**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

NEVADA HUMANE SOCIETY 2825 LONGLEY LANE, B RENO, NV 89502

#### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahilihaanIIII...IlaanIdhahilial

Form	990	
Form		

Department of the Treasury

Т

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Inter	nal Reve	enue Service	Go to www.irs.gov/	Form990 for instructions and	the latest i	nformation.	Inspection
A	For th	e 2022 calenc	lar year, or tax year beginning	and	ending		
B	Check if applicab	le: <b>C</b> Name o	f organization			D Employer identifica	ation number
	Addre	ess NEVA	DA HUMANE SOCIETY				
	Name chang		usiness as	88-007272	0		
	Initial return	Number	r and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telephone number	
	Final return termir	n	LONGLEY LANE	775-856-2			
_	ated	City or t	own, state or province, country, and		G Gross receipts \$	12,112,699.	
	Amen	<b>KENC</b>	), NV 89502		H(a) Is this a group ret		
	Applie tion pendi		nd address of principal officer:ST	EPHEN FESTA		for subordinates?	
		SAME	AS C ABOVE	I		<b>H(b)</b> Are all subordinates inc	luded? Yes No
<u> </u>	Tax-ex	empt status:		) (insert no.) 4947(a)(1)	or 527	If "No," attach a li	st. See instructions
	Websi		NEVADAHUMANESOCIE			H(c) Group exemption	
		f organization:	X Corporation Trust A	Association Other	L Year	of formation: 1932 M	State of legal domicile: ${f NV}$
Pá	art I	Summary					
ø	1		pe the organization's mission or mos	st significant activities: $\underline{TO}$ C	ARE FC	R PETS, FIND	THEM
Governance		HOMES A	ND SAVE LIVES.				
SLN:	2	Check this bo	x if the organization disc	ontinued its operations or dispo	sed of more	than 25% of its net ass	
Š	3	Number of vo	ting members of the governing bod	y (Part VI, line 1a)			18
യ	4	Number of ind	dependent voting members of the g	overning body (Part VI, line 1b)			18
es	5	Total number	of individuals employed in calendar	year 2022 (Part V, line 2a)	5	201	
viti	6	Total number	of volunteers (estimate if necessary	)		6	239
Activities &	7 a	Total unrelate	d business revenue from Part VIII, c	olumn (C), line 12			0.
_	b	Net unrelated	business taxable income from Form	n 990-T, Part I, line 11	<u></u>	7b	0.
						Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)			8,184,556.	5,501,266.
enu	9	Program serv	ice revenue (Part VIII, line 2g)			1,354,474.	1,343,729.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3,	4, and 7d)		273,210.	197,441.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		149,987.	252,588.
	12	Total revenue	- add lines 8 through 11 (must equa	al Part VIII, column (A), line 12)		9,962,227.	7,295,024.
	13		milar amounts paid (Part IX, column			0.	0.
	14		to or for members (Part IX, column			0.	0.
es	15		r compensation, employee benefits			4,198,476.	4,661,362.
sue	16a	Professional f	undraising fees (Part IX, column (A)	line 11e)	L	0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), li	ne 25) 178,5	99.		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11	d, 11f-24e)		2,250,147.	2,446,490.
		•	es. Add lines 13-17 (must equal Part			6,448,623.	7,107,852.
		Revenue less	expenses. Subtract line 18 from line	ə 12		3,513,604.	187,172.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
set	20	Total assets (	Part X, line 16)			21,032,278.	18,639,185.
it As	21	Total liabilities	s (Part X, line 26)			1,054,515.	490,738.
			fund balances. Subtract line 21 from	m line 20		19,977,763.	18,148,447.
Pa	art II	Signatur	e Block				

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

Sign	Signature of officer			Date					
	STEPHEN FESTA, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MELVIN L WILLIAMS, CPA	MELVIN L WILLIAMS,	С	self-employed $P00160504$					
Preparer	, , , , , , , , , , , , , , , , , , , ,	OGDEN & WILLIAMS		Firm's EIN 88-0189498					
Use Only	Firm's address 1695 MEADOW WOOD	LANE, STE 100							
	RENO, NV 89502-65	511		Phone no. (775) 827-5055					
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	222001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

	990 (2022) NEVADA HUMANE SOCIETY	88-0072720	Pag
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	L
1	Briefly describe the organization's mission:		
	TO CARE FOR PETS, FIND THEM HOMES AND SAVE LIVES.		
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	X
	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	X
	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 expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported.	, , ,	
4a	(Code: ) (Expenses \$ 3,432,616. including grants of \$ ) (Reven	ue \$ 505,	126
	THE SHELTER PROVIDES CARE TO PRIMARILY DOGS AND CATS BU		
	RABBITS, GERBILS, HAMSTERS, REPTILES, BIRDS AND OTHER SI		5.
	ALL ANIMALS RECEIVE LOVING CARE FROM TRAINED ANIMAL CAR		
	VOLUNTEERS. ADOPTION COUNSELORS HELP MATCH ANIMALS TO T		2
	HOMES BASED ON AGE AND LIFESTYLE. THE ANIMAL HELP DESK		
	ASSISANCE AND INFORMATION TO ANYONE WHO HAS A QUESTION		
	PET OR OTHER ANIMAL IN THE COMMUNITY WITH THE INTENT OF		
	THEIR HOMES AND OUT OF SHELTERS.		
	THEIR HOMED AND OUT OF DIELIERD:		
	DURING 2022, THE SOCIETY PLACED APPROXIMATELY 8,800 ANI	MALC IN NEW	
	HOMES MAKING WASHOE COUNTY AND CARSON CITY SOME OF THE		
	COMMUNITIES FOR HOMELESS ANIMALS.	SALEDI	
		100	72
4b	(Code: ) (Expenses \$ 2,070,946. including grants of \$ ) (Reven		
	THE SOCIETY'S CLINIC PROVIDES SPAY AND NEUTER SURGERIES		MS
	AND CARE FOR ALL DOGS AND CATS THAT PASS THROUGH OUR SH		
	ADDITIONALLY, LOW-COST SPAY AND NEUTER SERVICES AND VAC	CINATION	
	SERVICES ARE PROVIDED TO THE PUBLIC.		
1c	(Code:) (Expenses \$ 295, 472 • including grants of \$) (Reven	ue\$ 715,	869
	PUBLIC SERVICE INCLUDES THE TRAP-NEUTER-RETURN PROGRAM	(TNR) WHICH	
	ALLOWS FERAL CATS TO BE SPAYED AND NEUTERED AND PROVIDE	D WITH	
	VACCINATIONS.		
	ADDITIONALLY, PUBLIC SERVICE INCLUDES FUNCTIONS RELATED	TO ANIMAL	
	SERVICES IN CARSON CITY, NEVADA INCLUDING: DOG LICENSIN		
	INVESTIGATIONS, REPORTING LOST AND FOUND ANIMALS AND EN		ק
	STATE AND LOCAL ANIMAL REGULATIONS, EXCEPT WILDLIFE.		
4d	Other program services (Describe on Schedule O.)	<u>.</u>	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses5,799,034.		000
		Form <b>S</b>	<b>990</b> (2
32002	2 12-13-22		
	3		~ -
11	025 757286 55635 2022.04030 NEVADA HUMANE SOCIET	Y 556	35_

Form 990 (2022)

NEVADA HUMANE SOCIETY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	-23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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			x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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	18	Х	
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	000	
232003	3 12-13-22	⊢orm	330	(2022)

09511025 757286 55635

2022.04030 NEVADA HUMANE SOCIETY

4

			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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u>.</u>		
0L		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
25.0				X
		35a		
U	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
36		00		x
27	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	л	
1 a				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>	í.		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	(a c
23200	<sup>4</sup> 12-13-22 5	Form	990	(2022)

2022.04030 NEVADA HUMANE SOCIETY

Form	990 (2022) NEVADA HUMANE SOCIETY 88-0072	720	Р	age <b>5</b>			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 201						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
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).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).		37				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8					
_	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	-					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
α	Gross income from other sources. (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.)	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.						
13		13a					
a	Is the organization licensed to issue qualified health plans in more than one state?	15a					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
D.	organization is licensed to issue qualified health plans <b>13b</b>						
~	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		<u> </u>			
	excess parachute payment(s) during the year?	15		x			
If "Yes," see the instructions and file Form 4720, Schedule N.							
16							
	If "Yes," complete Form 4720, Schedule O.	16		X			
17	Section 501(c)(21) organizations. Did the trust, or 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?	17					
	If "Yes," complete Form 6069.						
232005	12-13-22	Form	990	(2022)			
			-	, –/			

232005 12-13-22

09511025 757286 55635

2022.04030 NEVADA HUMANE SOCIETY

6

Form 990	(2022)
----------	--------

#### NEVADA HUMANE SOCIETY

X

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.

Sec	tion A. Governing Body and Management				
		1 1	1.0	Yes	5 <b>N</b>
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	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.		10		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b	<b>,</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?			, X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				╈
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	5
0a	Did the organization have local chapters, branches, or affiliates?		10	_	
	If "Yes," did the organization have written policies and procedures governing the activities of such o			-	
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	Ь	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				+
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay before him g the for		<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				+
C	on Schedule O how this was done		12	c X	
13	Did the organization have a written whistleblower policy?				
4	Did the organization have a written document retention and destruction policy?				
5	Did the process for determining compensation of the following persons include a review and approv				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
_			15	a X	
	The organization's CEO, Executive Director, or top management official			37	+
D	Other officers or key employees of the organization		15		
<b>^</b> -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10	_	
	taxable entity during the year?		16	a	+
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	· ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		16	b	
_	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE				
7 0		and 000 T (contine 501	(0)(2)0 67		ile
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a far public inspection. Indicate how you made these qualitable. Check all that apply	and 990-1 (Section 501	(0)(3)5 Or	ny) ava	uiat
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain)	an Schodula ()			
0		n on Schedule O)	م محمد ال	or =!-!	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest polic	y, and fir	iancial	
0	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 be THE ORGANIZATION $-775-856-2000$	boks and records			
	2825 LONGLEY LANE, B, RENO, NV 89502				
			En	rm <b>99</b>	<b>)</b> (2
2006	5 12-13-22 <b>7</b>		гU		<b>J</b> (2
11	025 757286 55635 2022.04030 NEVADA HUMANE	SOCIETY	51	5635	;
		~ ~ ~	J.		

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ed
	mployees, 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 the 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	uau	recio	r/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner	,		organizations
	line)	Indiv	Insti	Officer	Key (	High emp	Former			
(1) GREGORY HALL	40.00									
CHIEF EXECUTIVE OFFICER				Х				144,515.	0.	4,309.
(2) JESSICA SLATIN, DVM	40.00									
VETERINARY DIRECTOR						Х		123,943.	0.	989.
(3) EMILY MATZKE, DVM	40.00									
VETERINARIAN						Х		116,402.	0.	4,096.
(4) SKYLAR KOLL, DVM	40.00									
VETERINARIAN						Х		101,197.	0.	4,309.
(5) PHILIP NEFF	40.00									
CHIEF FINANCIAL OFFICER				Х				83,624.	0.	4,309.
(6) RORY ADAMS	40.00									
CHIEF OPERATING OFFICER				Х				28,019.	0.	0.
(7) KRIS WELLS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) RITA EISSMANN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(9) STEPHANIE BERGGREN, CPA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) KRISTEN CHINVARASOPAK, CPA	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) BRITTON GRIFFITH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JEFF PANKO	1.00									
DIRECTOR		Х						0.	0.	0.
(13) AMY BURKETT	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(14) RAYMOND GONZALEZ	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) NANCY WENZEL, ESQ.	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BRITTANY COOPER, ESQ.	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(17) JOAN DEES	1.00									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22						~				Form <b>990</b> (2022)

09511025 757286 55635

2022.04030 NEVADA HUMANE SOCIETY

8

Form	990	(2022
	330	12022

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)		(F)		
Name and title	Average Position Reportable						one	Reportable	Reportable		Estimate	ed	
	hours per	box	, unle	ss pe	erson	is bot or/trus	th an	compensation	compensation		amount	of	
	week (list any	-					1	from	from related		other		
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/		compensa from th		
	related	ee or (	stee			n sate		(W-2/1099-MISC/	1099-NEC)		organizat		
	organizations	trust	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		and relat		
	below	vidual	tutior	er	Key employee	lest c	ner				organizati	ons	
	line)	Indi	Insti	Officer	Key	High	Former			$\perp$			
(18) KEN FURLONG	1.00											•	
DIRECTOR	1 00	X						0.	0	•		0.	
(19) PAULA THOMPSON	1.00								0			~	
DIRECTOR	1 00	х						0.	0	•		0.	
(20) CAROL BOND	1.00								0			~	
DIRECTOR	1 00	х						0.	0	•		0.	
(21) JAY SCHUERMAN	1.00								•			•	
DIRECTOR	1 00	х						0.	0	•		0.	
(22) MAX MARGULIES	1.00								0			~	
DIRECTOR	1 00	X						0.	0	•		0.	
(23) STEPHEN FESTA	1.00								0			~	
DIRECTOR	1 0 0	х						0.	0	·		0.	
(24) ROBERTY KIRCHMAN	1.00	.,						0	0			•	
DIRECTOR		X						0.	0	•		0.	
										+			
		-											
								597,700.	0	+	10 0	10	
1b Subtotal							•••	0.	0		18,0	$\frac{12}{0}$	
c Total from continuation sheets to Part								597,700.	0				
d Total (add lines 1b and 1c)								-	_	•	10,0	12.	
2 Total number of individuals (including but	not limited to tr	lose	liste	ed a	vod	e) wi	no r	eceived more than \$100	,000 of reportable			4	
compensation from the organization											Yes	No	
<b>3</b> Did the organization list any <b>former</b> office	r director truct						r hic	sheet componented ome			103		
line 1a? If "Yes," complete Schedule J for							-				3	х	
4 For any individual listed on line 1a, is the											3	- 23	
and related organizations greater than \$1											4	х	
5 Did any person listed on line 1a receive o											-		
rendered to the organization? If "Yes," co	•				-	,		ed organization of indivi	dual for services		5	х	
Section B. Independent Contractors		01	01 30	JUIT	per	3011					5		
1 Complete this table for your five highest of	compensated in	dene	nde	ent c	ont	racto	ors t	that received more than	\$100,000 of comper		ion from		
the organization. Report compensation for	•	•								iout			
(A)	in the calcindar y	our	onui	ing v	VICII	01 11		(B)			(C)		
Name and busines	ss address	NC	ONE	Ξ				Description of s	ervices	Cor	mpensatio	n	
2 Total number of independent contractors	(including but n	not li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the orga	nization					0							

b c d e f g h 2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a 7 a b c d 8 a 5 6 a 8 a 7 a b c d e f g h	CONTRACT FEES ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service Total. Add lines 2a-2f Investment income (includ	ributid grants d abov n lines rever ding o	1a         1b         1c         1c         1d         ons)         1e         .s, and         1a-1f         1g         nue         dividends         c-exempt I	a	678,412. 4,822,854. 363,904. Business Code 900099 900099 900099 900099	(A) Total revenue 5,501,266. 713,629. 505,126. 122,734. 2,240. 1,343,729.	Related or exempt function revenue	Unrelated	Revenue excluded
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Membership dues         Fundraising events         Related organizations         Government grants (contributions, gifts, similar amounts not included)         Noncash contributions included in         Total. Add lines 1a-1f         CONTRACT FEES         ADOPTION SERVICES         CLINIC SERVICES         OTHER FEES         All other program service         Total. Add lines 2a-2f         Investment income (include other similar amounts)         Income from investment of Royalties         Gross rents         Less: rental expenses         Rental income or (loss)	ributid grants d abov n lines rever ding o of tax	1b           1c           1d           ons)         1e           .s. and         1f           /e         1f           1a-1f         1g           nue	5 3 3 3 3 3 3 5 3 3 5 3 5 5 5 5 5 5 5 5	4,822,854. 363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Membership dues         Fundraising events         Related organizations         Government grants (contributions, gifts, similar amounts not included)         Noncash contributions included in         Total. Add lines 1a-1f         CONTRACT FEES         ADOPTION SERVICES         CLINIC SERVICES         OTHER FEES         All other program service         Total. Add lines 2a-2f         Investment income (include other similar amounts)         Income from investment of Royalties         Gross rents         Less: rental expenses         Rental income or (loss)	ributid grants d abov n lines rever ding o of tax	1b           1c           1d           ons)         1e           .s. and         1f           /e         1f           1a-1f         1g           nue	5 3 3 3 3 3 3 5 3 3 5 3 5 5 5 5 5 5 5 5	4,822,854. 363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Fundraising events         Related organizations         Government grants (contributions, gifts, similar amounts not included         All other contributions included in         Total. Add lines 1a-1f         CONTRACT FEES         ADOPTION SERVICES         CLINIC SERVICES         OTHER FEES         All other program service         Total. Add lines 2a-2f         Investment income (include other similar amounts)         Income from investment of Royalties         Gross rents         Less: rental expenses         Rental income or (loss)	ributic grants I abov n lines rever ding o of tax	Ic           1d           ons)           1e           s, and           /e           1a-1f           1g           dividends           c-exempt I	s, intere	4,822,854. 363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Related organizations         Government grants (contributions, gifts, similar amounts not included         Noncash contributions included in         Total. Add lines 1a-1f         CONTRACT FEES         ADOPTION SERVICES         CLINIC SERVICES         OTHER FEES         All other program service         Total. Add lines 2a-2f         Investment income (include other similar amounts)         Income from investment of Royalties         Gross rents         Less: rental expenses         Rental income or (loss)	ributio grants d abov h lines rever ding o of tax	1d           ons)         1e           is, and         1f           is, and         1f           ia-1f         1g           nue	1 3 3 5, intere	4,822,854. 363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f CONTRACT FEES ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (include other similar amounts) Income from investment of Royalties Construction Royalties Rental income or (loss)	ributid grants d abov n lines rever ding o of tax	ons)         1e           s, and         1f           1a-1f         1g           nue            dividends	•         •           •         •	4,822,854. 363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f CONTRACT FEES ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Constructs Constructs Rental income or (loss)	grants d abov n lines	s, and re 1f 1a-1f 1g nue dividends c-exempt I	<b>j</b> \$	4,822,854. 363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f CONTRACT FEES ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Corss rents Less: rental expenses Rental income or (loss)	I abov n lines rever ding o of tax	/e 1f 1a-1f 1g nue dividends	3 \$	363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Noncash contributions included in         Total. Add lines 1a-1f         CONTRACT FEES         ADOPTION SERVICES         CLINIC SERVICES         OTHER FEES         All other program service         Total. Add lines 2a-2f         Investment income (includ other similar amounts)         Income from investment of Royalties         Gross rents         Less: rental expenses         Rental income or (loss)	rever ding c	nue dividends	3 \$	363,904. Business Code 900099 900099 900099 900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	Total. Add lines 1a-1f         CONTRACT FEES         ADOPTION SERVICES         CLINIC SERVICES         OTHER FEES         All other program service         Total. Add lines 2a-2f         Investment income (include other similar amounts)         Income from investment of Royalties         Gross rents         Less: rental expenses         Rental income or (loss)	rever ding c of tax	nue dividends	s, intere	Business Code           900099           900099           900099           900099           900099           900099           900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
2 a b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	CONTRACT FEES ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	rever ding of tax	nue dividends «exempt l	s, intere	Business Code           900099           900099           900099           900099           900099           900099	713,629. 505,126. 122,734. 2,240.	505,126. 122,734.		
b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere	900099 900099 900099 900099	505,126. 122,734. 2,240.	505,126. 122,734.		
b c d e f g 3 4 5 6 a b c d 7 a b c d 8 a	ADOPTION SERVICES CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere	900099 900099 900099	505,126. 122,734. 2,240.	505,126. 122,734.		
g 3 4 5 6 a b c d 7 a b c d 8 a	CLINIC SERVICES OTHER FEES All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere	900099 900099	122,734. 2,240.	122,734.		
g 3 4 5 6 a b c d 7 a b c d 8 a	OTHER FEES All other program service Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere	900099	2,240.	,		
g 3 4 5 6 a b c d 7 a b c d 8 a	All other program service <b>Total.</b> Add lines 2a-2f Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere			2,240.		
g 3 4 5 6 a b c d 7 a b c d 8 a	Total. Add lines 2a-2f Investment income (inclue other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere		1,343,729.			
g 3 4 5 6 a b c d 7 a b c d 8 a	Total. Add lines 2a-2f Investment income (inclue other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	ding of tax	dividends (-exempt l	s, intere		1,343,729.			
3 4 5 6 a b c d 7 a b c 8 a	Investment income (includ other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	of tax	dividends k-exempt l	s, intere		1,343,729.			
4 5 6 a b c d 7 a b c 8 a	other similar amounts) Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	of tax	k-exempt l		est, and				
4 5 6 a b c d 7 a b c d 8 a	Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss)	of tax	k-exempt l			014 015			014 015
5 6 a b c d 7 a b c d 8 a	Royalties Gross rents Less: rental expenses Rental income or (loss)	6a	-		······	214,217.			214,217
6 a b c d 7 a b c d 8 a	Gross rents Less: rental expenses Rental income or (loss)	6a		-	F				
b c d 7 a b c d 8 a	Less: rental expenses Rental income or (loss)		() D						
b c d 7 a b c d 8 a	Less: rental expenses Rental income or (loss)		(i) Re	eal	(ii) Personal				
c d 7a b c d 8a	Rental income or (loss)	6h							
d 7a b c d 8a		100							
7a b c d 8a	Net rental income or (loss	6c							
b c d 8 a	, i i	s) <u></u>							
b c d 8 a	Gross amount from sales of		(i) Secu	urities	(ii) Other				
c d 8 a	assets other than inventory	7a	4,572	2,605.					
c d 8a	Less: cost or other basis								
d 8 a	and sales expenses	7b	4,589	,381.					
8 a	Gain or (loss)		-16	5,776.					
8 a	Net gain or (loss)					-16,776.			-16,776
	Gross income from fundraisi								
	including \$		of	:					
	contributions reported on	line <sup>·</sup>	1c). See						
	Part IV, line 18		,	8a	480,882.				
	Less: direct expenses								
	Net income or (loss) from				,	252,588.			252,588
	Gross income from gamin					,			,
	Part IV, line 19								
	Less: direct expenses								
	Net income or (loss) from				-				
	Gross sales of inventory,	-	-		·····				
				10-					
	and allowances								
	Less: cost of goods sold								
c	Net income or (loss) from	sales	s of inven	itory					
					Business Code				
11 a					<b>├</b> ──── <b>↓</b>		l		
11 a b c d					ļļ				
с					ļ ļ				
d									
е	All other revenue								1
12	All other revenue					7,295,024.			450,029

09511025 757286 55635

10 2022.04030 NEVADA HUMANE SOCIETY

55635\_1

NEVADA HUMANE SOCIETY

Part VIII Statement of Revenue

Part IX Statement of Functional Expenses

NEVADA HUMANE SOCIETY

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	264,775.	226,622.	33,202.	4,951.
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	3,747,135.	3,213,274.	462,449.	71,412
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	345,938.	279,378.	63,766.	2,794
10	Payroll taxes	303,514.	255,014.	42,390.	2,794 6,110
11	Fees for services (nonemployees):	,			- /
	Management				
	Legal				
	Accounting	23,400.		23,400.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	103,094.		103,094.	
f a		100,0010		100,0010	
y	column (A), amount, list line 11g expenses on Sch 0.)	248,347.	195,231.	53,116.	
10		78,758.	199,2910	78,758.	
12	Advertising and promotion	256,488.	111,878.	107,382.	37,228
13 14	Office expenses	71,832.	29,861.	33,583.	8,388
14 15	Information technology	/1,052.	25,0010	55,505.	0,000
15	Royalties	429,919.	402,716.	27,203.	
16 17		53,560.	31,207.	22,353.	
17		55,500.	51,207.	22,333.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	1,367.	74.	1,293.	
19 00	Conferences, conventions, and meetings	1,507.	/ = •	1,255.	
20	Interest				
21	Payments to affiliates	91,027.	81,925.	9,102.	
22	Depreciation, depletion, and amortization	60,633.	57,424.	3,209.	
23	Insurance	00,033.	57,424.	5,205.	
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 0.)				
а	SUPPLIES	627,470.	608,960.		18,510
b	DONATED SUPPLIES & SERV	257,305.	233,850.		23,455
c b	REPAIRS & MAINTENANCE	81,510.	69,998.	11,512.	
d	PRINTING	61,780.	1,622.	54,407.	5,751
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_, •==•	,,,	
25	Total functional expenses. Add lines 1 through 24e	7,107,852.	5,799,034.	1,130,219.	178,599
<u>25</u> 26	Joint costs. Complete this line only if the organization	.,_0,,002.	-,,	_,,,	_, , , , , , , , , , ,
20	reported in column (B) joint costs from a combined				
	educational comparison and fundraising calibitation				

232010 12-13-22

Check here

09511025 757286 55635

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

11 2022.04030 NEVADA HUMANE SOCIETY Form 990 (2022)

1

09511025 757286 55635

		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,321,861.	9	42,206.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,343,789.			
	b	Less: accumulated depreciation		1,452,472.	928,325.	10c	891,317.
	11	Investments - publicly traded securities			14,345,289.	11	12,722,739.
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			18,173.	15	2,288,889.
	16	Total assets. Add lines 1 through 15 (must equ			21,032,278.	16	18,639,185.
	17	Accounts payable and accrued expenses		384,403.	17	341,933.	
	18	Grants payable				18	
	19	Deferred revenue				19	100,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs					
iab.		controlled entity or family member of any of the	se perso	ns		22	
-	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties	670,112.	24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D		······ _	0.	25	48,805.
	26	Total liabilities. Add lines 17 through 25			1,054,515.	26	490,738.
ŝ		Organizations that follow FASB ASC 958, che	ck here	X			
nce		and complete lines 27, 28, 32, and 33.			17 546 220		
alaı	27	Net assets without donor restrictions			17,546,338.		15,760,881.
dB	28	Net assets with donor restrictions			2,431,425.	28	2,387,566.
un:		Organizations that do not follow FASB ASC 9	58, cheo	ck here			
orF		and complete lines 29 through 33.					
ets (	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			19,977,763.		18,148,447.
	33	Total liabilities and net assets/fund balances			21,032,278.	33	18,639,185.
							Form <b>990</b> (2022)

NEVADA HUMANE SOCIETY Part X Balance Sheet

Cash - non-interest-bearing

2 Savings and temporary cash investments 3 Pledges and grants receivable, net

4 Accounts receivable, net

**5** Loans and other receivables from any current or former officer, director,

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

88-0072720 Page 11

(A)

Beginning of year

2,406,240.

943,286.

69,104.

1

2

3

4

(B)

End of year

1,813,786.

812,523.

67,725.

55635\_1

Form	1 990 (2022) NEVADA HUMANE SOCIETY	88-0	072720	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,10		
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,97		
5	Net unrealized gains (losses) on investments	5	-2,01	6,4	.88.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,14	8,4	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

# 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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

**F**... 

Name of the organization

inan		ine organization N도VA	DA HUMANE	SOCIETY					8-0072720			
Pa	rt I	Reason for Public			omplete th	nis part.) S	See instruction		0 0072720			
		ization is not a private found										
1		A church, convention of ch										
2	$\square$	A school described in sect					-////-/-					
3	$\square$	A hospital or a cooperative				(b)(1)(A)(i	ii).					
4	$\square$	A medical research organiz						(iiii). Enter	the hospital's name.			
		city, and state:		, ,				( )	, ,			
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	init describ	bed in			
		section 170(b)(1)(A)(iv). (C		<b>v</b>								
6		A federal, state, or local go	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).					
7	Χ											
		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 org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membersł	nip fees, ar	nd gross receipts from			
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12		An organization organized a		-	-			-				
		more publicly supported or	-						Check the box on			
	_	lines 12a through 12d that				-		-				
а		<b>Type I.</b> A supporting orga		-	•							
		the supported organization			a majority (	of the dire	ctors or truste	es of the s	supporting			
		organization. You must o	-									
b		<b>Type II.</b> A supporting org	-				-		-			
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ропеа			
		organization(s). You mus			in connoc	tion with	and functional	ly intograt	ad with			
С		Type III functionally inter its supported organizatio						ly integrate	eu with,			
d		<b>Type III non-functionally</b>						ted organi	zation(s)			
u		that is not functionally int	• • •					•				
		requirement (see instruct			•		-	anation	TVCHC33			
е		Check this box if the orga						II Type III				
Ū		functionally integrated, or					, i jpo i, i jpo	.,, , , po				
f	Ente	er the number of supported of										
g		vide the following informatior	•									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
Tota	1								1			

#### Schedule A (Form 990) 2022

#### NEVADA HUMANE SOCIETY

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,961,067.	4,270,132.	3,099,148.	8,184,557.	5,501,266.	26,016,170.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	4,961,067.	4,270,132.	3,099,148.	8,184,557.	5,501,266.	26,016,170.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,733,856.
6	Public support. Subtract line 5 from line 4.						21,282,314.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4,961,067.	4,270,132.	3,099,148.	8,184,557.	5,501,266.	26,016,170.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	243,252.	218,097.	152,244.	118,757.	214,217.	946,567.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	130,916.	175,163.	138,058.	149,988.	252,588.	846,713.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						27,809,450.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						L
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (		•			14	76.53 %
	Public support percentage from 2021					15	76.20 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2021.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a		
						Schedule A	(Form 990) 2022

(1 ŋ

232022 12-09-22

#### NEVADA HUMANE SOCIETY

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	<del></del>		1			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<ul> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	1			1	1	1
14 First 5 years. If the Form 990 is for the	L	ret second third	fourth or fifth tax	vear as a section	L 501(c)(3) organiza	tion
check this box and <b>stop here</b>	•					
Section C. Computation of Pub						
15 Public support percentage for 2022 (			column (f))		15	%
<b>16</b> Public support percentage from 202					16	%
Section D. Computation of Inve	-					,,,
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from					18	%
<b>19a 33 1/3% support tests - 2022.</b> If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						
232023 12-09-22		2000 01 110 14, 10	a, or res, oncorr			A (Form 990) 2022
			16		Generale	

09511025 757286 55635

2022.04030 NEVADA HUMANE SOCIETY

55635\_1

#### NEVADA HUMANE SOCIETY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **c** 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? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

17 2022.04030 NEVADA HUMANE SOCIETY

Schedule A	(Form 990) 2022	NEVADA	HUMANE	SOCIETY
Part IV	Supporting Organi	zations (cont	tinued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

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

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

За

09511025 757286 55635

2022.04030 NEVADA HUMANE SOCIETY

18

55635\_\_1

Yes No

Schedule A (Form 990) 2022

#### NEVADA HUMANE SOCIETY

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar		50-0072720 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructior
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Par	't V   Type III Non-Functionally Integrated 509	0(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

09511025 757286 55635

Schedule A	(Form 990) 2022	NEVADA	HUMANE	SOCIE	TY			88-0072	720 ı	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, lines 2 and 3; F	4c, 5a, 6, 9a, 9 Part IV, Sectior	9b, 9c, 11a, n E, lines 1c	11b, and 11 , 2a, 2b, 3a, a	c; Part IV, Se and 3b; Part '	ction B, lines 1 V, line 1; Part V	17b; Part III, lin and 2; Part IV, , Section B, line	e 12; Section	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	Section E, line	s 2, 5, and 6	5. Also comp	lete this part	for any addition	nal information.		
232028 12-09-2	22							Schedule A (	Form 00	0) 2022
	757286 55635		<b>Ა</b> ᲡᲐᲐ Ს	1030 N	21 IEVADA		SOCIETY		55635	

09

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

00	2_	Δ	07	27	20
c) (	) —	U.	U /	<b>Z</b> I	<b>Z</b> U

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### NEVADA HUMANE SOCIETY

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

**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).

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

Schedule B (Form 990) (2022)

Name of organization

Part I (a) No.

1

Page 2 Employer identification number

### NEVADA

HUMANE SOCIETY		88-0072720
Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contribution	ns Type of contribution
	\$163,6	Person       X         Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contribution	ns Type of contribution
	\$352,7	77.       Person       X         Payroll       Noncash       (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		Person

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>352,777.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$678,412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>560,297.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$200,891.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15-	23		Schedule B (Form 990) (2022)
09511025	757286 55635 2022.04030 NEVADA	HUMANE SOCIETY	556351

#### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

88-0072720

#### NEVADA HUMANE SOCIETY

Part I	<b>Contributors</b> (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		\$195,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$173,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15		24	Schedule B (Form 990) (2022)

2022.04030 NEVADA HUMANE SOCIETY

09511025 757286 55635

Schedule	В	(Form	990)	(2022)
----------	---	-------	------	--------

Name of organization

Page 3

Employer identification number

88-0072720

#### NEVADA HUMANE SOCIETY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
3453 11-15-22	2		Schedule B (Form 990) (

09511025 757286 55635

2022.04030 NEVADA HUMANE SOCIETY

55635\_\_1

Schedule E	B (Form 990) (2022)			Page 4			
Name of or	rganization			Employer identification number			
NEVADA	A HUMANE SOCIETY			88-0072720			
Part III	Exclusively religious, charitable, etc., contribu	itions to organizations described in a	section 501(c)(7	), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	less for the year.	Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additiona	I space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
F		(e) Transfer of gi	 ft				
ŀ	Transferee's name, address,	and ZIP + 4	Relatio	nship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
1 01 1 1							
F		(e) Transfer of gi	/ ft				
ŀ	Transferee's name, address,	and ZIP + 4	Relatio	nship of transferor to transferee			
(a) No.			<u> </u>				
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address,	and $\mathbf{7ID} \pm 4$	Relatio	nship of transferor to transferee			
F			Telatio				
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relatio	nship of transferor to transferee			
F				• • • • • • • • • • • • • • • • • • • •			
223454 11-15	5-22	1		Schedule B (Form 990) (2022)			

09511025 757286 55635

26 2022.04030 NEVADA HUMANE SOCIETY

55635\_\_1

SCHEDULE	D
----------	---

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.



Name of the organization

Employer identification number 88-0072720

	A second se	88-0072720
		ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
	Total number at end of year	
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
1	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
;	are the organization's property, subject to the organization's exclusive legal control?	Yes 📖 N
<b>i</b>	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	only
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring
	mpermissible private benefit?	Yes 📖 N
Part	<b>II</b> Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	prically important land area
	Protection of natural habitat	fied historic structure
	Preservation of open space	
2 (	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
,	day of the tax year.	Held at the End of the Tax Yea
a <sup>·</sup>	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
: 1	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
ſ	historic structure listed in the National Register	2d
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
,	year	
4	Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes N
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	······································
		on casements daming the year
, ;	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	
		asements during the year
-		
-		3)(i)
-	and section 170(h)(4)(B)(ii)?	3)(i) Yes N
-     	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	3)(i)
- 	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	3)(i)
- - - -	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th organization's accounting for conservation easements.	B)(i) The ment and The ment
-       	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, or Other	B)(i) The ment and The ment
art	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	B)(i) The ment and the describes the Similar Assets.
art	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	B)(i)  The ment and The transmission of transmission of the transmission of transmission of the transmission of transmissi
art	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>III</b> Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	B)(i)  The ment and The transmission of transmission of the transmission of transmission of the transmission of transmissi
art	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	B)(i)  The ment and The ment an
art	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other a Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance of art, historical neasures, or other similar assets held for public exhibition, education, or research in furthera service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> </ul>	B)(i)  ment and mat describes the  Similar Assets.  lance sheet works nce of public we sheet works of
art a l	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statest balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	B)(i)  ment and mat describes the  Similar Assets.  lance sheet works nce of public we sheet works of
art b	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statest balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance provide the following amounts relating to these items:	B)(i)  The ment and The ment an
art b	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statest balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements. <b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	B)(i)  The ment and The ment an
art b	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.</li> <li><b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balor of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheration elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheration elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheration provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> </ul>	B)(i)  The ment and The ment an
art	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.</li> <li><b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balor of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheras service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheras provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> </ul>	B)(i)  The ment and The ment an
art art b	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.</li> <li><b>Organizations Maintaining Collections of Art, Historical Treasures, or Other</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balor of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheration elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheration elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheration provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part X</li> </ul>	B)(i)  The ment and The ment an
a   a   b   i i	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balate of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheras service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain,</li> </ul>	B)(i)  The ment and The ment an
art a   a   b   i i i i i i i i i i i i i i i i i i i	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense states balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements.</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance af art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items:</li> </ul>	B)(i)  Provide  B)(i)  Provide  Provide  B)(i)  Provide  Provide Pro
3   	<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements that conservation is accounting for conservation easements.</li> <li>Organization's accounting for conservation easements.</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other is complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bas of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or order the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>Revenue included on Form 990, Part VIII, line 1</li> </ul>	B)(i)  Provide  B)(i)  Provide  Provide  B)(i)  Provide  Provide Pro

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection thems (check all that apply): <ul> <li>a</li> <li>Public exhibition</li> <li>d</li> <li>Loan or exchange program</li> <li>b</li> <li>Scholarly research</li> <li>c</li> <li>Preservation for future generations</li> </ul> <li>Provide a description of the organization solicit or receive donation so of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as paint of the organization solection?</li> <li>Yes</li> <li>No</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization solection?</li> <li>Yes</li> <li>No</li> <li>b</li> <li>b the organization and program and the organization solection?</li> <li>Yes</li> <li>No</li> <li>b</li> <li>for m990, Part X?</li> <li>Sengent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>a lasthe organization analgent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. for escrow or custodial account liability?</li> <li>Yes</li> <li>No</li> <li>b</li> <li>f'''es,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII</li> <li>Part V</li> <li>Endowment Funds. Complete if the organization asswered 'Yes' on Form 990, Part X, line 21.</li> <li>for the cynchintar as rangement in Part XII. Check here if the explanation has been provided on Part XII<!--</th--></li>
collection items (check all that apply):       d       Loan or exchange program         a       Public exhibition       c       Dreservation for future generations         c       Preservation for future generations       e       Other
a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other
b       Scholarly research       e       Other         c       Preservation for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization on the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Id         c       Beginning balance       Id
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1c       1d
<ul> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasues, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.</li> <li>Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.</li> <li>Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?</li> <li>Yes No</li> <li>If finding balance</li> <li>If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.</li> <li>If a Beginning of year balance</li> <li>Is 200, 000. 2, 414, 303.</li> <li>Is 6, 158.</li> <li>Is 228, 930.</li> <li>Contributions</li> <li>Is 200, 000. 2, 414, 303.</li> <li>Is 6, 158.</li> <li>Is 288, 930.</li> <li>Is 6, 159.</li> <li>Is 7, 219.</li> <li>Is 4, 33, 461.</li> <li>Is 9, 945.</li> <li>Is 6, 92, 153.</li> <li>Is 6, 92, 153.</li> <li>Is 7, 138.</li> <li>Is 7, 219.</li> <li>Is 6, 0000 %</li> <li>Permanent endowment</li> <li>Met organization organization and explanation (a) held as:</li> <li>Board designated or quasi-endowment</li> <li>Met organization organization (a) held as:</li> <li>Board designated or quasi-endowment</li> <li>Met organization organization</li></ul>
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       It       Id       4dditions during the year       Ie       If       India palance       India palanc
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete if the organization and the arrangement in Part XIII and complete the following table:       Amount       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part XIIII       Image: Complete if the
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Id
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance       Amount         d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the part X is the
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Control of Conterex Control of Control of C
on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1c       1c         d       Additions during the year       1d       1e       1d         e       Distributions during the year       1f       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Privers" or Form 990, Part IV, line 10.         1a       Beginning of year balance       15,288,576.       11,273,381.       9,945,564.       8,692,153.       8,975,220.         b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Not investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships       103,094.       96,550.       68,618.       63,976.       61,879.         g
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       15,288,576.       11,273,381.       9,945,564.       8,692,153.       8,975,220.         b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         e       Other expenditures for facilities and programs       31,173.       27,138.       27,219.       433,481.       58,989.         f       Administrative expenses       103,094.       96,550.       68,618.       63,976.
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1d       1d         f       Ending balance       1f       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       15,288,576.       11,273,381.       9,945,564.       8,692,153.       8,975,220.         b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       15,288,576.       11,273,381.       9,945,564.       8,692,153.       8,975,220.         b Contributions       200,000.       2,414,303.       166,158.       228,890.         c Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d Grants or scholarships       31,173.       27,138.       27,219.       433,481.       58,989.         e Other expenditures for facilities       31,173.       27,138.       27,219.       433,481.       58,989.         g End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2       <
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       15,288,576       11,273,381       9,945,564       8,692,153       8,975,220.         b       Contributions       200,000       2,414,303       166,158       228,890.         c       Net investment earnings, gains, and losses       -1,819,047       1,724,580       1,423,654       1,584,710       -391,089.         d       Grants or scholarships       31,173       27,138       27,219       433,481       58,989.         f       Administrative expenses       103,094       96,550       68,618       63,976       61,879.         g       End of year balance       13,535,262       15,288,576       11,273,381       9,945,564       8,692
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       200,000.       2,414,303.       166,158.       228,890.         c Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         e Other expenditures for facilities       31,173.       27,138.       27,219.       433,481.       58,989.         f Administrative expenses       103,094.       96,550.       68,618.       63,976.       61,879.         g End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       86.0000       %         b Permanent endowment
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           Ia         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           b         Contributions         200,000         2,414,303         9,945,564         8,692,153         8,975,220           c         Net investment earnings, gains, and losses         -1,819,047         1,724,580         1,423,654         1,584,710         -391,089           d         Grants or scholarships         31,173         27,138         27,219         433,481         58,989           f         Administrative expenses         103,094         96,550         68,618         63,976         61,879           g         End of year balance         13,535,262         15,288,576         11,273,381         9,945,564         8,692,153           g         End of year balance         13,535,262         15,288,576         11,273,381         9,945,564         8,692,153           g         End of year balance         13,535,262         15,288,576         11,273,381         9,945,564         8,692,153           g         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       15,288,576.       11,273,381.       9,945,564.       8,692,153.       8,975,220.         b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships       -       -       -       -391,089.       -         e       Other expenditures for facilities       31,173.       27,138.       27,219.       433,481.       58,989.         f       Administrative expenses       103,094.       96,550.       68,618.       63,976.       61,879.         g       End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       86.0000       %         b       Permanent endowment       %       %       74.0000       %       %
b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships
b       Contributions       200,000.       2,414,303.       166,158.       228,890.         c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         e       Other expenditures for facilities       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         f       Administrative for facilities       -1,819,047.       27,138.       27,219.       433,481.       58,989.         f       Administrative expenses       103,094.       96,550.       68,618.       63,976.       61,879.         g       End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       86.0000       %         b       Permanent endowment       %       -       -       %         c       Term endowment
c       Net investment earnings, gains, and losses       -1,819,047.       1,724,580.       1,423,654.       1,584,710.       -391,089.         d       Grants or scholarships
d Grants or scholarships
e Other expenditures for facilities and programs       31,173.       27,138.       27,219.       433,481.       58,989.         f Administrative expenses       103,094.       96,550.       68,618.       63,976.       61,879.         g End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       86.0000 %         b Permanent endowment      %         c Term endowment      %
and programs       31,173.       27,138.       27,219.       433,481.       58,989.         f Administrative expenses       103,094.       96,550.       68,618.       63,976.       61,879.         g End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       86.0000 %         b Permanent endowment      %      %      %       14.0000 %
f       Administrative expenses       103,094.       96,550.       68,618.       63,976.       61,879.         g       End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       86.0000 %         b       Permanent endowment      %      %      %         c       Term endowment      %      %
g End of year balance       13,535,262.       15,288,576.       11,273,381.       9,945,564.       8,692,153.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       86.0000 %         b Permanent endowment       %         c Term endowment       14.0000 %
a Board designated or quasi-endowment 86.0000 % b Permanent endowment% c Term endowment%
b Permanent endowment% c Term endowment%
c Term endowment 14.0000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.
<b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the
organization by: Yes No
(i) Unrelated organizations 3a(i) X
(ii) Related organizations 3a(ii) X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property(a) Cost or other(b) Cost or other(c) Accumulated(d) Book valuebasis (investment)basis (other)depreciation
b Buildings         543,325.         170,064.         373,261.
d Equipment 1,536,186. 1,282,408. 253,778.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         891, 317.

Schedule D (Form 990) 2022

09511025 757286 55635

Schedule D (Form 990) 2022 NEVADA HUMA	NE SOCIETY	88	-0072720 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	( )		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d See Form 990 Part X line 15	
	Description		(b) Book value
			98,143.
			2,190,746.
			2,190,740.
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Tatal (Oakuma (h) must a must Farm 2000, Dart V, ask (D) line	15)		2 200 000
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			2,288,889.
Complete if the organization answered "Yes" of	on Form 990, Part IV, IIn	e TTe or TTT. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) RIGHT OF USE LEASE OBLIGA	TIONS		48,805.
(3)			
(4)			
(5)			

(7) (8) (9) 48,805. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....

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... X

Schedule D (Form 990) 2022

232053 09-01-22

09511025 757286 55635

(6)

Sche	dule D (Form 990) 2022 NEVADA HUMANE SOCIETY			88-	0072720 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	5,462,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,016,488.		
b	Donated services and use of facilities	2b	286,599.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-103,094.		
е	Add lines 2a through 2d			2e	-1,832,983.
3	Subtract line 2e from line 1			3	7,295,024.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,295,024.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		th Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	7,291,357.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	286,599.		
b	Prior year adjustments	_ <b>2</b> b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	286,599.
3	Subtract line 2e from line 1			3	7,004,758.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		103,094.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	103,094.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,107,852.
Pa	rt 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 X, LINE 2:

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN

THE FINANCIAL STATEMENTS. THE SOCIETY DOES NOT EXPECT ANY MATERIAL CHANGE

IN UNCERTAIN TAX POSITIONS WITHIN THE NEXT TWELVE MONTHS.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

#### INVESTMENT FEES

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2022
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection
Name of the organization		UUMANE COOTEMY					Employer ic 88-007	lentification number
Part I Fundrais		HUMANE SOCIETY Complete if the organization answe	wood "W	(00" 0	Earm 000 Dart IV	lino 1		
	complete this par		ereu r	es 0	TFOITT 990, Fait IV, I		7. FOITH 990-1	-z mers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	s <b>f</b> Solicita <b>g</b> Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	☐ Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

NEVADA HUMANE SOCIETY

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-FZ 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
				HEELS AND		(add col. (a) through
			DUCK RACES	HOUNDS	1	
2			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	253,801.	223,655.	3,426.	480,882
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	253,801.	223,655.	3,426.	480,882
	4	Cash prizes				
,	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
1	8	Entertainment				
	9	Other direct expenses		97,623.	16,689.	228,294
	10				•	228,294
		Net income summary. Subtract line 10 from				252,588
1	nrt	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
-	1	Gross revenue				
2	2	Cash prizes				
ίĮ						
	3	Noncash prizes				
	3 4	Noncash prizes				
	3 4 5					
	4	Rent/facility costs	Yes%	└── Yes% └── No	└────────────────────────────────────	
	4	Rent/facility costs	└── Yes% └── No		No	
	4 5 6	Rent/facility costs     Other direct expenses     Volunteer labor	Yes%           No           Sin column (d)	□ No	No	
	4 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes       %         No       %         gh 5 in column (d)          7 from line 1, column (d)	□ No	No	
•	4 5 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d)	No	<u>No</u>	Yes
) a	4 5 6 7 8 En	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	No states?	<u>No</u>	Yes No
ab	4 5 7 8 En 1s	Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 throug         Net gaming income summary. Subtract line         iter the state(s) in which the organization cond         the organization licensed to conduct gaming	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	States?	□ No	
) a b	4 5 7 8 En 1 Is 1 Is 1 Is 1 Is	Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 through         Net gaming income summary. Subtract line         Inter the state(s) in which the organization conduct gaming         'No," explain:	Yes       %         No       %         gh 5 in column (d)          7 from line 1, column (d)          ducts gaming activities:	states?	□ No	
ab	4 5 7 8 En 1 Is 1 Is 1 Is 1 Is	Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add lines 2 through         Net gaming income summary. Subtract line         iter the state(s) in which the organization cond         the organization licensed to conduct gaming         'No," explain:         ere any of the organization's gaming licenses	Yes       %         No       %         gh 5 in column (d)          7 from line 1, column (d)          ducts gaming activities:	states?	□ No	

Schedu	ıle G (Form 990) 2022	NEVADA HUMANE SOCIETY	88-00'	72720	Page <b>3</b>
11 Do	bes the organization conduct ga	ming activities with nonmembers?		Yes	No
<b>12</b> Is t	the organization a grantor, ben	ficiary or trustee of a trust, or a member of a partner	ship or other entity formed	Yes	No No
	dicate the percentage of gamin				
a Th	e organization's facility			3a	%
				3b	%
<b>14</b> En	ter the name and address of th	e person who prepares the organization's gaming/sp	pecial events books and records:		
Na	ame				
Ad	ddress				
<b>15a</b> Do	bes the organization have a con	tract with a third party from whom the organization re	eceives gaming revenue?	Yes	🗌 No
b If "	"Yes," enter the amount of gam	ng revenue received by the organization \$	and the amount		
of	gaming revenue retained by the	e third party \$			
<b>c</b> If "	"Yes," enter name and address	of the third party:			
Na	ame				
Ad	ldress				
<b>16</b> Ga	aming manager information:				
Na	ame				
Ga	aming manager compensation	\$			
De	escription of services provided				
_					
Γ	Director/officer	Employee Independent contr	actor		
<b>17</b> Ma	andatory distributions:				
	the organization required under	state law to make charitable distributions from the g	aming proceeds to	_	
	tain the state gaming license?			_ Yes	└── No
	ganization's own exempt activit	required under state law to be distributed to other exes during the tax year \$	cempt organizations or spent in the		
Part I		mation. Provide the explanations required by Part	I, line 2b, columns (iii) and (v); and Part II	I, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information.	See instructions.		
232083 1	0-27-22		Schedule	G (Form §	990) 2022
		33			·

232084 04-01-22 9511025 757286 55635	34 2022.04030 NEVADA HUMANE SOCIETY	Schedule G (Form 990 556351

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2022

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 88 - 0072720

Name of the	organization
-------------	--------------

#### NEVADA HUMANE SOCIETY

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	e
		applicable		Form 990, Part VIII, line 1g	Tioneasir contribu	nona	nount	3
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37	0.00					
25	Other ( <u>PET FOOD AND SU</u> )	Х	989	257,305.	FMV			
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, L	Donee Acknowledg	ement 29				
00-				and a line David I. Barra of Alama			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					20-		х
<b>b</b>	exempt purposes for the entire holding period?					30a		Λ
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that r	oquiros the review	of any poperandard contrib	utions?	31	х	
31						31		
JZd	Does the organization hire or use third parties of contributions?		•			32a		х
h	contributions? If "Yes," describe in Part II.					520		
33 33	If the organization didn't report an amount in co	olumn (c) fo	r a type of proport	v for which column (a) is ch	ecked			
00	describe in Part II.		a type of propert	y to which column (d) is ch				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

09511025 757286 55635

88-0072720 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

5635
orm 990) 20

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 88-0072720

FORM 990, PART VI, SECTION B, LINE 11B:

NEVADA HUMANE SOCIETY

THE FORM 990 IS FIRST GIVEN TO THE FINANCE COMMITTEE AND THE CEO FOR

REVIEW. NEXT, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SOCIETY REQUIRES A SIGNED STATEMENT OF UNDERSTANDING BY ALL KEY

STAFF, VOLUNTEERS AND BOARD MEMBERS REGARDING CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES EXECUTIVE COMPENSATION. THE

PROCESS INCLUDES REVIEWING COMPARABILITY DATA OR OTHER EVIDENCE THAT

COMPENSATION IS REASONABLE. RECOMMENDATIONS BY THE EXECUTIVE COMMITTEE ARE

ALSO TAKEN INTO CONSIDERATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE SOCIETY'S CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM

990 ARE MADE AVAILABLE UPON REQUEST. ADDDITIONALLY, AUDITED FINANCIAL

STATEMENTS AND FORM 990'S ARE AVAILABLE ON THE SOCIETY'S WEBSITE.

PART X11, LINE 2C

THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR

THE SELECTION OF THE AUDITORS AND OVERSEEING THE ANNUAL AUDIT. THE

PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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

Schedule O (Form 990) 2022

232211 10-28-22

37 2022.04030 NEVADA HUMANE SOCIETY