Form **990**

Department of the Treasury

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.

o not enter social security numbers on this form as it may be made publ Go to www.irs.gov/Form990 for instructions and the latest information. 2023
Open to Public Inspection

A	For the	2023 calendar year, or tax year beginning	, and ending			
	Check if app		ciety for the Prevention		D Employe	r identification number
	Address ch		y to Animals			
=		Doing husiness as	y co milmais		99_0	187383
	Name chan	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephon	
	Initial return				702-	873-7722
	Final return	City or town, state or province, country, and ZIP or	foreign postal code			
	terminated	Las Vegas	NV 89118		G Gross rec	eipts\$ 2,792,102
	Amended re				C 01000100	
	Application	pending Craig Murrin		H(a) Is this a gro	up return for	subordinates Yes X No
_		5375 Procyon St, St	te 108	H(b) Are all subo	ordinates inc	luded? Yes No
		Las Vegas	NV 89118			See instructions
_	-			•		
	Tax-exem		ert no.) 4947(a)(1) or 527			
	Website:	www.nevadaspca.org		H(c) Group exer		
	Form of org		Other L Ye	ar of formation: 19	98I	M State of legal domicile:
F	art I	Summary				
		riefly describe the organization's mission or mos				
ည		Nevada SPCA saves the lives				
nar		inspires human companions to				
/eri		the human-animal bond through	gh adoption, foster and pr	eventati	ve car	e.
Governance	2 CI	heck this box if the organization discontinue	d its operations or disposed of more than 25	% of its net as	ssets.	
<u>«</u>	3 N	umber of voting members of the governing body	(Part VI, line 1a)		3	12
es		umber of independent voting members of the go			4	12
Ξ	5 To	otal number of individuals employed in calendar	vear 2023 (Part V. line 2a)		. 5	45
Activities		otal number of volunteers (estimate if necessary	A		6	250
⋖		otal unrelated business revenue from Part VIII, o	solumn (C) line 12		70	20,800
		et unrelated business taxable income from Form			7b	16,800
	DIN	st differenced business taxable income from Form	1990-1,1 arti, line 11	Prior Yea		Current Year
•	8 C	ontributions and grants (Part VIII, line 1h)		2,878		2,515,634
Revenue		rogram service revenue (Part VIII, line 2g)	·····		,216	207,422
Š		vestment income (Part VIII, column (A), lines 3,	4. and 7d)		914	2,889
8		ther revenue (Part VIII, column (A), lines 5, 6d, 8	*	26	,041	20,800
		otal revenue – add lines 8 through 11 (must equ	* *************************************	3,101		2,746,745
		rants and similar amounts paid (Part IX, column		3,101	.,/4=	2,140,143 1
		• •	* * * * * * * * * * * * * * * * * * * *			0
		enefits paid to or for members (Part IX, column (` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1,508	216	1 615 560
ses		alaries, other compensation, employee benefits		1,508	,210	1,615,569
kpenses		rofessional fundraising fees (Part IX, column (A)	, line 11e)			U
×		otal fundraising expenses (Part IX, column (D), I	·	1 110	608	1 121 000
ш		ther expenses (Part IX, column (A), lines 11a–1		1,443		1,434,090
		otal expenses. Add lines 13–17 (must equal Par		2,951		3,049,659
 0	19 R	evenue less expenses. Subtract line 18 from line			,881	-302,914
Net Assets or Fund Balances				Beginning of Curr		End of Year
sset 3ala	20 To	otal assets (Part X, line 16)		5,131		4,525,114
nd A	21 To	otal liabilities (Part X, line 26)		1,739		1,429,780
		et assets or fund balances. Subtract line 21 from	n line 20	3,392	,213	3,095,334
P	art II	Signature Block				
		alties of perjury, I declare that I have examined this re				my knowledge and belief, it
tru	ue, correc	ct, and complete. Declaration of preparer (other than o	officer) is based on all information of which prepar	er has any knov	wledge.	
Sig	yn	Signature of officer			Date	
He		Craig Murrin	President			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	d [Jessica P Sayles	Jessica P Sayles	06/11/	/24 self-em	ployed P01530213
Pre	naror		Russo & Company, P.C		rm's EIN	88-0374623
	Only	8675 S Easterr			IIII S LIIN	JU UJ/404J
	-	T	89123		hana n-	702-269-9992
Max		Firm's address Las Vegas, NV 6 discuss this return with the preparer shown ab		Į Pr	hone no.	
ivia	y u i c Ir\s	z disodes une return with the preparer shown ab	OVO: OGG III SU UGUOTIS			X Yes No

Form 990 (2023) Nevada Society for the Prevention 88-0187383 Page 2 **Statement of Program Service Accomplishments** X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Nevada SPCA saves the lives of Southern Nevada's most vulnerable pets, inspires human companions to uphold the best possible care and increases the human-animal bond through adoption, foster and preventative care. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 2,389,942 including grants of\$) (Expenses \$) (Revenue \$ 4a (Code: See Schedule O 4b (Code: including grants of\$ N/A **4c** (Code:) (Revenue \$) (Expenses \$ including grants of\$ N/A 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of\$) (Revenue \$

2,389,942

Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part 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 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,			Λ
J	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? <i>If</i>			
	"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? If "Yes," complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		7.5	
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	44b		x
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	. 11b		Λ
С	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	. 110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			37
4 5	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	45		x
16	for any foreign organization? <i>If "Yes," 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	. 15		Λ
10	assistance to ar far faraign individuals? If "Vaa " complete Schodule E. Parte III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	. 10		<u> </u>
"	Part IV column (A) lines 6 and 11c2 If "Ves." complete Schedule C. 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 8a2 If "Ves " complete Schedule C. Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	. 19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200		х
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	L	Х

Form 990 (2023) Nevada Society for the Prevention 88-0187383 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes." complete Schedule J 23 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I 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 X 26 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 27 X persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI. lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response of note to any line in this Part v											
	_											
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	14										
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0											
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and											
	reportable gaming (gambling) winnings to prize winners?											

Form 990 (2023) Nevada Society for the Prevention 88-0187383

Ρ	aq	le	5

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Ye	s 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 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	t)? 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			v
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		+~
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			+
ou	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).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		-	
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13:		
а	Note: See the instructions for additional information the organization must report on Schedule O.		ı	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the erganization receive any neymonts for indeer tanning convices during the tay year?	14	1	x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O)	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	?		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.			

Form 990 (2023) Nevada Society for the Prevention 88-0187383 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 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. Enter the number of voting members included on line 1a, above, who are independent 12 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **None** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 5375 Procyon Street, Suite 108 Lori Heeren

702-873-4381

NV 89118

Las Vegas

Form 990 (2023) Nevada Society for the Prevention 88-0187383

Page 7

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

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

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

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

Check this box if neither the org		•					n c	ompensated any current o	officer, director, or trustee	<u>- </u>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle icer ar	Pos heck ss pe	erson	than on a s both a r/trustee Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Lori Heeren	40.00							125 240		15 045
Executive Director	0.00			X				135,340	0	15,845
(2) Lindsay Burgood	40.00							107 200		,
Head of Veterinary	0.00					X		107,399	0	(
(3) Craig Murrin	1.00									
President	0.00	X		X				0	0	
(4) Rachel Glaze	1 00									
3	1.00			35				_		,
Secretary (5) Dee Hernandez	0.00	X		X				0	0	(
(5) Dee Hernandez	1.00									
Treasurer	0.00	×		x				0	0	(
(6) Susie Costa	0.00	122		22						<u> </u>
(b) Busic Costa	1.00									
Medical Director	0.00	X						0	0	(
(7) Luke Kristopher										·
()	1.00									
Director	0.00	X						0	0	
(8) Kathleen Delane	Y									
	1.00									
Director	0.00	X						0	0	(
(9) Kathleen Murphy										
	1.00							_		
Director	0.00	X	ļ		-			0	0	(
(10) Jennifer Vitale										
Director	1.00	x						0	0	(
(11)Denise Valdez										
	1.00									
Director	0.00	X						0	0	(

Form 990 (2	023) Nevada	Society	for	the	Prevention	88-0187383
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Pa	rt VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	Em	ploy	ees/	s, and Highest Compens	ated Employees (continu	ued)		<u> </u>
					(0								
	(A) Name and title	(B) Average			Posi heck r ss per	more			(D) Reportable	(E) Reportable	Estima	(F) ated amo	unt
		hours per week		1	nd a di				compensation from the	compensation from related	com	of other opensatio	n
		(list any hours for related	Individual or director	Institutional trustee	Officer	Key employee	lighest mploye	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	orgar	rom the nization a organiza	
		organizations below	al trustee tor	onal tr		ploye	compe		1099-NEC)	1099-NEC)	Telateu	organiza	uons
		dotted line)	tee	ustee		W	Highest compensated employee						
(12	2) Jessica Cipo		lo				d						
(12) Di:	rector	1.00	x						0	0			0
(13		iso											
(13)	rector	1.00	x						0	0			0
(14		i											
(14) Dia	rector	1.00	x						o	0			0
<u> </u>		0.00	22						J	<u> </u>			
(15)													
-													
(16)													
(17)													
(18)													
(19)													
									242 720			1 =	045
1b c	Subtotal								242,739			13	<u>,845</u>
d	Total (add lines 1b and 1c)						<u></u>		242,739			15	,845
2	Total number of individuals (i reportable compensation from	including but no n the organizati	t IIM on	1ted 2	to the	ose	liste	d ab	pove) who received more t	han \$100,000 of			
3	Did the organization list any f	former officer. o	direc	tor t	ruste	ee k	ev e	empl	lovee, or highest compens	sated		Ye	s No
4	employee on line 1a? If "Yes For any individual listed on lin	," complete Sch	edu	le Ĵ i	for su	ıch .	indiv	ridua	a/			3	Х
-	organization and related orga												
5	individualDid any person listed on line									on or individual		4 X	
Sect	for services rendered to the c tion B. Independent Contract		"Ye	s," co	omple	ete .	Sche	edule	e J for such person			5	X
1	Complete this table for your f	five highest com									4		
	compensation from the organ	(A) I business address	COII	ipen	sauo	<u> </u>	rtne	car		(B) tion of services	tax year.	(C Compe	;) nsation
	Hamo and	a buomoco duaroco							Воопр	tion of dolylood		Соттро	noduon
2	Total number of independent received more than \$100,000								those listed above) who	0			

Pa	rt V			of Revenue nedule O cor	ntains	a resp	onse or no	te to any line in	this Part VIII		
		<u> </u>			ricani io	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated cam	paign	s	1a						
ה ה	b	Membership du			1b						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve			1c		168,358				
<u>a</u>	d	Related organiz			1d						
<u>3,E</u>	е	Government grants (c			1e		50,285				
her S	f	All other contributions and similar amounts r	ot inclu	rants, ded above	1f	2,	296,991				
ξŏ	g	Noncash contributions lines 1a-1f			1g	\$	74,355				
and	h	Total. Add lines					000	2,515,634			
							Business Code				
2	2a	Animal Ado	ptic	ns			812900	207,422			207,422
Revenue	b										
enu	С										
Şe.	d										
2	е										
•	f	All other progra									
	g	Total. Add lines	s 2a–2	2f				207,422			
	3	Investment inco	me (i	ncluding divide	nds, int	erest, ar	nd				
		other similar an	nounts	s)				2,889			2,889
	4	Income from in	vestm								
	5	Royalties									
				(i) Real		(ii) l	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	_d		ne or	(loss)							
	7a	Gross amount from sales of assets		(i) Securities	S	(ii) Other				
		other than inventory	7a								
ne	b	Less: cost or other									
ther Revenue		basis and sales exps.	7b								
Re	С	Gain or (loss)	7с								
er	d	Net gain or (los	s)								
ᇹ		Gross income from									
		(not including \$		168,358							
		of contributions re	ported	on line							
		1c). See Part IV, I	ine 18		8a		45,357				
	b	Less: direct exp	ense	S	8b		45,357				
	С	Net income or (loss)	from fundraising	gevent	s					
	9a	Gross income f	rom g	aming							
		activities. See F	Part I\	/, line 19	9a						
	b	Less: direct exp			9b						
	С	Net income or (loss)	from gaming ac	tivities						
		Gross sales of									
		returns and allo		•	10a						
	b	Less: cost of go	ods s		10b						
		Net income or (ventory	/					
;		`					Business Code				
9	11a	BBWT K-1					900099	20,800		20,800	
ž	b							-		-	
Š	С										
Revenue	d	• • • • •									
•	е	Total. Add lines						20,800			
		Total revenue.						2,746,745	0	20,800	210,311

	int IX Statement of Functional Experience 501(c)(3) and 501(c)(4) organizations must constitute the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of Functional Experience 501(c)(4) organizations must be supplied to the first statement of the first statement		other organizations must	complete column (A).	
_	Check if Schedule O contains a respon				
	oot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	151,184		75,592	75,592
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 005 006	1 126 000	E4 26E	E4 26E
7	Other salaries and wages	1,285,026	1,136,292	74,367	74,367
8	Pension plan accruals and contributions (include	2 645	2 645		
_	section 401(k) and 403(b) employer contributions)	3,645 66,548	3,645 64,832	858	050
9 10	Other employee benefits Payroll taxes	109,166	87,332	10,917	858 10,917
10	Fees for services (nonemployees):	109,100	01,332	10,917	10,917
11					
a h	Management	125		125	
C	Legal	59,375		59,375	
q	Accounting Lobbying	337373		337373	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,298	5,838	730	730
12	Advertising and promotion	55,461	-		55,461
13	Office expenses	80,748	46,517	28,415	5,816
14	Information technology				
15	Royalties				
16	Occupancy	372,352	297,882	37,235	37,235
17	Travel	32,746	26,196	3,275	3,275
18	, ,				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,389		4,389	
21	Payments to affiliates	245 100	056 450	24 540	24 542
22	Depreciation, depletion, and amortization	345,190	276,152	34,519	34,519
23	Insurance	67,422	53,938	6,742	6,742
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) Animal Service & Supplies	386,281	386,281		
a	Education	7,390	300,201	7,390	
b c	Employee Morale	6,297	5,037	630	630
d	Event Expenses	5,974	3,037	030	630 5,974
	All other expenses	3,042		3,042	J, 314
25	Total functional expenses. Add lines 1 through 24e	3,049,659	2,389,942	347,601	312,116
26	Joint costs. Complete this line only if the	-,,,	_,,	,	J,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
DAA					Farm QQN (2022)

Form 990 (2023) Nevada Society for the Prevention 88-0187383

Part X Balance Sheet

Page **11**

				(A)		(B)
14	0 1 11 1			Beginning of year	_	End of year
1	Cash—non-interest-bearing			325,517 590,524	1	358,985
2					2	158,339
3	, , , , , , , , , , , , , , , , , , , ,		253,189	3	521,644	
4					4	
5	,,,,					
	trustee, key employee, creator or founder, substant				_	
6	controlled entity or family member of any of these p Loans and other receivables from other disqualified				5	
	under section 4958(f)(1)), and persons described in				6	
Assets	Notes and loans receivable, net	Section 490	DO(C)(S)(B)		7	
, AS	· · · · · · · · · · · · · · · · · · ·				8	
9				25,607	9	22,801
_	la Land, buildings, and equipment: cost or other			25,007	3	22,001
'0		10a	2-793-298			
١,	basis. Complete Part VI of Schedule D b Less: accumulated depreciation	10a	2,793,298 735,384	2,330,261	10c	2,057,914
11	Investments—publicly traded securities	. 100		109,019	11	110,738
12				48,057	12	52,894
13				20,007	13	32,032
14					14	
15			1,449,268	15	1,241,799	
16		ne 33)		5,131,442	16	4,525,114
17				116,455	17	180,014
18					18	
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part	dule D		21		
ဖွ 22						
≝	trustee, key employee, creator or founder, substant		1000			
	controlled entity or family member of any of these p				22	
ີ່ 23		third partie	s	21,496	23	14,956
24		ird parties			24	
25						
	parties, and other liabilities not included on lines 17	-24). Compl	lete Part X			
	of Schedule D			1,601,278	25	1,234,810
26	Total liabilities. Add lines 17 through 25			1,739,229	26	1,429,780
ω	Organizations that follow FASB ASC 958, check					
ဦ	and complete lines 27, 28, 32, and 33.					
평 27	Net assets without donor restrictions			3,351,822	27	2,888,897
28			<u></u>	40,391	28	206,437
<u> </u>	Organizations that do not follow FASB ASC 958	, check her				
<u> </u>	and complete lines 29 through 33.					
Net Assets of Fund balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				29		
30	, , ,				30	
g 31		ne, or other	funds		31	
5 32				3,392,213	32	3,095,334
⁻ 33	Total liabilities and net assets/fund balances			5,131,442	33	4,525,114

Form **990** (2023)

Form 990 ((2023)	Nevada	Society	for	the	Preventi	on	88-0	187	38	33
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Ρ	age	1	2

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,74	6,7	745
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,04		
3	Revenue less expenses. Subtract line 2 from line 1	3			914
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,39	2,2	<u> 213</u>
5	Net unrealized gains (losses) on investments	5		6,0	<u>035</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,09	5,3	<u> 334</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	
				Yes	No
1	J 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
28	a 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 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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
38	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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2073

Open to Public Inspection

Name of the organization Nevada Society for the Prevention of Cruelty to Animals

Employer identification number

		_		O AIIIMAIS			100-010			
Pa	art l	Reas	on for Public Charity	/ Status. (All organizatio	ns mus	t comp	<u>lete this part.) See instr</u>	uctions.		
The	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through 1	2, check	only one	box.)			
1		A church, co	nvention of churches, or as	sociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).			
4	П			ed in conjunction with a hospit				the hospital's nar	me.	
-	ш	city, and stat	= -				20.00. 1. 2(12)(13)(13)(13)		,	
5		•		t of a college or university own	ed or one	rated by	a governmental unit describe	 ed in		
٠	Ш	=		=	ica or ope	nated by	a governmental unit describe	Su III		
6			(b)(1)(A)(iv). (Complete Pa	· · · · · · · · · · · · · · · · · · ·	n coction	170/b)/	1)(A)(y)			
6	\vdash		=	governmental unit described in				مناطنية		
7	Ш	-	section 170(b)(1)(A)(vi).	a substantial part of its support	t iroin a g	overnine	intal unit of from the general p	Dublic		
				170(b)(1)(A)(vi). (Complete F	Port II \					
8	Н						anni mating with a land grant			
9				escribed in section 170(b)(1)(
		university:	or a non-land-grant college	e of agriculture (see instruction	is). Enter	the name	e, city, and state of the colleg	e or		
40	X		ion that narmally receives	(1) more than 33 1/3% of its su			utions memberahin fees on			
10	Λ			empt functions, subject to certa						
		•		and unrelated business taxable	•		` '			
				30, 1975. See section 509(a)						
11		An organizat	ion organized and operated	d exclusively to test for public	safety. Se	e sectio	n 509(a)(4).			
12	П	•	•	d exclusively for the benefit of,	•		` '` '	ourposes of		
	ш			ations described in section 50						
				escribes the type of supporting						
	а	Type I. A	A supporting organization o	perated, supervised, or contro	lled by its	support	ed organization(s), typically b	y giving		
				ower to regularly appoint or ele	-					
		supportin	ng organization. You must	complete Part IV, Sections A	A and B.					
	b	Type II.	A supporting organization s	supervised or controlled in con	nection w	ith its su	pported organization(s), by h	aving		
				orting organization vested in th	ie same p	ersons t	hat control or manage the su	oported		
		organiza	tion(s). You must complet	e Part IV, Sections A and C.						
	С	its suppo	functionally integrated . A orted organization(s) (see ir	supporting organization operastructions). You must compl e	ated in co ete Part l	nnection V, Secti o	with, and functionally integra	ted with,		
	d	Type III	non-functionally integrate	ed. A supporting organization	operated	in conne	ction with its supported orgar	nization(s)		
				ne organization generally must				tiveness		
		requirem	ent (see instructions). You	must complete Part IV, Sect	tions A a	nd D, an	d Part V.			
	е			eceived a written determination				II		
				on-functionally integrated supp	porting or	ganizatio	n.	Г		
	f		mber of supported organiza					L		
	g			the supported organization(s).						
(i)		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the clisted in you		(v) Amount of monetary support (see	(vi) Amount of other support (s		
	Oig	garnzation		above (see instructions))		nent?	instructions)	instructions)		
				, , ,	Yes	No	,	,		
(A)										
()										
(B)										
(-)										
(C)										
(-)										
(D)										
` '										
(E)										
-										
	_									

Schedule A (Form 990) 2023

Nevada Society for the Prevention 88-0187383

Page 2

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	c. (see instructions	s)				12	
13	First 5 years. If the Form 990 is for the o	organization's first	, second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
_	organization, check this box and stop he						<u></u>	
Sec	tion C. Computation of Public S							
14	Public support percentage for 2023 (line	6, column (f) divid	led by line 11, co	lumn (f))			14	%
15	Public support percentage from 2022 Sc	hedule A, Part II, I	ine 14				15	%
16a	33 1/3% support test — 2023. If the org				14 is 33 1/3% or n	nore, check	this	
	box and stop here. The organization que							L
b	33 1/3% support test — 2022. If the org				line 15 is 33 1/3%	o or more, c	песк	
170	this box and stop here . The organization							Ц
17a	10%-facts-and-circumstances test — 2						,	
	10% or more, and if the organization me Part VI how the organization meets the f					-		
h	organization							Ц
b	10%-facts-and-circumstances test — 2	=						
	15 is 10% or more, and if the organization				-	•		
	in Part VI how the organization meets the					• •		
1 Q	organization Private foundation. If the organization of	did not check a ba	v on line 12 160	16h 17a ar 17h	chack this boy o			Ц
18								
	instructions							Ц

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

187383 Page **3**

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.)

Sec	tion A. Public Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,187,636	1,815,567	3,852,578	2,878,553	2,515,634	12,249,968
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	150,157	70,280	32,895			253,332
3	Gross receipts from activities that are not an unrelated trade or business under section 513				203,300	207,422	410,722
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,337,793	1,885,847	3,885,473	3,081,853	2,723,056	12,914,022
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	334,449	886,242	1,233,062	1,244,029	807,578	4,505,360
С	Add lines 7a and 7b	334,449	886,242	1,233,062	1,244,029	807,578	4,505,360
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						8,408,662
	tion B. Total Support	(a) 2010	(h) 2020	(a) 2024	(4) 2022	(2) 2022	(f) Total
9	A (f !: 0	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1,337,793	1,885,847	3,885,473	3,081,853	2,723,056	12,914,022
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	178	2,695	1,680	914	2,889	8,356
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,					
С	Add lines 10a and 10b	178	2,695	1,680	914	2,889	8,356
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	14,870	12,657	16,533	17,957	16,800	78,817
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.)	1,352,841	1,901,199	3,903,686	3,100,724	2,742,745	13,001,195
14	First 5 years. If the Form 990 is for the committee about this have and store be			-		. , . ,	
500	organization, check this box and stop hetion C. Computation of Public S						
15	Public support percentage for 2023 (line			dumn (f))		15	64.68%
16	Public support percentage from 2022 Sc						59.83%
	tion D. Computation of Investm						33.03 %
17	Investment income percentage for 2023			e 13. column (f))		17	%
	evestment income percentage from 2022		L line 17			10	%
19a							
b	17 is not more than 33 1/3%, check this 33 1/3% support tests — 2022. If the or	box and stop here	. The organization	on qualifies as a p	ublicly supported	organization	X and
	line 18 is not more than 33 1/3%, check	-					
20	Private foundation. If the organization of	-	_			_	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified 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.
- 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.
 - 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.)

	Yes	No
1		
3a		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		
6		
7		
8		
9a 9b		
9c		
10a		
10b chedule A	(Form 9	90) 2023

Schedule A (Form 990) 2023 Part IV

rai	Supporting Organizations (continued)			
			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		
	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		
Sect	ion 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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	J		
	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,	2		
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations			
OCCL	ion o. Type ii oupporting organizations	1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	ion z.r.m. typo m oupporting 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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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 .	3a		
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.

3b

Page 5

Schedu	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O			7 5 8 5 Page 6
<u>гаі</u> 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on			: \//\ Coo
'	instructions. All other Type III non-functionally integrated supporting organizations in		• •	•
Sect	ion A – Adjusted Net Income	ilust c	(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		
Sect	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		
c	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 Part VI):			
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		
Sect	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		
7	Check here if the current year is the organization's first as a non-functionally integrat	ed Ty _l	pe III supporting organiza	ation

Schedule A (Form 990) 2023

(see instructions).

	lle A (Form 990) 2023 Nevada Society 10				383 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continu	iea)	
Sect	ion D – Distributions				Current Year
1					
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		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 the orga	nization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ns	(iii) Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required– <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
n	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
	Applied to underdistributions of prior years				
-	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7: Excess from 2019				
2	Excess from 2019				

Schedule A (Form 990) 2023

b Excess from 2020 . c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Fo		Nevada	Society	ior the	<u> </u>	n 88-01873	83	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V	/, Section A, I Part IV, Section	ines 1, 2, 3b, on C, line 1; F	3c, 4b, 4c, 5 Part IV, Section	a, 6, 9a, 9b, 9c, on D, lines 2 and	11a, 11b, and 11 3; Part IV, Secti	c; Part IV, on E, lines	Section 1c, 2a, 2b
	lines 2, 5, and 6.	Also complete	e this part for	any addition	al information. (S	See instructions.)		
• • • • • • • • • • • • • • • • • • • •								
*								

DAA Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

Inspection Name of the organization Employer identification number Nevada Society for the Prevention of Cruelty to Animals 88-0187383 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts 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) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Schedule D (Form 990) 2023 Nevada Society for the Prevention 88-0187383 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Loan or exchange program а Public exhibition b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV **Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No **b** If "Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions **c** Net investment earnings, gains, and **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,147,210	524,559	1,622,651
d Equipment		125,292	58,010	67,282
e Other		520,796	152,815	367,981
Total. Add lines 1a through 1e. (Column (d) must	2,057,914			

Schedule D (Form 990) 2023

Schedule D (F	Form 990) 2023 Nevada Society for th Investments – Other Securities	<u>ne Prevention</u>	88-0187383	Page
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) Financial	dorivativos		Cost of end-of-year i	narket value
	eld equity interests			
(2) Olobory III (3) Other				
(A)				
(D)				
(E)				
(G)				
(H)				
Part VIII	In (b) must equal Form 990, Part X, line 12, col. (B))			
rail VIII	Complete if the organization answered "Yes" o	n Form 000 Part IV	line 11c See Form 000	Dart Y line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(a) Decomption of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization engagered "Yee" o	n Form 000 Port IV	ling 11d Sag Form 00	Dort V line 15
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	ille 11a. See Form 99	(b) Book value
(1)	ROU Asset			1,194,020
(2)	Security Deposit			47,773
(3)	Dood-101 Doposio			_,,,,,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			1,241,799
Part X	Other Liabilities	Farma 000 David IV	line 44e en 44f Cee Fe	000 David V
	Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV,	line Tie of Tit. See Fo	orm 990, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			1 004 01
	Liability			1,234,81
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 25, col. (B))			1,234,810
	uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization	's financial statements that re	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2023 Nevada Society for the Prevention 88-0187383

Page 4

Schedule D (F	Form 990) 2023	Nevada	Society	for	the	Prevention	88-0187383	Page 5
Part XIII	Suppleme	ntal Informa	ation (continu	ued)			88-0187383	
• • • • • • • • • • • • • • • • • • • •								

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public

Name of the organization Nevada Society for the Prevention

of Cruelty to Animals

Employer identification number

of Cruelty to Animals 88-0187383 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions' col. (i) Yes No 1 2 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023 Nevada Society for the Prevention 88-0187383

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Brunch Bash Neon Dog Walk None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 113,852 99,863 213,715 93,292 2 Less: Contributions 75,066 168,358 3 Gross income (line 1 minus 20,560 24,797 45,357 line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs **7** Food and beverages 8 Entertainment 20,560 24,797 45,357 **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 45,357 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) 2023 Nevada Society for the Prevention 88-0187383			Page 3
11	Does the organization conduct gaming activities with nonmembers?		١ ا	res No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
	formed to administer charitable gaming?			res No
3	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b		13b		%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name			
	Address			
	7 Muli 1000			
52	Does the organization have a contract with a third party from whom the organization receives gaming			
Ju				res No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the			163 140
D	amount of gaming revenue retained by the third party \$			
_	If "Yes," enter name and address of the third party:			
C	if Yes, enter name and address of the third party:			
	Name			
	Name			
	Address			
	Address			
6	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer			
7	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		'	res No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inforn	natio	n.
	See instructions.			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

20123

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Nevada Society for the Prevention of Cruelty to Animals

Employer identification number

88-0187383

			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	o If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5				
·	compensation contingent on the revenues of:			
а	The organization?	5a		x
	Any related organization?			X
_	If "Yes" on line 5a or 5b, describe in Part III.			
e	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
_		6-		x
		6a		X
I.	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		Λ
	ii Tes off life da of ob, describe iii Fart III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	1 0		1

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

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

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

			and/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Lori Heeren	(i)	130,040	5,300	0	1,353	14,492	151,185		
Executive Director	(ii)	0			0	0			
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
•	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
i.	(ii)								
	(i)					_	_		
5	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 Nevada Society for the Prevention 88-0187383 Part III Supplemental Information	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for for any additional information.	r Part II. Also complete this part
•	

SCHEDULE M (Form 990)

Noncash Contributions

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.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

	of Cruel	ty to	Animals			88-018738	33		
Pa	rt I Types of Property	(-)	(1-)	(c)		(-1)			
		(a) Check if	(b) Number of contributions or	Noncash contribution		(d) Method of determining			
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	r	noncash contribution amo			
1	Art — Works of art	• • • • • • • • • • • • • • • • • • • •		Form 990, Fait Vill, line 1g					
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household								
3	goods								
6	Cars and other vehicles	Х	1	32,702	Fair ma	arket valu	ıe		
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								
25	Other ()								
26	Other (Supplies)	X	2500	41,653	Fair ma	arket valu	ıe		
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received b	-							
	which the organization completed	Form 8283	B, Part V, Donee Acknow	wieagement [29			V	NI-
20-	During the year did the aggregate	:	h., contribution on, ma	nambu namambad in Dant I lin	4 thurs			Yes	No
30a	During the year, did the organization				_				
	28, that it must hold for at least 3 y				•		200		x
h	used for exempt purposes for the		ing period?				30a		<u> </u>
	If "Yes," describe the arrangement Does the organization have a gift a		a policy that requires the	review of any panetard	ord				
31	aantributiana?	·		•			24		Y
32-									<u> </u>
32a	1.31 13 0	•	•	•			220		x
h	contributions?						32a		47
ь 33	If the organization didn't report an	amount in	column (c) for a type of	nroperty for which column	n (a) is chacker	1			
00	describe in Part II.	amount III	ocidinii (o) ioi a type oi	property for willon column	ii (a) is cliecked	4,			
	GOODING III I' AIL II.								

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.
	, , , , , , , , , , , , , , , , , , , ,
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Nevada Society for the Prevention of Cruelty to Animals

Employer identification number 88-0187383

Form 990, Part III, Line 4a - First Accomplishment

Nevada SPCA takes in 2500 animals annually in an average year, providing
them temporary shelter, medical care and then rehoming them into loving new
families. Nevada SPCA is a safety net for our community's homeless pets,

surrender them for a variety of reasons including financial insecurity and family changes. The rest of our intake is from transfers from other local

shelters to help pets that require more medical attention in order to

with over sixty-five percent of our animals coming from owners who need to

prepare them for adoption and orphan kittens from the streets. Nevada SPCA

found homes for 2270 animals in 2023. Nevada SPCA increases the humananimal bond in our community through robust volunteer and foster programs

with over 250 active volunteers and over 150 active foster parents: our

foster parents fostered 897 foster pets in 2023. Nevada SPCA continued its

Pet Pantry started in 2020 to provide free dog and cat food to our

community's pet owners in financial need and provided 52,306 meals to those

owners' pets.

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

3rd party CPA prepares draft of the return for the board appointed Finance

Committee and Board President to review. The Finance Committee then

presents to the Board for final review and approval. Directors review any

updates with the President and the Finance Committee prior to submittal.

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

Board discusses with their attorney to assess and monitor conflicts. All For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023

Name of the organization Nevada Society for the Prevention	Employer identification number 88-0187383
Board members sign a conflict of interest agr	eement, so actions can be
taken to protect the non-profit as needed.	
Form 990, Part VI, Line 15a - Compensation Pr	ocess for Top Official
The Board consults with outside consultants r	egarding salary and
compensation matters. The Board performs an a	nnual review of the executive
director's salary, to comply with non-profit	standards.
Form 990, Part VI, Line 19 - Governing Docume	nts Disclosure Explanation
Form 990, Part XI, Line 9 - Other Changes in	Net Assets Explanation
AP Decrease, Net Revenue Increase	\$ 0

990_T

Exempt Organization Business Income Tax Return

OMB No.	1545-0047
20	23

FOII			(and proxy tax under sect	tion 6033(e))			2023		
	For calendar year 2023 or other tax year beginning, and ending						Open to Public Inspection		
Dep	artment of the Treasury	tion.		for 501(c)(3)					
Inter	rnal Revenue Service	Do no	ot enter SSN numbers on this form as it may be made	public if your organiza	tion is a 501(c)(3).	Organizations Only		
Α	Check box if	D Employer	iden	tification number					
_	address changed.		Nevada Society for the B						
	Exempt under section	Print		187383					
	X 501(C)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		E Group exe	•			
	408(e) 220(e	Type	5375 Procyon Street, Sui		(see instru	ction	s)		
ĺ	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal						
ا]		´		89118		necl	k box if		
	529(a) 529A		Book value of all assets at end of year				nended return.		
G	Check organization ty	ре		01(a) trust Oth	er trust Sta	ate o	college/university		
			6417(d)(1)(A) Applicable entity						
	Check if filing only to		Credit from Form 8941 Refund shown on				nt from Form 3800		
			ion filing a consolidated return with a 501(c)(2) titleh						
			Schedules A (Form 990-T)			<u></u>			
	•		orporation a subsidiary in an affiliated group or a pa	rent-subsidiary contro	lled group?		Yes X No		
	If "Yes," enter the nan	ne and ic	dentifying number of the parent corporation						
							A		
	The books are in care		Lori Heeren	Te	elephone numbe	<u>r</u>	702-873-438		
100000000000000000000000000000000000000			ed Business Taxable Income				17 004		
1		usiness t	taxable income computed from all unrelated trades	or businesses (see in	, · ·	1	17,800		
2	Reserved					2	1= 004		
3	Add lines 1 and 2					3	17,800		
4	Charitable contribut	ions (see	e instructions for limitation rules)			4			
5			cable income before net operating losses. Subtract li	ine 4 from line 3		5	17,800		
6		_	loss. See instructions			6			
7			taxable income before specific deduction and sectio	n 199A deduction.			4= 004		
	Subtract line 6 from					7	17,800		
8			y \$1,000, but see instructions for exceptions) \dots			8	1,000		
9			ction. See instructions			9			
10	Total deductions.					10	1,000		
11_			e income. Subtract line 10 from line 7. If line 10 is g	greater than line 7, en	ter zero 1	11	16,800		
	art II Tax Cor								
1	_		corporations. Multiply Part I, line 11 by 21% (0.21)		· · · · · · · · · · · · · · · · · · ·	1	3,528		
2			es. See instructions for tax computation. Income tax						
			x rate schedule or Schedule D (Form 1041)			2	(
3	Proxy tax. See inst					3			
4	Other tax amounts.	See inst	ructions			4			
5	Alternative minimun		······································			5			
6	•		ity income. See instructions			6	2 50		
7_			to line 1 or 2, whichever applies			7	3,528		
P	art III Tax and			1.1					
1a	• ,	•	ons attach Form 1118; trusts attach Form 1116)						
b	- \								
С			ach Form 3800 (see instructions)						
d			m tax (attach Form 8801 or 8827)						
е						1e	2 50/		
2			line 7	1 1		2	3,528		
3a									
b									
C	Amount due from Fo								
d									
е		-		3e	_				
f	Total amounts due.				<u> 3</u>	3f			
4			f (see instructions) Check if includes tax previ	iously deferred under					
	section 1294. Ente					4	3,528		
5	Current net 965 tax	liability p	paid from Form 965-A, Part II, column (k)			5			
For DAA	raperwork Reduction	n ACT N	otice, see instructions.				Form 990-T (2023		

Form 990-T ((2023)	Nevada	Society	for	the	Prevention	88-0187383
Part III	Tax	and Payme	ents (continu	ed)			

Pa	art III Tax and Payments (contin				, ,						
6a	, , , , , , , , , , , , , , , , , , , ,		-		6a						
b	Current year's estimated tax payments. Ch	eck if sect	ion 643(g) election	on							
	applies				6b						
С	Tax deposited with Form 8868				6c						
d	Foreign organizations: Tax paid or withheld	d at source	(see instructions	s)	6d						
е	Backup withholding (see instructions)				6e						
f	Credit for small employer health insurance				6f						
g	Elective payment election amount from For	m 3800			6g						
h					6h						
i					1 1						
j	Other (see instructions)				6j						
7	Total payments. Add lines 6a through 6j						·	7			
8	Estimated tax penalty (see instructions). Ch						X	8			210
9	Tax due. If line 7 is smaller than the total o							9		<u>3,</u>	<u>,738</u>
10	Overpayment. If line 7 is larger than the to				erpaid			10			
<u>11</u>	Enter the amount of line 10 you want: Cred					Refunde		11			
	art IV Statements Regarding Co										
1	At any time during the 2023 calendar year,		-		_		-			Yes	s No
	over a financial account (bank, securities, o		-		_	-					
	FinCEN Form 114, Report of Foreign Bank	and Finar	ncial Accounts. If	"Yes," enter	the name	of the foreign cou	ıntry				
	here										X
2	During the tax year, did the organization re-			_	antor of, o	r transferor to, a	foreig	n trust?			X
	If "Yes," see instructions for other forms the	•	•								
3	Enter the amount of tax-exempt interest red		•			\$					
4	Enter available pre-2018 NOL carryovers h					y post-2017 NOL		/over			
	shown on Schedule A (Form 990-T). Don't	reduce the	e NOL carryover	shown here b	y any dec	luction reported o	n				
	Part I, line 6.										
5	Post-2017 NOL carryovers. Enter the Busin		•	•		•					
	the amounts shown below by any NOL clair		ny Schedule A, Pa								
	Business Activity Co	ode			Available	post-2017 NOL c	arryo	ver			
				\$							
				\$							
				\$							
	Reserved for future use										
	Reserved for future use							<u> </u>			
	art V Supplemental Information										
Prov	ide any additional information. See instruction	ns.									
	Under penalties of perjury, I declare that I have			_	-						dge and
	belief, it is true, correct, and complete. Decla	aration of p	reparer (other than	taxpayer) is ba	ased on all	information of whicl	n prep				
O:									•	RS discuss th	
Sig	jn							W	ith the pr	reparer show	n below
He	re							(5		uctions)?	
			_	_				L	X	Yes	No
			Presi	dent							
	Signature of officer	Date	Title			1					
	Print/Type preparer's name		Preparer's signature			Date]	Check	if	PTIN	
Paid	Jessica P Sayles		Jessica P Sa	yles		06/11	/24	self-emplo	yed	P01530	213
	Firm's name							Firm's El			
	Only Houldsworth, Russo	& Co	mpany, P	.c			ļ	88-0)37 <i>4</i>	623	
- 56	Firm's address							Phone no	٥.		
	8675 S Eastern Ave		A								
	Las Vegas, NV 891	23						<u> 702-</u>		<u> -999</u>	
DAA									For	m 990-Т	(2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

E Describe the unrelated trade or business

Unrelated Trade or Business Income

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

A Name of the organization Nevada Society for the Prevention	B Employer id 88-01873		ation ı	numbe
C Unrelated business activity code (see instructions) 531390	D Sequence:	1	of	1

Unrelated Business Activity

(A) Income

(B) Expenses

000000000000000000000000000000000000000						
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or					
	Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) See Stmt 1	5	20,800			20,800
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12		20,800			20,800
Pa	art II Deductions Not Taken Elsewhere See instructions		nitations on deduct	ions. Ded	uctions r	must be
	directly connected with the unrelated business incom				1	
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages					
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	0
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)		6 6		13	2 000
14	Other deductions (attach statement)				14	3,000
15	Total deductions. Add lines 1 through 14				15	3,000
16	Unrelated business income before net operating loss deduction. Subtract lin				40	17 000
47	column (C)				16	17,800
17	Deduction for net operating loss. See instructions				17	17 000
18 For	Unrelated business taxable income. Subtract line 17 from line 16				18 A (F	17,800
ror	Paperwork Reduction Act Notice, see instructions.			Sch	equie A (F	Form 990-T) 2023

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Inventory at beginning of year 1 2 2 2 3 3 4 4 4 4 4 4 5 5 5 5		edule A (Form 990-T) 2023 Nevada Sort III Cost of Goods Sold	Enter method of	inventory valuation	00 010/303	Page 2
2 Cost of labor 3 3 4 4 4 4 4 4 4 4	-			•	1	
4 Additional section 25tA costs (affacts statement) 5 Other costs (catch statement) 6 Total. Add lines 1 through 5 7 Inventory a tend of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 25tA (with respect to property produced of acquired for resale) apply to the organization? 8 No Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D 2 Rent received or accrued A B C D 3 From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) 4 Description of personal property is more than 10% but not more than 50% of the entit is based on profit or income) 5 Six of if the entit is based on profit or income) 6 Total rents received or accrued Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 4 Description of debt-financed property (street address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D 5 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (B) Fart V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D 2 Gress income from or allocable to debt-financed property (state address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D 5 Cross income from or allocable to debt-financed property (state address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D 5 Cross income from or allocable to debt-financed property (state address, city, state, ZIP code), Check if a dual-use. See instructions. A C D 5 Cross income from or allocable to debt-financed property (state) statement) 5 C Total reduc	2					
5 Other costs (attach statement)	3					
6 Total. Add lines 1 through 5	-	Additional section 263A costs (attach statem	ent)		4	
7 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 283A (with respect to property produced or acquired for rease) apply to the organization? 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D D Sear received or accrued A B C D D Sear received or accrued A From personal property (if the percentage of reref for personal property exceeds 50% of the reref is based on profit or income) C Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 4 Description of debt-financed income (see instructions) 7 Total deductions, Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 8 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (B) 9 A B C D Gross income from or allocable to debt-financed property (street address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D Gross income from or allocable to debt-financed property (street address, city, state, ZIP code), Check if a dual-use. See instructions. A B C D Gross income from or allocable to debt-financed property (states statement) b Other deductions (sta		Other costs (attach statement)			5	
8 Cost of goods solds. Subtract line 7 from line 6. Enter here and in Part I, line 2. Do the nuter of section 2384 with respect to property produced or accounted for resale) apply to the organization? Part M Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D D Rent received or accrued A B C D D Rent received or accrued A B C D D Rent received or accrued A B C D D Rent received or accrued a From personal property (if the percentage of rent for personal property (if the percentage of personal personal property (if the percentage of personal						
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Divide line 4 by line 5 % % % % % % % % % % % % % % % % % %	•		-			
7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	6		%	%	%	%
9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)						
9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	Я	Total gross income (add line 7 columns A	through D). Enter here and	d on Part I line 7 column	(A)	
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				1	v y	
	9		<u> </u>			
11 Total dividends — received deductions included in line 10	10	Total allocable deductions. Add line 9, col	umns A through D. Enter h	ere and on Part I, line 7,	column (B)	
	11	Total dividends — received deductions in	cluded in line 10			

Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) Expenses directly connected with production of unrelated business income. Enter here and on Part I,

Gross income from activity that is not unrelated business income

Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

line 10, column (B)

Expenses attributable to income entered on line 5

4. Enter here and on Part II, line 12

Schedule A (Form 990-T) 2023

3

4

5

6

2

5

hedule A (Form 990-T) 2023 Nevada Soci	lety for the I	revention	88-0187383	Page
Part IX Advertising Income Name(s) of periodical(s). Check box if reporting	two or more periodicals or	a a consolidated basis	<u> </u>	
A	two or more periodicals of	i a consolidated basis	o.	
В —				
c –				
D				
ter amounts for each periodical listed above in the	corresponding column.			
·	Α	В	С	D
Gross advertising income				
) and I lime 44 and unam (A)			
a Add columns A through D. Enter here and on P	'art I, line 11, column (A)		·····	
Direct advertising costs by periodical				
a Add columns A through D. Enter here and on P	Part I line 11 column (B)			
	(B)			
Advertising gain (loss). Subtract line 3 from line				
2. For any column in line 4 showing a gain,				
complete lines 5 through 8. For any column in				
line 4 showing a loss or zero, do not complete				
lines 5 through 7, and enter -0- on line 8				
Readership costs				
Circulation income Excess readership costs. If line 6 is less than				
line 5, subtract line 6 from line 5. If line 5 is less				
·				
than line 6, enter -0- Excess readership costs allowed as a				
deduction. For each column showing a gain on				
line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the great	ater of the line 8a. columns	total or -0- here and	on	
Part II, line 13				
art X Compensation of Officers, D			<u>-</u>	
art A Compensation of Officers, L	diectors, and muste	es (see mshucho	3. Percentage	4. Compensation
1. Name		2. Title	of time devoted	attributable to
			to business	unrelated business
)			9	6
,)			9	-
5)				6
)				6
	1		'	
otal. Enter here and on Part II, line 1				
art XI Supplemental Information (s	see instructions)			

8846 Nevada Society for the Prevention

Federal Statements

6/11/2024 10:08 AM Page 1

FYE: 12/31/2023

88-0187383

Unrelated Business Activity Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Directions (F		Net Income
BBWT K-1	\$ 20,800	\$	\$	20,800
Total	\$ 20,800	\$	0 \$	20,800

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	 Deduction Amount
Tax Preparation Fees	\$ 3,000
Total	\$ 3,000

Form 990-T

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2023

Department of the Treasury Internal Revenue Service

Nevada Society for the Prevention

of Cruelty to Animals

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty

Employer identification number 88-0187383

	d and bill the corporation. However, the corporation may 38, on the estimated tax penalty line of the corporation's		•			nount from p	page 2,
Pa	art I Required Annual Payment						
1 2a	Total tax (see instructions) Personal holding company tax (Schedule PH (Form 1					1	3,528
	Look-back interest included on line 1 under section 46	,	•				
	contracts or section 167(g) for depreciation under the	incom	e forecast method	2b			
С	Credit for federal tax paid on fuels (see instructions)						
d	Total Add lines 2s through 2s					2d	
3	Subtract line 2d from line 1. If the result is less than \$5	•	•	·		3	2 529
4	does not owe the penalty Enter the tax shown on the corporation's 2022 income tax re	turn C	on instructions. Caution			3	3,528
4	the tax year was for less than 12 months, skip this line and e					4	3,771
5	Required annual payment. Enter the smaller of line				ne 4 enter	7	3/1/2
3	the amount from line 3	3 OI III	ie 4. ii tile corporation	i is required to skip iii	ic 4, criter	5	3,528
P	art II Reasons for Filing—Check the box	ves h	elow that apply I	f any hoves are o	hecked		
	Form 2220 even if it does not owe a				niconca,	uno oorpe	ration mast me
6	The corporation is using the adjusted seasonal ins			0110.			
7	The corporation is using the annualized income in						
8	The corporation is a "large corporation" figuring its			sed on the prior year	's tax		
	art III Figuring the Underpayment			oou on the prior you.	- 10,71		
	J. J. L. L. P. J. L.		(a)	(b)	(0	;)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day		` '	. ,	,	,	,
	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th						
	months of the corporation's tax year	9	04/15/23	06/15/23	09/1	5/23	12/15/23
10	Required installments. If the box on line 6 and/or line 7 above is						
	checked, enter the amounts from Schedule A, line 38. If the box on						
	line 8 (but not 6 or 7) is checked, see instructions for the amounts to						
	enter. If none of these boxes are checked, enter 25% (0.25) of line 5	4.0	993	002		000	882
	above in each column	10	882	882		882	002
11	Estimated tax paid or credited for each period. For column (a) only,	4.4					
	enter the amount from line 11 on line 15. See instructions	11					
	Complete lines 12 through 18 of one column before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12					
13	Add lines 11 and 12	13					
14	Add amounts on lines 16 and 17 of the preceding column	14		882		1,764	2,646
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0		0	(
16	If the amount on line 15 is zero, subtract line 13 from line 14.						
	Otherwise, enter -0-	16		882		1,764	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line						
	15 from line 10. Then go to line 12 of the next column. Otherwise, go						
	to line 18	17	882	882		882	882
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line						
	15. Then go to line 12 of the next column	18					

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

Form 2220 (2023) Nevada Society for the Prevention 88-0187383

Part IV Figuring the Penalty

Page 2

	artiv riguring the renarty		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after		(4)	(2)	(5)	(4)
	the close of the tax year, whichever is earlier. (C corporations with					
	tax years ending June 30 and S corporations: Use 3rd month					
	instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th					
	month instead of 4th month.) See instructions	19	See Worksh	eet		
20	Number of days from due date of installment on line 9 to the date shown on line 19	20				
21	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
22	$\frac{\text{Number of days on line 21}}{\text{Underpayment on line 17 x}} \times \frac{\text{Number of days on line 21}}{365} \times 7\% \text{ (0.07)}$	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
24	$\frac{\text{Number of days on line 23}}{\text{Underpayment on line 17 x}} \times \frac{365}{365} \times \frac{7\%}{365} \times \frac{7\%}{365} \times \frac{1000}{300} \times 100$	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25				
26	Number of days on line 25 Underpayment on line 17 x 365 x 8% (0.08)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27				
28	Number of days on line 27 Underpayment on line 17 x 366 x *%	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
30	Number of days on line 29 Underpayment on line 17 x 366 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
32	Number of days on line 31 Underpayment on line 17 x 366 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
34	Number of days on line 33 Underpayment on line 17 x 366 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
36	$\frac{\text{Number of days on line } 35}{\text{Underpayment on line } 17 \text{ x}} = \frac{365}{365} \times \text{x}^{*}\%$	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter line for other income tax returns					\$ 210

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

orm 2220			orm 2220 Works			2023
	For calendar	year 2023, or tax yea	r beginning	, and ϵ	ending	
e avada S	Society for	the Preven	tion			Employer Identification Numb
	ty to Anima					88-0187383
		1st Quarter	2nd Quarte		3rd Quarter	4th Quarter
Oue date of es Amount of und	stimated payment derpayment	04/15/23 88	06/15/2 2	882 882	09/15/23 88	12/15/23 82 88
rior year ove	rpayment applied		<u> </u>			
					411.5	
	1st Pay	ment 2nd	l Payment 3rd	Payment	4th Payme	ent 5th Payment
Date of payme Amount of pay	ent	/ment 2nd	Payment 3rd	Payment	4th Paymo	ent 5th Payment
	ent	To	Underpayme:			Penalty
Amount of pay	rent		Underpayme:			Penalty
Qtr	ent vment	То	Underpayme:	nt #Days	s Rate	Penalty 2
Qtr 1 2	From 4/15/23	To 9/30/23	Underpayme:	nt #Days	Rate 7.00	Penalty 2
Qtr	From 4/15/23 9/30/23	To 9/30/23 5/15/24	Underpayme: 8 8 8	nt #Days 82 168 82 228	Rate 7.00 8.00	Penalty 2 4
Qtr 1 2 2	From 4/15/23 9/30/23 6/15/23	To 9/30/23 5/15/24 9/30/23	Underpayme: 8 8 8 8	nt #Days 82 168 82 228 82 107	7.00 8.00 7.00	Penalty
Qtr 1 2	From 4/15/23 9/30/23 6/15/23 9/30/23	To 9/30/23 5/15/24 9/30/23 5/15/24	Underpayme:	nt #Days 	Rate 7.00 8.00 7.00 8.00	Penalty 2 4 1

Total Penalty

210

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)
Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No. 17

Name(s) shown on return

Nevada Society for the Prevention

of Cruelty to Animals

Identifying number 88-0187383

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 13 **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 316,163 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L MM S/L i Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year b S/L 12 yrs. 30-year С 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) $7,\overline{423}$ 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 323,586 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Nevada Society for the Prevention 88-0187383 Form 4562 (2023) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes No (i) (a) (b) (e) (f) (g) Business/ Elected section 179 Type of property (list vehicles first) Date placed Method/ Depreciation Basis for depreciation Recovery investment use Cost or other basis (business/investment cost in service period Convention deduction Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 Property used more than 50% in a qualified business use: 26 Promaster Van 5.0 10/22/18 100.00% 14,605 14,605 200DB 1,338 Ford 2019 30,423 30,423 6,085 04/06/21100.00% 5.0 S/L-Property used 50% or less in a qualified business use: S/L-S/L-7,423 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (a) (c) (d) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year 31 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No X 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the X use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) (d) (a) (c) Amortization Date amortization Description of costs Amortizable amount Code section Amortization for this year period or begins percentage 42 Amortization of costs that begins during your 2023 tax year (see instructions): 43 Amortization of costs that began before your 2023 tax year 43

44

Total. Add amounts in column (f). See the instructions for where to report

FYE: 12/31/2023

8846 Nevada Society for the Prevention
88-0187383 Federal Asset Report Form 990, Page 1

06/11/2024 10:08 AM Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
8 C 16 L 19 D 22 A 25 P 26 S 33 B 34 C 35 K	Depreciation: Computer Laptop Dog Tag Mahine Apple Computer Pressure Washer Security Cameras Building Improvements Office Furniture Kennels Washer & Dryer High Impact Signs	9/15/10 2/05/18 6/30/18 1/08/18 1/05/19 7/02/19 11/30/21 10/31/21 12/01/21 12/01/21	1,000 515 4,806 1,393 3,645 2,257 2,010,056 25,000 446,005 5,943 17,829	-	1,000 515 4,806 1,393 3,645 2,257 2,010,056 25,000 446,005 5,943 17,829	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 8 MO S/L 7 MO S/L 7 MO S/L 5 MO S/L 5 MO S/L	1,000 515 4,806 1,393 3,354 2,076 266,531 4,167 69,025 1,387 1,288	0 0 0 0 291 181 246,029 3,571 63,715 1,188 1,188
	Total Other Depreciation	-	2,518,449	-	2,518,449	-	355,542	316,163
	Total ACRS and Other Depre	ciation =	2,518,449	=	2,518,449	=	355,542	316,163
1 P	Property: Promaster Van Ford 2019	10/22/18 4/06/21	14,605 30,423 45,028	- -	14,605 30,423 45,028	5 MO200DB 5 MO S/L	13,243 10,648 23,891	1,338 6,085 7,423
	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals	e rs - -	2,563,477 0 0 2,563,477	- -	2,563,477 0 0 2,563,477		379,433 0 0 379,433	323,586 0 0 323,586

8846 Nevada Society for the Prevention
88-0187383 AMT Asset Report
Form 990, Page 1

06/11/2024 10:08 AM Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
8 16	Depreciation: Computer Laptop Dog Tag Mahine Apple Computer Pressure Washer Security Cameras Building Improvements Office Furniture Kennels Washer & Dryer High Impact Signs	9/15/10 2/05/18 6/30/18 1/08/18 1/05/19 7/02/19 11/30/21 10/31/21 12/01/21 10/31/21 12/01/21	0 0 0 0 0 0 2,010,056 25,000 446,005 5,943 17,829		0 0 0 0 0 0 2,010,056 25,000 446,005 5,943 17,829	0 HY 0 HY 0 HY 0 HY 0 HY 15 MO S/L 7 MO S/L 7 MO S/L 5 MO S/L 15 MO S/L	0 0 0 0 0 0 145,171 4,167 69,025 1,387 1,288	0 0 0 0 0 0 0 134,004 3,571 63,715 1,188 1,188
	Total Other Depreciation	_	2,504,833		2,504,833		221,038	203,666
	Total ACRS and Other Depre	ciation _	2,504,833	=	2,504,833		221,038	203,666
1	Property: Promaster Van Ford 2019	10/22/18 4/06/21 _	0 30,423 30,423	- =	0 30,423 30,423	0 HY 5 MO S/L	0 10,648 10,648	0 6,085 6,085
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers _	2,535,256 0 2,535,256	- -	2,535,256 0 2,535,256		231,686 0 231,686	209,751 0 209,751

8846 Nevada Society for the Prevention
88-0187383 Bonus Depreciation Report
FVF: 12/31/2023 Form 990, Page 1

06/11/2024 10:08 AM

Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
	Building Improvements High Impact Signs	11/30/21 12/01/21	2,010,056 17,829		0	0	0	2,010,056 17,829
		Grand Total	2,027,885	•	0	0	0	2,027,885

8846 Nevada Society for the Prevention
88-0187383 **Depreciation Adjustment Report**EVE: 12/31/2023 All Business Activities

06/11/2024 10:08 AM

Page 1

FYE: 12/31/2023			All Business Activities					
Form	Unit	Assot	Description	Tax	AMT	AMT Adjustments/ Preferences		
FOIII	OTIIL	Asset	There are no assets that meet the criteria		AIVII	<u>Fielelelices</u>		
			There are no assets that meet the criteria	of this report				

8846 Nevada Society for the Prevention
88-0187383 Future Depreciation Report
FYF: 12/31/2023 Form 990, Page 1

06/11/2024 10:08 AM **FYE: 12/31/24** Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
8 16 19 22 25 26 33 34 35 36 37	Computer Laptop Dog Tag Mahine Apple Computer Pressure Washer Security Cameras Building Improvements Office Furniture Kennels Washer & Dryer High Impact Signs Total Other Depreciation	9/15/10 2/05/18 6/30/18 1/08/18 1/05/19 7/02/19 11/30/21 10/31/21 12/01/21 12/01/21	1,000 515 4,806 1,393 3,645 2,257 2,010,056 25,000 446,005 5,943 17,829 2,518,449	0 0 0 0 0 246,029 3,572 63,715 1,189 1,189	0 0 0 0 0 134,003 3,572 63,715 1,189 1,189 203,668
	Total ACRS and Other Depreciation		2,518,449	315,694	203,668
Listed 1	Property:				
1 32	Promaster Van Ford 2019	10/22/18 4/06/21	14,605 30,423 45,028	6,084 6,084	6,084 6,084
	Grand Totals		2,563,477	321,778	209,752

Nevada Society for the Prevention of Cruelty to Animals

88-0187383 Form 990-T Estimates

Form 990-W Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations									OMB No. 1545-0047
•	ksheet) tment of the Treasury al Revenue Service	► Go ► F	to wu	(and on Investment Inc ww.irs.gov/Form990W fo for your records. Do not	r instructions and	the lates	t information.		2022
1	Unrelated business taxa	able income ex	pected	d in the tax year				1	16,800
2	Tax on the amount on lir	ne 1. See instruct	ions for	r tax computation				2	3,528
3	Alternative minimum tax	x for trusts. See	e instru	uctions				3	
4	4 Total. Add lines 2 and 3								3,528
5	Estimated tax credits. S	See instructions						5	
6	6 Subtract line 5 from line 4							6	3,528
7								7	
8	8 Total. Add lines 6 and 7							3,528	
9	9 Credit for federal tax paid on fuels. See instructions								
	required to make estimatinstructions Enter the tax shown on	ated tax paymethe 2021 return	ents. P n. See	instructions. Caution: If	zero or	10a	3,528		
С	from line 10a on line 10 2022 Estimated Tax. E	c Inter the smalle	r of lir	ip this line and enter the a	organization is requir			10c	3,528
				(a)	(b)		(c)		(d)
11	Installment due dates.		11	04/15/24	06/17/2	4	09/16/24		12/16/24
13	Required installments 25% of line 10c in colur through (d). But see ins if the organization uses annualized income instamethod, the adjusted se installment method, or i organization." 2021 Overpayment. Se instructions	nns (a) structions the allment easonal s a "large	12				2,7	700	900
14	Payment due (Subtraction line 12)	0000	14				2,7	700	900

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form 990-T	Business Income Activity Summary						
Taxpaye Nevada Society for the Prevention 88-0							
usiness Activity I	ncome (and allocation of Prio	r-2018 NOL)					
. Total Pre-2018 Net C	perating Losses Carried Forward				N/A A		
	perating Loss allocated to Sch A activit	ies			В		
. Total Pre-2018 Net C	perating Loss allocated to Form 990-T,	Line 6			C.		
. Pre-2018 Applied (Su					_		
. Pre-2018 Remaining	(Line A minus Line D)				E		
. Pre-2018 Net Operat	ing Losses Expiring this Year				F		
. Pre-2018 Net Operat	ing Losses Carried Forward				G		
Unrelated Busi	ness Income Activity with Income Business Activity	Code 531390		Net Income 17,800	Allocated Pro	e2018 N	
	_						
-			2				
			7				
-			8.				
-			0		· · · · · · · · · · · · · · · · · · ·		
			10				
			12				
•			13				
A.II. (I			14		· · · · · · · · · · · · · · · · · · ·		
	ne			17 000	· · · · · · · · · · · · · · · · · · ·		
	ne		16.	T/,800			

Code

 4.
 4.

 5. All other activities
 5.

 6. Totals
 6.

Current Year Loss

Unrelated Business Income Activity with Losses

Form **990**

33. Number of volunteers

Two Year Comparison Report

For calendar year 2023, or tax year beginning

2022 & 2023

Naı	^{me} Nevada Society for the Preventi	on		Ta 	axpayer	Identification Number
	of Cruelty to Animals	011		8	8-01	187383
			2022	2023		Differences
	1. Contributions, gifts, grants	1.	2,635,653	2,465,3	349	-170,304
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	242,900	50,2	285	-192,615
ne	4. Program service revenue	4.	196,216			11,206
υ	5. Investment income	5.	914	2,8	889	1,975
>	6. Proceeds from tax exempt bonds	6.				
₽	7. Net gain or (loss) from sale of assets other than inventory	7.				
_	8. Net income or (loss) from fundraising events					
	9. Net income or (loss) from gaming					
	10. Net gain or (loss) on sales of inventory					
	11. Other revenue	11.	26,041	20,8	300	-5,241
	12. Total revenue. Add lines 1 through 11	12.	3,101,724	2,746,	745	-354,979
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.	143,776	151,	184	7,408
ŝ	16. Salaries, other compensation, and employee benefits	16.	1,364,440	1,464,3	385	99,945
е	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	110,543	66,	798	-43,745
ш	19. Occupancy, rent, utilities, and maintenance	19.	313,216			59,136
	20. Depreciation and Depletion	20.	341,571	345,	190	3,619
	21. Other expenses	21.	678,297	649,		-28,547
	22. Total expenses. Add lines 13 through 21	22.	2,951,843	3,049,0	659	97,816
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	149,881	-302,9	914	-452,795
	24. Total exempt revenue	24.	3,101,724	2,746,	745	-354,979
_	25. Total unrelated revenue	25.	18,957	20,8	300	1,843
ë	26. Total excludable revenue	26.	204,214	210,3	311	6,097
nai	27. Total assets	27.	5,131,442	4,525,3	114	-606,328
Information	28. Total liabilities	28.	1,739,229	1,429,		-309,449
트	29. Retained earnings	29.	3,392,213	3,095,3		-296,879
Other	30. Number of voting members of governing body	30.	12	12		
ŏ	31. Number of independent voting members of governing bod	y 31 .	11	12		
	32. Number of employees	32.	48	45		
	22 Niveshau of valuataous	22	250	250		

250

250

33.

28. Total due/(Refund)

29. Activity Losses NOL (Post-2017)

Form **990T**

Two Year Comparison Report

177

3,738

2022 & 2023

3,<u>5</u>61

For calendar year 2023, or tax year beginning Name Taxpayer Identification Number Nevada Society for the Prevention of Cruelty to Animals 88-0187383 Business Taxable Income 2022 2023 **Differences** 1. Number of unrelated business activities for this return 1. 1 2. Unrelated business taxable income from all trades 18,957 -1,157 17,800 3. **3.** Charitable contributions 4. Section 199A deduction (trusts only) 4. -1,157 18,957 17,800 5. Taxable income before NOL loss 5. 6. Net operating loss (pre-2018) 6. 1,000 7. Specific deduction 1,000 7. 17,957 16,800 -1,1578. Unrelated business taxable income. 8. 3,771 3,528 9. -243 9. Income tax (corporate or trust) 10. **10.** Proxy tax **11.** Other taxes 11. 3,771 3,528 -243 12. Total taxes 12. 13. Other credits 13. **14.** General business credit 14. ∞ಶ 15. Credit for prior year minimum tax 15. 16. Total credits 16. 3,771 3,528 -243 17. 17. Net tax after credits 18. Recapture taxes and 965 tax 18. 3,528 -243 3,771 19. Total Taxes 19. 3,600 -3,600 20. Prior year overpayment and estimated tax payments 20. ອ 21. Payment made with extension 21. 22. Backup withholding and foreign withholding 22. 22. Backup withholding and foreign withholding ...
23. Other payments 23. -3,6003,600 24. Total payments 24. 25. Balance due/(Overpayment) 171 3,528 25. 3,357 **26.** Overpayment applied to next year 26. 6 210 204 27. Penalties 27.

28.

29.

Form **SchA**(990**†**)

Two Year Comparison for Unrelated Business Activity

2022 & 2023

For calendar year 2023, or tax year beginning

, ending

Taxpayer Identification Number 88-0187383

Organization Name Nevada Society for the Prevention

			2022	2023	Differences
	1. Gross profit/loss on business activities	1.			
_	2. Capital gains/losses	2.			
n	3. Income/loss from partnerships and S corporations	3.	18,957	20,800	1,843
Р	4. Rental income (net of expense)	4.			
>	5. Unrelated debt-financed income (net of expense)	5.			
8	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	18,957	20,800	1,843
	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
Ø	16. Interest	16.			
S	17. Taxes and licenses	17.			
n P	18. Depreciation and Depletion	18.			
٩	19. Contributions to deferred compensation plans	19.			
Ж	20. Employee benefit programs	20.			
	21. Other deductions	21.		3,000	3,000
	22. Total deductions. Add lines 12 through 22	22.		3,000	3,000
	23. Taxable income before deductions. Subtract line 23 from 1	23.	18,957	17,800	-1,157
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	18,957	17,800	-1,157

Form 990	Tax Return History	2023
Name	Nevada Society for the Prevention of Cruelty to Animals	Employer Identification Number 88-0187383

_	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants		1,815,567	3,852,578	2,878,553	2,515,634	
Membership dues						
Program service revenue		70,280	66,352	196,216	207,422	
Capital gain or loss			-42,363			
Investment income		3,576	4,402	914	2,889	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	15,504	16,657	21,813	26,041	20,800	
Total revenue	15,504	1,906,080	3,902,782	3,101,724	2,746,745	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		139,092	136,003	143,776	151,184	
Other compensation		794,534	829,881	1,364,440	1,464,385	
Professional fees		88,885	263,512	110,543	66,798	
Occupancy costs		251,593	372,933	313,216	372,352	
Depreciation and depletion	23,004	17,521	42,434	341,571	345,190	
Other expenses		443,476	357,986	678,297	649,750	
Total expenses	23,004	1,735,101	2,002,749	2,951,843	3,049,659	
Excess or (Deficit)	-7,500	170,979	1,900,033	149,881	-302,914	
<u> </u>					_	
Total exempt revenue	15,504	1,906,080	3,902,782	3,101,724	2,746,745	
Total unrelated revenue	15,504	16,657	18,033	18,957	20,800	
Total excludable revenue		73,856	32,171	204,214	210,311	
Total Assets	1,255,279	1,538,624	3,481,971	5,131,442	4,525,114	
Total Liabilities		192,413	227,001	1,739,229	1,429,780	
Net Fund Balances	1,480,592	1,346,211	3,254,970	3,392,213	3,095,334	

Form 990T	Tax Return History	2023
Name	Nevada Society for the Prevention of Cruelty to Animals	Employer Identification Numbe

* Income shown net of expenses 2020 2021 2022 2019 2023 2024 Business activity profit/loss Capital gains/losses _____ Partner and S Corp gain/loss _____ 15,504 Rental income* Debt-financed income* Controlled organizations income/interest* Investment income, specific organizations* Exploited exempt activity income* Other income ______ Total trade or business income. 15,504 13,657 17,533 18,957 17,800 Compensation of officers, ect. Other salaries and wages_ Repairs and maintenance Bad debts _____ Interest Taxes and licenses ______ Depreciation and Depletion Deferred compensation plans Employee benefit programs

Form 990T	Tax Return History	2023
Name	Nevada Society for the Prevention of Cruelty to Animals	Employer Identification Number 88-0187383

	2019	2020	2021	2022	2023	2024
Other deductions						
Net income (first activity, year 2019 & prior)	15,504	13,657	17,533	18,957	17,800	
UBTI from all trades	15,504	13,657	17,533	18,957	17,800	
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000	1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
ncome after deductions	14,504	12,657	16,533	17,957	16,800	
Income tax (corporate or trust)	3,046	2,658	3,472	3,771	3,528	
Other taxes						
lotal taxes	3,046	2,658	3,472	3,771	3,528	
General business credit						
Other credits						
Net tax after credits	3,046	2,658	3,472	3,771	3,528	
Estimated tax payments				3,600		
Other payments		5,316	7,008	171		
Balance due /-Overpayment	3,046	-2,658	-3,536		3,528	

8846 Nevada Society for the Prevention
88-0187383 Federal Statements

6/11/2024 10:08 AM Page 1

FYE: 12/31/2023

Taxable Interest on Investments

Description						
		Unrelated l	Exclusion	Postal A	Acquired after	US
	 Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
Interest						
	\$ 2,889		14			
Total	\$ 2,889					

8846 Nevada Society for the Prevention 88-0187383

Federal Statements

6/11/2024 10:08 AM Page 2

FYE: 12/31/2023

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

Description	Ex	Total xpenses	Program Service	gement & eneral	-und aising
Payroll Fees Simple IRA Fees	\$	6,818 480	\$ 5,454 384	\$ 682 48	\$ 682 48
Total	\$	7,298	\$ 5,838	\$ 730	\$ 730

Form 990, Part IX, Line 24e - All Other Expenses

Description	E:	Total xpenses	 Program Service	agement & General	 Fund Raising
Retail Purchases Quickbooks Fees Taxes on UBI	\$	2,430 422 190	\$	\$ 2,430 422 190	\$
Total	\$	3,042	\$ 0	\$ 3,042	\$ 0

8846 Nevada Society for the Prevention 88-0187383 FYE: 12/31/2023

Federal Statements

6/11/2024 10:08 AM Page 3

Schedule A, Part III, Line 1(e)

Description	Amount
Government Grants ERTC	\$ 50,285
Contributions	2,264,289 32,702
Neon Dog Walk Cash Contribution	75,066
Brunch Bash Cash Contribution	93,292
Total	\$ 2,515,634

Schedule A, Part III, Line 3(e)

Description	 Amount
Animal Adoptions Other Income	\$ 207,422
Total	\$ 207,422

6/11/2024 10:08 AM Page 4

FYE: 12/31/2023

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
Arline Montpellier Living Trust 2019	\$ 81,874	\$ 68,346
Bill Myers Trust		
2023 Brewer Family Trust	142,800	115,373
2019	37,500	23,972
Carol Ann Truler Trust 2019	56,927	43,399
Clark County Social Service 2023	50,285	22,858
Dave & Cheryl Duffield Foundation		
2023 2022	29,120 83,000	1,693 51,993
2020	23,350	4,338
Engelstad Family Foundation 2023	200,000	172,573
Estate of Dorothy O'Hearn	200,000	172,373
2020	40,377	21,365
Estate of Marjorie Pierce 2023	143,177	115,750
Estate of Mary Keeler 2022	587,838	556,831
Ester Hellund Living Trust		
2022	75,000	43,993
2021 2020	95,000 25,000	55,963 5,988
Fidelity Charitable	23,000	5,900
2023	101,000	73,573
Findlay Toyota 2023	35,500	8,073
Friederike K. Willard Trust		
2020 Gloria Von Zehner	22,401	3,389
2019	100,000	86,472
Green Thumb International 2023	30,679	3,252
Hamblin 1988 Trust 2023	36,000	8,573
Hamblin 1988 Trust	30,000	0,373
2022 Hardy e. Green Separate Prop Trust	190,000	158,993
2020	44,373	25,361
Jo Anne Hendrick Trust 2020	771,378	752,366
Judith Budjako		
2021 Judith Martin Estate	130,750	91,713
2023 Kallick Family Credit Trust	50,000	22,573
2023	94,839	67,412
Larry & Thanh Hellbaum Family 2019	74,258	60,730
Lisa Jo Bush Rev. Trust 2021	182,051	143,014
· -	202,001	213,321

FYE: 12/31/2023

Page 5

Schedule A, Part III, Line 7b - Excess Gross Receipts (continued)

Donor Name	Total	Excess
Lisa Jo Bush Revocable Trust	\$	\$
2022	60,000	28,993
Margaret Hannan Trust 2019	19,516	5,988
MGM Resorts International 2019	30,110	16,582
Office of Federal Employees Insuran 2023	30,729	3,302
Olga Nina Trust 2022	148,743	117,736
Pamela A Fischer Living Trust 2023	220,000	192,573
2022 2021	175,000 775,000	143,993 735,963
Pizzi Revocable Trust 2021	132,131	93,094
Premier Trust 2021	79,079	40,042
Robert Zorn 2021	45,793	6,756
Ross & Eileen McDonald 2020	66,833	47,821
Sandra Powell Rev. Liv. Trust 2021	40,000	963
Slater 1997 Revocable Trust		
2022 The Marquez Family Trust	103,511	72,504
2020 The Panonica Fdn	37,148	18,136
2022 2021	100,000 100,000	68,993 60,963
Valley View Hacienda Business Park 2021	43,628	4,591
Vaughan H. Cogsweel Irr Trust 2019	42,488	28,960
Vito Pizzi 2020	26,490	7,478
Total	\$ 5,810,676	\$ 4,505,360

8846 Nevada Society for the Prevention 88-0187383 FYE: 12/31/2023

Federal Statements

6/11/2024 10:08 AM Page 6

Schedule A, Part III, Line 10a(e)

	description	Amol	unt
Interest	\$_		2,889
Total	\$ <u></u>		2,889

Schedule A, Part III, Line 11

Description		Amount	
BBWT K-1	 \$	20,800	
Neon Dog Walk			
Brunch Bash			
Less: Deductions	_	-4,000	
Total	\$ <u></u>	16,800	

8846 Nevada Society for the Prevention
88-0187383 Federal Statements

6/11/2024 10:08 AM Page 7

FYE: 12/31/2023

Neon Dog Walk

Other Direct Fundraising or Gaming Expenses

Description	 Amount
Supplies	\$ 24,797
Total	\$ 24,797