

## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

**23-7222330**

### LAS VEGAS RESCUE MISSION

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><u>11,017,618</u></u>
<b>Revenue</b>		
Contributions	<u>7,468,860</u>	
Program service revenue	<u>1,310,614</u>	
Investment income	<u>76,168</u>	
Capital gain / loss	<u>2,700</u>	
Fundraising / Gaming:		
Gross revenue	<u>55,067</u>	
Direct expenses	<u>55,067</u>	
Net income	<u>0</u>	
Other income	<u>24,119</u>	
<b>Total revenue</b>		<u><u>8,882,461</u></u>
<b>Expenses</b>		
Program services	<u>4,837,197</u>	
Management and general	<u>752,377</u>	
Fundraising	<u>1,136,063</u>	
<b>Total expenses</b>		<u><u>6,725,637</u></u>
<b>Excess / (deficit)</b>		<u><u>2,156,824</u></u>
Changes		<u><u>34,999</u></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>13,209,441</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>8,975,016</u>
Less:	
Unrealized gains	<u>34,999</u>
Donated services	<u>57,556</u>
Recoveries	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u>8,882,461</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>6,783,193</u>
Less:	
Donated services	<u>57,556</u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>          </u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u>6,725,637</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>12,880,160</u>	<u>15,019,325</u>	
Liabilities	<u>1,862,542</u>	<u>1,809,884</u>	
Net assets	<u><u>11,017,618</u></u>	<u><u>13,209,441</u></u>	<u><u>2,191,823</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_

Return / extended due date 05/15/26

Failure to file penalty \_\_\_\_\_

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2024**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LAS VEGAS RESCUE MISSION</b>		<b>D</b> Employer identification number <b>23-7222330</b>
	Doing business as		<b>E</b> Telephone number <b>702-382-1766</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>480 W. BONANZA ROAD</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>LAS VEGAS NV 89106</b>		<b>G</b> Gross receipts \$ <b>8,937,528</b>
<b>F</b> Name and address of principal officer: <b>DAVID CALLAHAN</b> <b>480 W. BONANZA ROAD</b> <b>LAS VEGAS NV 89106</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.VEGASRESCUE.ORG</b>		<b>L</b> Year of formation: <b>1979</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>NV</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SERVE THOSE IN NEED THROUGH FOOD, SHELTER, DAILY NEEDS AND ADDICTION RECOVERY, OFFERING HOPE TO INDIVIDUALS AND FAMILIES THROUGH JESUS CHRIST.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>82</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1523</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,839,936</b>	<b>7,468,860</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>756,172</b>	<b>1,310,614</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,394</b>	<b>78,868</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,268</b>	<b>24,119</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,616,770</b>	<b>8,882,461</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,374,369</b>	<b>2,900,911</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>625,851</b>	<b>661,091</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,136,063</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,990,751</b>	<b>3,163,635</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>5,990,971</b>	<b>6,725,637</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>1,625,799</b>	<b>2,156,824</b>
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,880,160</b>	<b>15,019,325</b>
		<b>1,862,542</b>	<b>1,809,884</b>
		<b>11,017,618</b>	<b>13,209,441</b>

## 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.

<b>Sign Here</b>	Signature of officer <b>DAVID CALLAHAN</b>	Date			
	Type or print name and title <b>CHAIRMAN/TREASURER</b>				
<b>Paid Preparer Use Only</b>	Preparer's name <b>JESSICA P SAYLES</b>	Preparer's signature <b>JESSICA P SAYLES</b>	Date <b>03/09/26</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01530213</b>
	Firm's name <b>HOULDSWORTH, RUSSO &amp; COMPANY, P.C</b>	Firm's address <b>6001 S DECATUR BLVD STE P LAS VEGAS, NV 89118-3074</b>	Firm's EIN <b>88-0374623</b>	Phone no. <b>702-269-9992</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 \$ **2,276,333** including grants of \$ ) (Revenue \$ **1,058,872** )  
**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ **538,660** including grants of \$ ) (Revenue \$ **251,742** )  
**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 \$ **1,756,059** 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 \$ **266,145** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **4,837,197**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions	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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 noncash 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> 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?		

1a	51
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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	<b>2a</b>	<b>82</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>			

**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
<b>1a</b>	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.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	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 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) <b>HEATHER ENGLE</b> ..... CEO	40.00 0.00			X				165,168	0	1,107
(2) <b>NICOLA ANTILL</b> ..... COO	40.00 0.00			X				140,329	0	11,129
(3) <b>DAVID CALLAHAN</b> ..... CHAIRMAN/TREASURER	2.00 0.00	X		X				0	0	0
(4) <b>ROBERT DEJONG</b> ..... VICE CHAIRMAN	2.00 0.00	X		X				0	0	0
(5) <b>KYLE KENNY</b> ..... SECRETARY	2.00 0.00	X		X				0	0	0
(6) <b>BOB GAUS</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(7) <b>JOHN T. MORAN III, ESQ</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(8) <b>LACY SCHORR</b> ..... DIRECTOR	2.00 0.00	X						0	0	0
(9) <b>LIEUTENANT JOSHUA STARK</b> ..... 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			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										

<b>1b Subtotal</b> .....	<b>305,497</b>	<b>12,236</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....		
<b>d Total (add lines 1b and 1c)</b> .....	<b>305,497</b>	<b>12,236</b>

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>

**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

**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 **0**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	253,777					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	641,453					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,573,630					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 791,758					
	<b>h Total.</b> Add lines 1a-1f			7,468,860				
	<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICES	Business Code					
		452000		1,058,872	1,058,872			
<b>b</b> THRIFT STORE SALE OF MERCH		624200		251,742	251,742			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue								
<b>g Total.</b> Add lines 2a-2f				1,310,614				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			76,168			76,168	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	12,000				
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	12,000					
	<b>d</b> Net rental income or (loss)			12,000			12,000	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other	2,700				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>						
	<b>c</b> Gain or (loss)	<b>7c</b>	2,700					
<b>d</b> Net gain or (loss)			2,700	2,700				
<b>8a</b> Gross income from fundraising events (not including \$ 253,777 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		55,067					
		<b>b</b> Less: direct expenses	<b>8b</b>	55,067				
		<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
		<b>b</b> Less: direct expenses	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
		<b>b</b> Less: cost of goods sold	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER	Business Code						
		812900		12,119			12,119	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			12,119					
<b>12 Total revenue.</b> See instructions			8,882,461	1,313,314	0	100,287		

**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	321,756	30,633	291,123	
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	2,175,332	1,824,606	138,789	211,937
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	183,303	143,448	23,200	16,655
10 Payroll taxes	220,520	164,435	37,278	18,807
11 Fees for services (nonemployees):				
a Management				
b Legal	59,629		59,629	
c Accounting	71,150		71,150	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	661,091			661,091
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.)	233,120	173,831	39,408	19,881
12 Advertising and promotion	135,291			135,291
13 Office expenses	186,867	122,128	24,470	40,269
14 Information technology				
15 Royalties				
16 Occupancy	603,346	563,736	22,665	16,945
17 Travel	47,849	47,849		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,044	38,807	8,798	4,439
20 Interest	25,724		25,724	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,624	267,968	7,601	8,055
23 Insurance	94,837	89,602	2,542	2,693
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 <b>FOOD COMMODITIES</b>	963,606	963,606		
b <b>PROGRAM SUPPLIES</b>	406,548	406,548		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,725,637	4,837,197	752,377	1,136,063
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	
<b>Assets</b>	1	Cash—non-interest-bearing	4,441,446	1	4,739,441
	2	Savings and temporary cash investments	2,047,454	2	4,157,869
	3	Pledges and grants receivable, net	302,987	3	204,779
	4	Accounts receivable, net	39,279	4	79,104
	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	89,641	9	71,716
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,133,496		
	b	Less: accumulated depreciation	10b 5,418,240	10c	5,715,256
	11	Investments—publicly traded securities	13,943	11	14,006
	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	54,863	15	37,154
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	12,880,160	16	15,019,325	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	273,726	17	279,662
	18	Grants payable		18	
	19	Deferred revenue	31,500	19	3,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	6,789	21	4,169
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,500,000	24	1,488,957
	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	50,527	25	33,596
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,862,542	26	1,809,884
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	7,925,467	27	9,658,452
	28	Net assets with donor restrictions	3,092,151	28	3,550,989
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	11,017,618	32	13,209,441
33	<b>Total liabilities and net assets/fund balances</b>	12,880,160	33	15,019,325	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>8,882,461</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>6,725,637</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>2,156,824</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>11,017,618</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>34,999</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>13,209,441</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,073,998	5,309,128	5,562,100	6,839,936	7,468,860	31,254,022
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6,073,998	5,309,128	5,562,100	6,839,936	7,468,860	31,254,022
<b>5</b> 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)						3,216,657
<b>6</b> Public support. Subtract line 5 from line 4						28,037,365

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	6,073,998	5,309,128	5,562,100	6,839,936	7,468,860	31,254,022
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,338	21,085	16,842	18,394	88,168	163,827
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,316	3,695	15,232	2,268	12,119	56,630
<b>11 Total support.</b> Add lines 7 through 10						31,474,479

**12** Gross receipts from related activities, etc. (see instructions) 12 **3,588,647**

**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**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	89.08 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	93.59 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2024.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>10a</b> 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>		
<b>b</b> 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 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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			



**Schedule B  
(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**LAS VEGAS RESCUE MISSION**

**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 foundation

Check 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 33<sup>1/3</sup>% 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).

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	<b>CREDIT ONE BANK, N.A.</b> 625 PILOT RD. LAS VEGAS NV 89119	\$ 445,842	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>NEVADA BEHAVIORAL HEALTH</b> 3035 S MARYLAND PKWY, STE 110 LAS VEGAS NV 89109	\$ 622,188	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>GENE HAAS FOUNDATION</b> 2800 STURGIS RD OXNARD CA 93030	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>DEJONG CHARITABLE FUND</b> 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.)
5	<b>WILLIAM THOMPSON</b> 2845 RED ARROW DR LAS VEGAS NV 89135	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<b>CLARK COUNTY, NEVADA</b> 500 S GRAND CENTRAL PKWY LAS VEGAS NV 89155	\$ 499,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	SUSAN M. DEDDISON REVOCABLE TRUST C/O BOYCE AND GIANNI 5890 S DURANGO DR, STE 100 LAS VEGAS NV 89113	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CITY OF LAS VEGAS 596 S MAIN ST LAS VEGAS NV 89101	\$ 335,374	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ESTATE OF LEO A. LANCIAULT C/O GERRARD AND COX 2450 ST ROSE PKWY, STE 200 HENDERSON NV 89074	\$ 611,189	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990) (Rev. December 2024) 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

Open to Public Inspection

Name of the organization

Employer identification number

LAS VEGAS RESCUE MISSION

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) <b>FINANCE LEASE LIABILITIES</b>	<b>26,410</b>
(3) <b>OPERATING LEASE LIABILITIES</b>	<b>7,186</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>33,596</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>8,975,016</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>34,999</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>57,556</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>92,555</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>8,882,461</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>8,882,461</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>6,783,193</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>57,556</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>57,556</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>6,725,637</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>6,725,637</b>

**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)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 nongovernment 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			
1 TRUESENSE MARKETING 502 KEYSTONE DR. WARRENDALE PA 15086	CONSULTING		X	1,095,885	576,091	519,794
2 PAP COLLABORATIVE/STRATEGIC3C 4657 N 2525 W CEDAR CITY UT 84721	CONSULTING		X	0	45,000	-45,000
3 FIT FUNDRAISING LLC 1331 AMBERLEA DRIVE, EAST DUNEDIN FL 34698	CONSULTING		X	0	35,000	-35,000
4 MILLION DOLLAR MASTER, LLC 2540 BECHAMEL PL HENDERSON NV 89044	CONSULTING		X	0	5,000	-5,000
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>1,095,885</b>	<b>661,091</b>	<b>434,794</b>

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	209,052	99,792	308,844
	2	Less: Contributions	164,982	88,795	253,777
	3	Gross income (line 1 minus line 2)	44,070	10,997	55,067
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	19,600	1,139	20,739
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	24,470	9,858	34,328
	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 the 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**

**PAP COLLABORATIVE/STRATEGIC3C**  
**FEES PAID TO FUNDRAISER**

**FIT FUNDRAISING LLC**  
**FEES PAID TO FUNDRAISER**

**MILLION DOLLAR MASTER, LLC**  
**FEES PAID TO FUNDRAISER**

**SCHEDULE J**

**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

**LAS VEGAS RESCUE MISSION**

Employer identification number

**23-7222330**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> 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? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>								
	<b>4b</b>	<b>X</b>								
	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>								
	<b>5b</b>	<b>X</b>								
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>								
	<b>6b</b>	<b>X</b>								
<p><b>7</b> 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 .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> 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 .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

**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				
1 HEATHER ENGLE CEO	(i)	156,639	8,529	0	0	1,107	166,275	0
	(ii)	0	0	0	0	0	0	0
2 NICOLA ANTILL COO	(i)	131,800	8,529	0	0	11,129	151,458	0
	(ii)	0	0	0	0	0	0	0
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

**2024**

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

Attach to Form 990.

**Open To Public  
Inspection**

Go to [www.irs.gov/Form990](http://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	<b>X</b>	<b>200000</b>	<b>791,108</b>	<b>FAIR MARKET VALUE</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>SUPPLIES</b> )	<b>X</b>	<b>50</b>	<b>650</b>	<b>FAIR MARKET VALUE</b>
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?		<b>X</b>
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?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
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) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**LAS VEGAS RESCUE MISSION**

Employer identification number

**23-7222330**

**FORM 990, PART III, LINE 2**

**THE OUTREACH PROGRAM WAS ADDED IN FISCAL YEAR 2025.**

**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 III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**THE OUTREACH TEAM IS A PARTNERSHIP PROGRAM WITH THE CITY OF LAS VEGAS AND LVRM. THE OUTREACH TEAM MEMBERS ARE LVRM EMPLOYEES WHILE THEY WORK UNDER THE GUIDELINES AND WITH THE CITY OF LAS VEGAS STAFF DURING THEIR SHIFTS. THEY CONDUCT OUTREACH SERVICES WITHIN THE CITY OF LAS VEGAS CITY LIMITS . THEY DO NOT CONDUCT OUTREACH SERVICES IN TUNNELS OR WASHES. DISPATCHES ARE HANDLED THROUGH THE CITY OF LAS VEGAS AND CAN COME FROM A PLETHORA OF WAYS FROM BUSINESS OWNERS TO THE MAYOR. ONCE A DISPATCH IS ISSUED IT IS UP TO THE TEAM TO DEPLOY AND ATTEMPT TO ENGAGE. THE GOAL IS ALWAYS TO GET A PERSON INTO SERVICES OR DECREASE BARRIERS. THIS MAY INCLUDE OBTAINING IMPORTANT DOCUMENTS (BIRTH CERTIFICATES, IDENTIFICATIONS) OR A TICKET TO HOME . IF SERVICES ARE REFUSED, THE TEAM WILL CONTINUE TO BUILD RAPPORT.**

**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.**

**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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

**LAS VEGAS RESCUE MISSION**

Identifying number  
**23-7222330**

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	<b>1,220,000</b>
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	<b>3,050,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 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 2025. 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	<b>214,650</b>

**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 2024	17	<b>0</b>
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 2024 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	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2024 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	<b>Total.</b> 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	<b>214,650</b>
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.

DAA

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	296,699	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	7,372	256
18	Building	2/01/96	320,324			320,324	39 MO S/L	233,399	8,213
19	Improvements	2/01/96	7,000			7,000	39 MO S/L	5,101	179
20	Improvements	4/01/96	6,363			6,363	39 MO S/L	4,609	163
21	Improvements	4/01/96	6,363			6,363	39 MO S/L	4,609	163
22	Improvements	5/01/96	7,940			7,940	39 MO S/L	5,734	204
23	Improvements	8/01/96	10,000			10,000	39 MO S/L	7,158	257
24	Improvements	8/01/96	2,975			2,975	39 MO S/L	2,129	77
25	Improvements	10/01/96	2,478			2,478	39 MO S/L	1,763	64
26	Improvements	10/01/96	10,940			10,940	39 MO S/L	7,784	281
27	Improvements	12/31/96	2,315			2,315	39 MO S/L	1,632	60
28	Building Improvements	7/01/97	97,583			97,583	39 MO S/L	67,557	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	960,354	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	1,125,429	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	360,610	27,216
54	Men's Shealter Remodel	7/01/11	15,480			15,480	5 MO S/L	15,480	0
55	New 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

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv 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	56,026	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

## Form 990, Page 1

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	82,027	6,650
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 Skillets	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	3,292	0
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	1,176	133
201	2201 E. McWilliams	12/20/16	80,000			80,000	39 MO S/L	15,556	2,051
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	9,484	0
211	New Flooring	8/17/16	4,325			4,325	7 MO S/L	4,325	0
212	AC - McWilliams	4/21/17	1,300			1,300	5 MO S/L	1,300	0

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

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	2,443	0
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	219,895	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
	<b>Total Other Depreciation</b>		<u>9,566,480</u>			<u>9,566,480</u>		<u>5,034,680</u>	<u>214,650</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,566,480</u>			<u>9,566,480</u>		<u>5,034,680</u>	<u>214,650</u>
	<b>Grand Totals</b>		9,566,480			9,566,480		5,034,680	214,650
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>9,566,480</u>			<u>9,566,480</u>		<u>5,034,680</u>	<u>214,650</u>

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
196	Projection Equipment	6/02/16	3,292		X	1,646	7 MQ200DB	3,292	0
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	1,182	133
201	2201 E. McWilliams	12/20/16	80,000			80,000	27 MMS/L	21,939	2,909
			<u>91,967</u>			<u>88,580</u>		<u>29,896</u>	<u>3,042</u>
<b>Other Depreciation:</b>									
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

## AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	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

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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 Skillets	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

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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
	<b>Total Other Depreciation</b>		<u>13,000</u>			<u>13,000</u>		<u>13,000</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>13,000</u>			<u>13,000</u>		<u>13,000</u>	<u>0</u>
	<b>Grand Totals</b>		104,967			101,580		42,896	3,042
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>104,967</u>			<u>101,580</u>		<u>42,896</u>	<u>3,042</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>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
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	8,213	0
19	Improvements	2/01/96	7,000	179	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	204	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	76,301	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	5,950	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	133
201	2201 E. McWilliams	12/20/16	80,000	2,052	2,910
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	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
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	0	0
215	Hot Water tank - McWilliams	5/15/17	1,220	0	0
216	Solar Panels	1/01/17	586,386	29,319	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
	<b>Total Other Depreciation</b>		<u>9,566,480</u>	<u>214,649</u>	<u>3,043</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,566,480</u>	<u>214,649</u>	<u>3,043</u>
	<b>Grand Totals</b>		<u>9,566,480</u>	<u>214,649</u>	<u>3,043</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2023 &amp; 2024</b>
For calendar year 2024, or tax year beginning <b>07/01/24</b> , ending <b>06/30/25</b>		

Name **LAS VEGAS RESCUE MISSION** Taxpayer Identification Number **23-7222330**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	6,030,537	6,827,407	796,870
	2. Membership dues and assessments			
	3. Government contributions and grants	809,399	641,453	-167,946
	4. Program service revenue	756,172	1,310,614	554,442
	5. Investment income	6,394	76,168	69,774
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		2,700	2,700
	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	14,268	24,119	9,851
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>7,616,770</b>	<b>8,882,461</b>	<b>1,265,691</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	295,045	321,756	26,711
	16. Salaries, other compensation, and employee benefits	2,079,324	2,579,155	499,831
	17. Professional fundraising fees	625,851	661,091	35,240
	18. Other professional fees	372,337	363,899	-8,438
	19. Occupancy, rent, utilities, and maintenance	585,852	603,346	17,494
	20. Depreciation and Depletion	278,829	283,624	4,795
	21. Other expenses	1,753,733	1,912,766	159,033
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>5,990,971</b>	<b>6,725,637</b>	<b>734,666</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>1,625,799</b>	<b>2,156,824</b>	<b>531,025</b>
<b>Other Information</b>	24. Total exempt revenue	7,616,770	8,882,461	1,265,691
	25. Total unrelated revenue			
	26. Total excludable revenue	776,834	1,413,601	636,767
	27. Total assets	12,880,160	15,019,325	2,139,165
	28. Total liabilities	1,862,542	1,809,884	-52,658
	29. Retained earnings	11,017,618	13,209,441	2,191,823
	30. Number of voting members of governing body	9	7	
31. Number of independent voting members of governing body	9	7		
32. Number of employees	70	82		
33. Number of volunteers	1766	1523		

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
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Name <b>LAS VEGAS RESCUE MISSION</b>	Employer Identification Number <b>23-7222330</b>
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	6,073,998	5,309,128	5,562,100	6,839,936	7,468,860	
Membership dues .....						
Program service revenue .....	374,132	490,932	656,797	756,172	1,310,614	
Capital gain or loss .....		1,928			2,700	
Investment income .....	1,188	4,085	4,842	6,394	76,168	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	42,466	21,695	27,232	14,268	24,119	
<b>Total revenue</b> .....	<b>6,491,784</b>	<b>5,827,768</b>	<b>6,250,971</b>	<b>7,616,770</b>	<b>8,882,461</b>	
Grants and similar amounts paid .....	3,172	2,871				
Benefits paid to or for members .....						
Compensation of officers, etc. ....	161,603	274,463	276,085	295,045	321,756	
Other compensation .....	1,605,512	1,584,094	1,853,098	2,079,324	2,579,155	
Professional fees .....	582,723	724,860	918,906	998,188	1,024,990	
Occupancy costs .....	351,469	404,458	503,511	585,852	603,346	
Depreciation and depletion .....	247,552	261,886	266,343	278,829	283,624	
Other expenses .....	1,852,189	1,452,450	1,513,313	1,753,733	1,912,766	
<b>Total expenses</b> .....	<b>4,804,220</b>	<b>4,705,082</b>	<b>5,331,256</b>	<b>5,990,971</b>	<b>6,725,637</b>	
<b>Excess or (Deficit)</b> .....	<b>1,687,564</b>	<b>1,122,686</b>	<b>919,715</b>	<b>1,625,799</b>	<b>2,156,824</b>	
<b>Total exempt revenue</b> .....	<b>6,491,784</b>	<b>5,827,768</b>	<b>6,250,971</b>	<b>7,616,770</b>	<b>8,882,461</b>	
Total unrelated revenue .....						
Total excludable revenue .....	417,786	518,640	688,871	776,834	1,413,601	
Total Assets .....	8,734,584	10,258,184	11,204,545	12,880,160	15,019,325	
Total Liabilities .....	1,388,616	1,789,530	1,816,176	1,862,542	1,809,884	
Net Fund Balances .....	7,345,968	8,468,654	9,388,369	11,017,618	13,209,441	