers, etc.	186,964	209,669	161,603	274,463	276,085	
Other compensation	1,607,969	1,603,916	1,605,512	1,584,094	1,853,098	
Professional fees	483,458	558,592	582,723	724,860	918,906	
Occupancy costs	487,656	387,467	351,469	404,458	503,511	
Depreciation and depletion	250,543	250,150	247,552	261,886	266,343	
Other expenses	1,688,608	1,536,785	1,852,189	1,452,450	1,513,313	
Total expenses	4,711,872	4,547,804	4,804,220	4,705,082	5,331,256	
Excess or (Deficit)	-564,559	413,177	1,687,564	1,122,686	919,715	
Total exempt revenue	4,147,313	4,960,981	6,491,784	5,827,768	6,250,971	
Total unrelated revenue						
Total excludable revenue	675,877	726,987	417,786	518,640	688,871	
Total Assets	6,503,565	7,471,320	8,734,584	10,258,184	11,204,545	
Total Liabilities	1,225,593	1,778,728	1,388,616	1,789,530	1,816,176	
Net Fund Balances	5,277,972	5,692,592	7,345,968	8,468,654	9,388,369	

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Investment income	\$ 4,842				14	
Total	<u>\$ 4,842</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
	\$ <u>277,757</u>	\$ <u>109,918</u>	\$ <u>33,839</u>	\$ <u>134,000</u>
Total	\$ <u><u>277,757</u></u>	\$ <u><u>109,918</u></u>	\$ <u><u>33,839</u></u>	\$ <u><u>134,000</u></u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Government Grants or Contributions	\$ 509,960
Contributions	4,826,101
Golf Tournament	
Cash Contribution	106,703
Walk a Mile	
Cash Contribution	<u>119,336</u>
Total	<u>\$ 5,562,100</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Credit One Bank	\$ 1,037,665	\$ 541,556
Judi Keltner	100,000	
Gene Haas Foundation	275,000	
The Lloyd Alexander Prezant Trust	438,819	
DeJong Charitable Trust	580,000	83,891
Russell B Gray Jr Trust	166,670	
Total	<u>\$ 2,598,154</u>	<u>\$ 625,447</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Investment income	\$ 4,842
Rental	12,000
Total	<u>\$ 16,842</u>

Schedule A, Part II, Line 9(e)

Description	Amount
Golf Tournament	\$
Walk a Mile	
Total	<u>\$ 0</u>

Schedule A, Part II, Line 10(e)

Description	Amount
Other	\$ 15,232
Total	<u>\$ 15,232</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Program services	\$ 437,444
Thrift store sale of merch	219,353
Total	<u>\$ 656,797</u>

Golf Tournament

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Supplies	\$ 5,659
Total	\$ 5,659

Walk a Mile

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Supplies	\$ 8,440
Total	\$ 8,440