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

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Open to Public Inspection

<u>A 1</u>	or un	e 2019 calendar year, or tax year beginning OCT I, 2019 an	a enaing i	<u>5EP 30, 2020</u>	
<b>B</b> (	Check if pplicab	C Name of organization RICHMOND SOCIETY FOR THE PREVENTION		D Employer identifi	cation number
	Addre	KICHMOND SOCIETY FOR THE PREVENTION			
H	Name	TOUMOND CDCA		54-05063	28
H	chang Initial		Room/suite		
F	return	2519 HERMITACE POAD	Troom/suite	804-521-	
	⊒return termir ated			G Gross receipts \$	9,138,324.
	Amen	ded DICHMOND 377 23220		H(a) Is this a group re	
F	Application			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
1 7	Гах-ех	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1	) or 52°		list. (see instructions)
J١	Nebsi	te: ► WWW.RICHMONDSPCA.ORG		H(c) Group exemption	n number
KF	orm o	forganization: X Corporation Trust Association Other	L Yea	r of formation: $1891$ $ m I$	<b>VI</b> State of legal domicile: <b>VA</b>
Pa	art I	Summary			
a)	1	Briefly describe the organization's mission or most significant activities: $\ \underline{THE}$			
Activities & Governance		SPCA, A PRIVATE NO-KILL HUMANE SOCIETY,	IS TO	PRACTICE AND	PROMOTE
š	2	Check this box  if the organization discontinued its operations or disposition.	osed of more	1	
ŏ	3			3	32
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			31
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			206
ΞĖ	6	Total number of volunteers (estimate if necessary)			774
Act		Total unrelated business revenue from Part VIII, column (C), line 12			-113,764.
	D	Net unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,807,613.	3,961,265.
ine	9			2,527,292.	2,231,943.
Revenue	10	Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,706,658.	2,461,881.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		185,072.	99,402.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,226,635.	8,754,491.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,617,269.	4,729,514.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)   540,0	008.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,468,628.	3,242,181.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,085,897.	7,971,695.
	19	Revenue less expenses. Subtract line 18 from line 12		140,738.	782,796.
Net Assets or			В	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		43,708,393.	44,587,341.
et A	21	Total liabilities (Part X, line 26)		6,533,703.	6,547,880.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		37,174,690.	38,039,461.
		alties of perjury, I declare that I have examined this return, including accompanying schedul	ac and etatem	nante and to the heet of m	v knowledge and helief it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of v			y kilowieuge allu bellei, it is
truo	, 00110	and complete. Books attended of property (editor than embery to become on an information of t	Willow propuro	i nao any knowleage:	
Sig	n	Signature of officer		Date	
Her		TAMSEN KINGRY, CEO			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	JAYME MIKA		if self-emplo	P00852731
Prep	arer	Firm's name KEITER, STEPHENS, HURST, GARY & SH	REAVES	, PC Firm's EIN ▶	54-1631262
Use	Only	Firm's address 4401 DOMINION BLVD	<del></del>		
		GLEN ALLEN, VA 23060		Phone no. (8	04)747-0000
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2019) OF CRUELTY TO ANIMALS 54-0506328 Page
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE RICHMOND SPCA, A PRIVATE NO-KILL HUMANE SOCIETY, IS
	TO PRACTICE AND PROMOTE THE PRINCIPLE THAT EVERY LIFE IS PRECIOUS. AT
	ALL TIMES AND IN EVERY WAY, WE ARE ADVOCATES FOR ANIMALS. WE PROVIDE
	FOR THEIR SAFETY AND COMFORT, STRIVE TO ALLEVIATE THEIR SUFFERING AND
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,899,155. including grants of \$) (Revenue \$
··u	OUR SUSAN M. MARKEL VETERINARY HOSPITAL IS A FULL-SERVICE FACILITY
	PROVIDING HIGH-QUALITY CARE AT LOW COST FOR PETS OF INCOME-QUALIFIED
	FAMILIES IN THE GREATER RICHMOND REGION AS WELL AS PETS IN THE CARE OF
	LOCAL GOVERNMENT SHELTERS AND THOSE ADOPTED FROM OUR HUMANE CENTER.
	OUR HOSPITAL ENSURES FAMILIES OF ALL MEANS HAVE ACCESS TO TREATMENT
	OPTIONS THEY CAN AFFORD FOR THEIR ANIMAL COMPANIONS. AS AN EXPANSION
	OF THE RICHMOND SPCA'S PET-RETENTION SERVICES, OUR SUSAN M. MARKEL
	VETERINARY HOSPITAL HELPS PETS STAY WITH THEIR FAMILIES WHILE ENJOYING
	A GREATER QUALITY OF LIFE.
	A GREATER QUALITY OF DIFE.
41-	(Code: ) (Expenses \$ 3,791,856 • including grants of \$ ) (Revenue \$ 511,307 •
4b	(Code: ) (Expenses \$ 3, 791, 856 • including grants of \$ ) (Revenue \$ 511, 307 •
	OUR STAFF AND VOLUNTEERS DELIVERED LOVING CARE AND ENRICHMENT TO 3,873
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#### RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Form 990 (2019) OF CRUELTY T
Part IV Checklist of Required Schedules

	111 Checkingt of Heddings Concurred			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1_	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	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	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	<b>-</b> '-		
0	•	8		x
9	Schedule D, Part III	-		
9	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		х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	-22	
ıIJ		19		х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	K IIV and the Proceedings of the state of th	20a		<del></del>
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		x

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		X
26	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	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	· Ionarado		Vaa	NI-
0-	Fator the number of employees reported an Form W.S. Transmittel of Wage and Tay Statements		Yes	No
Za	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 206			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Λ	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the conservation approximation and a constant to the distribution and a continuous time 10000	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?  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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			17
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<sub>v</sub>
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		┢┸
	If "Yes," complete Form 4720, Schedule O.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 32			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer director trustee or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 21
7a		7-		Х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TAMSEN KINGRY - 804-521-1300			
	2519 HERMITAGE ROAD, RICHMOND, VA 23220			

# 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 and/or Box 7 of Form 1099-MISC) 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.

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

See instructions for the order in which to list the persons above.

No.   Per   Per   No.   Per	(A)  Name and title	(B) Average hours per	(do	not c	Pos	C) ition	) than	one	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
(1) ROBIN ROBERTSON STARR		week (list any hours for related organizations below line)	offic	cer an	id a d	irecto	or/trus	tee)	from the organization	from related organizations	other compensation from the organization and related
C2		40.00	.,		3,7				157 541	0	40.240
CEO/DIRECTOR		40.00	X		X				15/,541.	0.	40,348.
COO		40.00	v						122 712	_	25 650
COO		40.00	Λ		^				133,/12.	0.	25,650.
SARAH BABCOCK		40.00			x				78 400	0.	16 426.
Chief of Education & Training		40.00							70,2001	0.1	
CFO	CHIEF OF EDUCATION & TRAINING		•		x				81,467.	0.	19,167.
CFO	(5) CONSTANCE MOSER	40.00							,	-	<b>,</b> -
CAD   TINA L. BACHAS   CAD   DIRECTOR   CAD	CFO				Х				35,443.	0.	1,684.
STATESTOR   STAT	(4) TINA L. BACHAS	2.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
Column	(5) BARTHOLOMEW BROADBENT	2.00									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
Color	(6) J. ALFRED BROADDUS, JR.	2.00									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
(8) TODD DYKSHORN         2.00           DIRECTOR         X         0.         0.         0.           (9) MARLA D. FERGERSON         2.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) MARK FRANKO         2.00         0.	(7) PHYLLIS L. COTHRAN	2.00							_	_	_
DIRECTOR   X			Х						0.	0.	0.
O		2.00									
DIRECTOR   X			X						0.	0.	0.
DIRECTOR   X		2.00									
DIRECTOR   X		2 00	X						0.	0.	0.
Column		2.00	v							_	_
DIRECTOR   X		2 00	Λ						0.	0.	· ·
DIRECTOR   X   D.   O.   O.   O.		4.00	y						n	n	
DIRECTOR   X		2 00	Λ						0.	0.	<u></u>
Column   C		2.00	x						n.	n .	0.
DIRECTOR         X         0.         0.         0.           (14) HUGH JOYCE         2.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (15) ALLEN B. KING         2.00         0.         0.         0.         0.         0.		2.00								•	<u>·</u>
(14) HUGH JOYCE     2.00       DIRECTOR     X       (15) ALLEN B. KING     2.00			х						0.	0.	0.
DIRECTOR X 0. 0. 0. (15) ALLEN B. KING 2.00		2.00									
(15) ALLEN B. KING 2.00	DIRECTOR		х						0.	0.	0.
	(15) ALLEN B. KING	2.00									
	DIRECTOR		Х			L			0.	0.	0.

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(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Pos heck i	more rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	0	ompensa from th organizat and relat rganizati	e tion ted
(16) ELIZABETH KING	2.00											
DIRECTOR (17) PARPARA D. LANGON	2 00	Х				-		0.	0	-		0.
(17) BARBARA D. LAWSON DIRECTOR	2.00	Х						0.	0			0.
(18) PAT MANNING	2.00	Λ				1		0.	0	+		<u> </u>
DIRECTOR		х						0.	0			0.
(19) ANTHONY F. MARKEL	2.00								-			
DIRECTOR		Х						0.	0			0.
(20) CYNDI MASSAD	2.00											
DIRECTOR		Х						0.	0	•		0.
(21) ARLENE MCLAREN	2.00											^
DIRECTOR (22) MEL MILLER	2.00	Х				-		0.	0	+		0.
DIRECTOR	2.00	Х						0.	0			0.
(23) LOU ANNE J. NABHAN	2.00	77						0.	0	+		<u> </u>
DIRECTOR		х						0.	0			0.
(24) CINDY PAYNE PRYOR	2.00											
DIRECTOR		Х						0.	0			0.
1b Subtotal							▶	486,563.	0		03,2	
c Total from continuation sheets to Part VI								0.	0			<u>0.</u>
d Total (add lines 1b and 1c)							<u> </u>	486,563.	0	•   <u>+</u>	03,2	/5.
<ul><li>Total number of individuals (including but no compensation from the organization</li></ul>	ot limited to th	ose	liste	a ab	oove	e) wr	no re	eceived more than \$100,	от геропаріе			2
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	empl	loye	e, o	r hic	ghest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si			-	-	-		-	•	•	3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or st	ıch r	oers	on				5		X
Section B. Independent Contractors  1 Complete this table for your five highest contractors	an anastad ind	lana		at ac		t-	×0 +	hat received more than	`100 000 of composi		from	
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	· ·	-							· · · · · · · · · · · · · · · · · · ·	alion	IIOIII	
(A)				. <u></u>				(B)			(C)	
Name and business	address	NC	ONE	C				Description of s	services		pensatio	n
2 Total number of independent contractors (in	•	ot lin	nited	d to t		_	sted	above) who received me	ore than			
\$100,000 of compensation from the organiz		TNT	TTZ	πт	_	) I S	υг	rEmc		Fa::	m <b>990</b> (	2010)

Form 990_ OF CRUEL'	TY TO AN	IIM	IAL	ıS_					54-050	6328
Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	je.			organizations
	line)	Indivi	Instit	Officer	Key e	High	Former			
(25) AGUSTIN E. RODRIGUEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(26) WATSON SEAMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(27) STUART C. SIEGEL	2.00									
DIRECTOR		Х						0.	0.	0.
(28) JULIA H. THOMAS	2.00									
DIRECTOR		Х						0.	0.	0.
(29) LAURA D. WINDSOR, ESQ.	2.00									
DIRECTOR		Х						0.	0.	0.
(30) P. EMERSON HUGHES, JR.	2.00									
BOARD CHAIRMAN EMERITIS	2 00	Х				_		0.	0.	0.
(31) DR. JOHN R. NELSON	3.00	.,		.,					0	0
CHAIR	1 2 00	Х		Х				0.	0.	0.
(32) MITCHELL F. HADDON	2.00	3,7		٦,					0	0
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(33) THOMAS E. HAMLIN	2.00	Х		х				0.	_	0
TREASURER & SECRETARY		Λ		Δ				0.	0.	0.
		•								
		•								
		ŀ								
			-			_				
		l								
			-	-		-				
		ł								
			l	l	l	I	<u> </u>			
Tatal ta Dart VIII Continue A. Provid										
Total to Part VII, Section A, line 1c								l		

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
anta	1 4						
g G	'		677,616.				
ts, Ar	(		077,010.				
Gif	(	d Related organizations 1d					
ns, Sim	•	e Government grants (contributions)					
er S	1	f All other contributions, gifts, grants, and					
ig E		similar amounts not included above 1f	3,283,649.				
Contributions, Gifts, Grants and Other Similar Amounts	(	Noncash contributions included in lines 1a-1f	228,662.				
g G		h Total. Add lines 1a-1f	<b></b>	3,961,265.			
			Business Code				
e	2 8	a ANIMAL SERVICES	900099	2,231,943.	2,231,943.		
Σĕ	ŀ	b					
Se	(	c					
am		d					
Program Service Revenue		e					
Pro	1	f All other program service revenue					
		g Total. Add lines 2a-2f	<b>•</b>	2,231,943.			
	3	Investment income (including dividends, interes					
		other similar amounts)		450,093.			450,093.
	4	Income from investment of tax-exempt bond pr		,			,
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6		(ii) i croonar				
		b Ecoo. Territal experioes					
		c Rental income or (loss) 6c 3,000.		2 000			3 000
		d Net rental income or (loss)	/ii) Othor	3,000.			3,000.
	7 8	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,011,788.					
	ŀ	b Less: cost or other basis					
υne		and sales expenses					
, Ve	(	c Gain or (loss) 7c 2,011,788.					
. Re		d Net gain or (loss)		2,011,788.			2,011,788.
her Revenue	8 8	a Gross income from fundraising events (not					
₽		including \$677,616. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	328,513.				
	ŀ	b Less: direct expenses8b	296,410.				
	(	c Net income or (loss) from fundraising events		32,103.			32,103.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	b Less: direct expenses 9b					
	(	c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a	151,312.				
	ı	b Less: cost of goods sold 10b	87,423.				
		c Net income or (loss) from sales of inventory		63,889.	63,889.		
		, ,	Business Code				
Snc	11 :	a OTHER REVENUE	900099	410.	410.		
nec		b					
Miscellaneous Revenue		c					
isce	`	d All other revenue					
Σ	`	e Total. Add lines 11a-11d		410.			
	12	Total revenue. See instructions		8,754,491.	2,296,242.	0.	2,496,984.

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#### Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX _ <b>(B)</b> _	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
o o	trustees, and key employees	492,532.	258,725.	116,932.	116,875
6	Compensation not included above to disqualified	472,332.	250,725	110,552.	110,075
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,446,983.	2,988,903.	250,228.	207,852
, 8	Pension plan accruals and contributions (include	2, 220, 3000	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_0.,002
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	517,935.	456,072.	40,606.	21,257
0	Payroll taxes	272,064.	223,013.	26,331.	22,720
1	Fees for services (nonemployees):	,	,	, , , ,	,
a	Management				
b	Legal	17,595.		17,595.	
	Accounting	41,082.		41,082.	
	Lobbying	,		•	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	269,791.		269,791.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	104,954. 111,240.	79,094.	25,860.	
2	Advertising and promotion	111,240.	55,483.		55,757
3	Office expenses	101,980.	66,187.	5,055.	30,738
4	Information technology	80,557.	66,374.	7,508.	6,675
5	Royalties				
6	Occupancy	435,478.	381,946.	26,518.	27,014
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,005.	3,023.	1,049.	1,933
0	Interest	190,430.	159,962.	15,234.	15,234
1	Payments to affiliates		501 151	05.600	0= 606
2	Depreciation, depletion, and amortization	572,665.	521,461.	25,602.	25,602
3	Insurance				
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  VETERINARY AND PET SUPP	1,130,113.	1,130,113.		
a b	MISCELLANEOUS	96,579.	79,428.	11,644.	5,507
C	LOCAL TRANSPORTATION	35,586.	25,041.	10,545.	5,50
d	TELEPHONE	35,559.	29,871.	2,844.	2,844
	All other expenses	12,567.	12,567.	2,011	2,045
е 5	Total functional expenses. Add lines 1 through 24e	7,971,695.	6,537,263.	894,424.	540,008
<u>5</u> 6	Joint costs. Complete this line only if the organization	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,001,200	~ / I / I / I / I	210,000
_	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or note to	o any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,424,900.	1	448,618
	2	Savings and temporary cash investments			21,722.	2	4,444,760
	3	Pledges and grants receivable, net			114,418.	3	65,808
	4	Accounts receivable, net			9,640.	4	7,148
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
		controlled entity or family member of any of these p	oerso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in		6			
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			160,524.	8	128,274
<b>ĕ</b>	9	Prepaid expenses and deferred charges			84,947.	9	99,047
	10a	Land, buildings, and equipment: cost or other					
				16,162,011.			
	b	Less: accumulated depreciation1	l0b	5,960,862.	10,640,041.	10c	10,201,149
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			31,022,033.	12	28,963,502
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	230,168.	15	229,035		
	16	Total assets. Add lines 1 through 15 (must equal li			43,708,393.	16	44,587,341
	17	Accounts payable and accrued expenses		502,278.	17	449,287	
	18	Grants payable		18			
	19	Deferred revenue			361,471.	19	408,050
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par	t IV c	of Schedule D		21	
န္	22	Loans and other payables to any current or former	office	er, director,			
Ĭ		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these p	oerso	ons		22	
-	23	Secured mortgages and notes payable to unrelated	d thir	d parties	5,078,212.	23	4,772,169
	24	Unsecured notes and loans payable to unrelated th	ird p	arties		24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	7-24).	Complete Part X	F04 F40		040 054
		of Schedule D			591,742.		918,374
	26	Total liabilities. Add lines 17 through 25			6,533,703.	26	6,547,880
g		Organizations that follow FASB ASC 958, check	here	· · X			
Š		and complete lines 27, 28, 32, and 33.			25 022 112		26 277 706
aar   ar	27	Net assets without donor restrictions	35,023,112.	27	36,277,786		
ğ R	28	Net assets with donor restrictions			2,151,578.	28	1,761,675
<u> </u>		Organizations that do not follow FASB ASC 958,	che	ck here ▶ 🔲			
느		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incor			27 174 600	31	20 020 461
₽	32	Total net assets or fund balances		ı	37,174,690.	32	38,039,461
	33	Total liabilities and net assets/fund balances			43,708,393.	33	44,587,341 Form <b>990</b> (201

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 754</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	<u>, 97:</u>	1,6	95.
3	Revenue less expenses. Subtract line 2 from line 1	3				96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	, 174	4,6	90.
5	Net unrealized gains (losses) on investments	5		3 (	0,9	42.
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		51	1,0	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	38	, 039	9,4	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?		[	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1			
	consolidated basis, or both:		- 1			
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sche	edule C	). [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?		L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it [			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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.

RICHMOND SOCIETY FOR THE PREVENTION

OMB No. 1545-0047

2019
Open to Public

Name of the organization RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Inspection
Employer identification number
54-0506328

Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete th	is part.) Se	e instructions.		
he (	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative		•			i).		
4		A medical research organiza	· ·					the hospital's name,	
		city, and state:	·					•	
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that normal	· ·				• •	public described in	
		section 170(b)(1)(A)(vi). (Co	-	mai pai i oi no capport n	o a gove		anni on nom and gomena.		
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org			•	ed in coniu	inction with a land-grant	college	
•		or university or a non-land-g				-	-	•	
		university:	ram comogo or agnor			,,	, and clare of the concept		
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	oort from c	ontribution	ns, membership fees, ar	nd gross receipts from	
		activities related to its exem	•					-	
		income and unrelated busin						•	
		See section 509(a)(2). (Cor		(1000 000 110 110 110 110 110 110 110 11			ou by the organization of		
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	)9(a)(4).		
12	Ħ	An organization organized a	•		•			purposes of one or	
		more publicly supported org	•	•	•		•	• •	
		lines 12a through 12d that of							
а		Type I. A supporting orga	* *					aivina	
		the supported organization	•	•	•	_			
		organization. You must c			,, -			9	
b		Type II. A supporting orga			tion with its	s supporte	d organization(s), by hav	/ina	
		control or management of	· ·					-	
		organization(s). You mus					3		
С		Type III functionally inte	-		in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization						,	
d		Type III non-functionally						zation(s)	
		that is not functionally into					• • • • •		
		requirement (see instructi	-	• •	-		='		
е		Check this box if the orga	•	-					
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,		
f	Ente	r the number of supported o	rganizations						
g		ide the following information						_	
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
								<del> </del>	

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3293550.	3159428.	2909855.	3807613.	3961265.	<u> 17131711.</u>	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3293550.	3159428.	2909855.	3807613.	3961265.	17131711.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1524508.	
6	Public support. Subtract line 5 from line 4.						15607203.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	3293550.	3159428.	2909855.	3807613.	3961265.	17131711.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	199,436.	268,016.	319,951.	635,974.	453,093.	1876470.	
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.)	3,250.	5,815.	57.	4,695.	410.		
11	<b>Total support.</b> Add lines 7 through 10						19022408.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 13	,074,294.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)		
	organization, check this box and stor	here					<b>&gt;</b>	
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2019 (I					14	82.05 %	
15	Public support percentage from 2018					15	82.10 %	
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□	
17a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the						e	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2019

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						<b>.</b> .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						<b>&gt;</b>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and coo inc	etructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
0-		
3c		
4a		
14		
4b		
4-		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
30		
10a		
10b		

Pa	T IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			L
	and the state of t		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	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 in (2), 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			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
2	Activities Test. Answer (a) and (b) below.	ructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 in (a) 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. Answer (a) and (b) below.			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% 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 .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	ally integrate	d Type III supporting orga	ınization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### RICHMOND SOCIETY FOR THE PREVENTION

Schedule A	Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS	54-0506328	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a c Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	C,

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

0040

2019

OMB No. 1545-0047

Name of the organization

RICHMOND SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS

Employer identification number

54-0506328

Urganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
ŭ	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I. line 2. to				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
RICHMOND SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

54-0506328

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$550,237. 	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2			Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$241,900.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
RICHMOND SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

Employer identification number

54-0506328

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization
RICHMOND SOCIETY FOR THE PREVENTION
OF CRUELTY TO ANIMALS

**Employer identification number** 

54-0506328

Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the	ne year					
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	or less for the year. (Enter this info. once.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
1 di Ci									
-		(e) Transfer of gi	 gift						
	Transferee's name, address, an		Relationship of transferor to transferee						
Ī	Transferee 3 hame, address, an	W Z II + + +	Tieladoliship of Balisteror to Balisteree						
(a) No. from	4.5								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gi	gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
T GITT									
-	(e) Transfer of gift								
	Transferee's name, address, an	d <b>Z</b> IP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(b) Ful pose of gift	(c) Use of gift	(u) Description of now girt is need						
-				<u> </u>					
		(e) Transfer of gi	ifer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Employer identification number** 54-0506328

Pa			Siiililai Fulius (	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	neld in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	,	Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	any other purpose co	onferring
	impermissible private benefit?	•		
Pa	rt II Conservation Easements. Complete if the organic			
1	Purpose(s) of conservation easements held by the organization			·
	Preservation of land for public use (for example, recreating	_	_	a historically important land area
	Protection of natural habitat	Γ	$\neg$	a certified historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form o	f a conservation easement on the last
_	day of the tax year.	od concervation contin		Held at the End of the Tax Year
а				
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic structure.			
d				
u	., .	·		
3	listed in the National Register			
3		aseu, extiliguisileu, oi	terrilinated by the t	organization during the tax
4	year ► Number of states where property subject to conservation ease	amont is located		
5	Does the organization have a written policy regarding the period	-	otion bandling of	
3	violations, and enforcement of the conservation easements it l	• •		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		and onforcing conso	
O	Starr and volunteer flours devoted to morntoning, inspecting, in	ianuling of violations, a	and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and a	enforcina concentati	on accoments during the year
7	\$	ing or violations, and e	enforcing conservation	on easements during the year
	·	action the requiremen	nto of postion 170(h)	\/4\/D\/:\
8	Does each conservation easement reported on line 2(d) above			
^	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footno	ote to the organization	s financial statemer	his that describes the
Pa	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art Historical Tr	easures or Oth	per Similar Assets
·	Complete if the organization answered "Yes" on Form 9	-	cuourco, or our	ier einmar Addete.
4.				al balanca abaat walla
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			•
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in turthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea-	sures, or other similar	assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

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	t III Organizations Maintaining C	ollections of Art		easures, or	Othe	r Sii	milar		(contin		age Z
3	Using the organization's acquisition, accessi		-						<u>(COITIII)</u>	ueu)	
	collection items (check all that apply):	,	,			· 5· · · ·					
а	Public exhibition	d	Loan or ex	change progra	m						
b	Scholarly research	е		9-19							
c	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exer	mpt r	ournos	se in Part	XIII		
5	During the year, did the organization solicit o										
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		<b>g</b>					,,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	ns or other ass	ets not	inclu	ded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-		aa comp.o.c a	oming taloner			Γ			Amount		
c	Beginning balance					ı	1c		7 1110 0111		
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					-					֧֝֞֞֝֞֝֟֝֝֟֝֟֝ <u>֚</u>
Par											
	· ·	(a) Current year	(b) Prior year	(c) Two year			Three v	ears back	(e) Four	vears	back
1a	Beginning of year balance	238,742.	243,225	<del>                                     </del>	,250.	(6.)		40,679.			131.
b	Contributions	,	,		,						
	Net investment earnings, gains, and losses	8,447.	-4,483		975.			1,571.		5.	548.
d	Grants or scholarships	,	,								
	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses										
g	End of year balance	247,189.	238,742	. 243	,225.		2	42,250.		240	679.
2	Provide the estimated percentage of the curr	· · · · ·		•	/			,			
a	Board designated or quasi-endowment	100.00	%	a)) ricia as.							
b	Permanent endowment	%	_′°								
	· -										
·	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	tion that are held a	nd administer	ed for th	ne ord	naniza	tion			
ou	by:	osion or the organiza	non that are note t	ina dariiinistere	od for ti	10 01	garnza	111011	ſ	Yes	No
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								3a(ii)		Х
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R2						3b	-	
4	Describe in Part XIII the intended uses of the	•							_ <u> </u>		
Par		ent.	vinent idrido.								
	Complete if the organization answere		Part IV. line 11a.	See Form 990.	Part X	line	10.				
	Description of property	(a) Cost or of		t or other			nulate	а	(d) Bool		
	Boschphon of property	basis (investm	` ,	(other)			iation		( <b>u</b> ) 2001	· vaia	J
12	Land	` `	•	6,900.					696	5.9	00.
	Buildings			25,773.	4	810	, 44	18.	9,115		
	Leasehold improvements		10,02				, = -		<i>- ,</i>	. , 5	
	Equipment		1.1	70,957.		880	,66	54.	290	) . 2	93.
	Other			58,381.			7, 75			3,6	
	Add lines to through to (0.1 (1)			, , , , , , , , , , , , , , , , , , ,	-		, , , ,		0 201		70

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 OF CRUELTY	TO ANIMALS	54-	-0506328 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	20 062 502		773 T TTT
(A) INVESTMENT FUNDS	28,963,502.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	28,963,502.		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	20,903,302.		
	5 000 B 1 W 11 1	14 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of end-	Oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	Description	Tra. Sec Form 556, Fart X, line 15.	(b) Book value
(1)			()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	<u> </u>		(b) Book value
(1) Federal income taxes			
(2) GIFT ANNUITY PAYABLE			5,115.
(3) CAPITAL LEASE OBLIGATION			26,559
(4) PPP LOAN			886,700
(5)			000,700
(6)			
(7)			
(8)			
(9)	- 05 \		918,374.
<b>Total.</b> (Column (b) must equal Form 990. Part X. col. (B) line	± ∠U.1		J = U , J / T •

932053 10-02-19

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

Schedule D (Form 990) 2019

POSITIONS NOT DEEMED TO MEET THE MORE LIKELY-THAN-NOT THRESHOLD WOULD BE Schedule D (Form 990) 2019

WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED

"WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX

Part XIII   Supplemental Information (continued)
RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. MANAGEMENT
EVALUATED THE RICHMOND SPCA'S TAX POSITION AND CONCLUDED THAT THE RICHMOND
SPCA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE
CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS
GUIDANCE. THE RICHMOND SPCA IS NOT CURRENTLY UNDER AUDIT BY ANY TAX
JURISDICTION.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### **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.

RICHMOND SOCIETY FOR THE PREVENTION

OMB No. 1545-0047

2019

Open to Public Inspection

	D SOCIETY FOR THE	PREV	/EN	NOI			ntification number
	LTY TO ANIMALS					54-0506	
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS

Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			FUR BALL	DOG JOG	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Jue			(2.2	(2.2	(	
Revenue	1	Gross receipts	820,685.	153,457.	31,987.	1,006,129.
	2	Less: Contributions	502,219.	145,384.	30,013.	677,616.
	3	Gross income (line 1 minus line 2)	318,466.	8,073.	1,974.	328,513.
	4	Cash prizes				
(O	5	Noncash prizes	143,847.	8,628.		152,475.
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
Ē	0	Entortainment				
	8 9	Entertainment Other direct expenses	110,324.	19,683.	13,928.	143,935.
	10	Direct expense summary. Add lines 4 through				296,410.
		Net income summary. Subtract line 10 from li				32,103.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						, , , , , , , , , , , , , , , , , , ,
ď	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
ä	·					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
a	Fn	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	ear?	Yes No
b	If "	Yes," explain:				

## RICHMOND SOCIETY FOR THE PREVENTION

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 OF CRUELTY TO ANIMALS	4-05	006	<u> 328</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
		1	13a		0.4
	The organization's facility				<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt			
	of gaming revenue retained by the third party  \$\bigs\\$				
	If "Yes," enter name and address of the third party:				
٠	The state hame and address of the tillid party.				
	Name ▶				
					_
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ho			
	organization's own exempt activities during the tax year > \$	.110			
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	ad David	III I:	0 (	0h 10h
ı a		no Part	III, IIN	es 9, s	ob, TUD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

#### RICHMOND SOCIETY FOR THE PREVENTION

Schedule G	i (Form 990 or 990-EZ)	OF	CRUELTY	TO	ANIMALS	54-0506328	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	matio	n (continued)				
			(				
							-
							-

#### SCHEDULE J (Form 990)

Department of the Treasury

**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.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 54-0506328

			Yes	No
<b>1</b> 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	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  X 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:			
	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>X</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		<u>X</u>
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			Х
	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7		7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		Х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	r		-21
9	Regulations section 53 (1058-6/c)?	٩		

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

Schedule J (Form 990) 2019

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) ROBIN ROBERTSON STARR (i)	157,541.		0.	35,865.	4,483.		0.	
DIRECTOR/FORMER CEO (ii	0.	0.	0.	0.	0.		0.	
(2) TAMSEN HECKEL KINGRY (i)	133,712.		0.	20,565.	5,085.		0.	
CEO/DIRECTOR (iii		0.	0.	0.	0.	0.	0.	
(ii								
(ii								
(i)								
(ii								
(ii								
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(ii								

Part III Supplemental Information
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 Part II. Also complete this part for any additional information.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number 54 - 0506328

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	20	12,248.	AUCTION			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	17,844.	NYSE			
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 $\dots$							
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		100	1-2 1-2				
25	Other (AUCTION ITEMS)	X	130					
26	Other $\blacktriangleright$ ( ANIMAL CARE S )	X	473	46,095.	FMV			
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organization	-						
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	-	*	· · · · · · · · · · · · · · · · · · ·				
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			37
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance				tions?	31	Х	
32a	Does the organization hire or use third parties contributions?		•			32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
						1/5		0040

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

Schedule M (Form 990) 2019

### RICHMOND SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS 54-0506328 Schedule M (Form 990) 2019 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: DAVENPORT AND COMPANY RECEIVES GIFTS OF STOCK INTO A RICHMOND SPCA ACCOUNT AND HAS STANDING INSTRUCTIONS TO SELL IMMEDIATELY. THIRD PARTY AUCTION HOUSE HANDLES RECEIPT OF VEHICLE DONATIONS AND SENDS PROCEEDS TO RICHMOND SPCA UPON SALE.

Schedule M (Form 990) 2019

932142 09-27-19

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Employer identification number** 54-0506328

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE PRINCIPLE THAT EVERY LIFE IS PRECIOUS. AT ALL TIMES AND IN EVERY WE ARE ADVOCATES FOR ANIMALS. WE PROVIDE FOR THEIR SAFETY AND STRIVE TO ALLEVIATE THEIR SUFFERING AND WORK TO PLACE THEM IN COMFORT, HOMES THAT PROVIDE A RESPONSIBLE LIFETIME COMMITMENT TO THEM. WE SPEAK OUT PUBLICLY TO PROMOTE AND DEFEND THEIR INTERESTS. WE OPPOSE ALL WE PROMOTE SPAYING AND NEUTERING TO ACHIEVE FORMS OF ANIMAL CRUELTY. AND RETAIN A NO-KILL COMMUNITY. WE OPPOSE ANY TAKING OF THE LIVES OF HEALTHY OR TREATABLE ANIMALS AND DO NOT PARTICIPATE IN SUCH CONDUCT WE PROVIDE SERVICES THAT PROMOTE RESPONSIBLE PET OWNERSHIP OURSELVES. AND HUMANE ATTITUDES TOWARD ALL LIFE.

DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, WORK TO PLACE THEM IN HOMES THAT PROVIDE A RESPONSIBLE LIFETIME WE SPEAK OUT PUBLICLY TO PROMOTE AND DEFEND THEIR COMMITMENT TO THEM. INTERESTS. WE OPPOSE ALL FORMS OF ANIMAL CRUELTY. WE PROMOTE SPAYING AND NEUTERING TO ACHIEVE AND RETAIN A NO-KILL COMMUNITY. WE OPPOSE ANY TAKING OF THE LIVES OF HEALTHY OR TREATABLE ANIMALS AND DO NOT WE PROVIDE SERVICES THAT PARTICIPATE IN SUCH CONDUCT OURSELVES. PROMOTE RESPONSIBLE PET OWNERSHIP AND HUMANE ATTITUDES TOWARD ALL LIFE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2:

EMERSON HUGHES AND MICHAEL HUGHES ARE FATHER AND SON, RESPECTIVELY.

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

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number 54-0506328

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

THE DRAFT FORM 990 IS TO BE EMAILED TO THE BOARD OF DIRECTORS WHEN RECEIVED FROM THE AUDIT FIRM. THE BOARD MEMBERS ARE GIVEN 3 BUSINESS DAYS TO REVIEW AND ASK QUESTIONS BEFORE THE CHIEF FINANCIAL OFFICER AND/OR CONTROLLER HAS THE DOCUMENT SIGNED AND MAILED TO THE IRS. THE BOARD MEMBERS ARE GIVEN THE CONTACT INFORMATION FOR THE TAX RETURN PREPARER AND ARE ENCOURAGED TO CONTACT THE RICHMOND RSPCA EXECUTIVE MANAGEMENT STAFF AND/OR THE TAX PREPARER WITH QUESTIONS. THE FORM 990 WILL NOT BE SENT TO THE IRS IF THERE IS A SIGNIFICANT CONCERN RAISED BY A BOARD MEMBER UNTIL THE CONCERN HAS BEEN ADDRESSED.

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

EACH DIRECTOR, OFFICER AND MEMBER OF THE BOARD OF DIRECTORS SHALL ANNUALLY

SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE

CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AGREES TO

COMPLY WITH THE POLICY, AND UNDERSTANDS THAT RICHMOND SPCA IS A CHARITABLE

ORGANIZATION AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, RICHMOND

SPCA MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF

ITS TAX-EXEMPT PURPOSES. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND

CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING

ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR

EFFECTIVE OVERSIGHT.

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

THE COMPENSATION ARRANGEMENTS FOR THE CHIEF EXECUTIVE OFFICER, THE CHIEF

OPERATING OFFICER, AND THE CHIEF FINANCIAL OFFICER ARE REVIEWED BY THE

EXECUTIVE COMMITTEE OF THE RICHMOND SPCA AND INCREASES IN THAT COMPENSATION

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number 54-0506328

ARE GENERALLY APPROVED BY THE EXECUTIVE COMMITTEE ANNUALLY TO BEGIN ON THE FIRST DAY OF THE NEW FISCAL YEAR AND ALWAYS IN ADVANCE OF ANY PAYMENT OF THE INCREASE. THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND CHIEF FINANCIAL OFFICER ARE THOSE EMPLOYEES WHO ARE IDENTIFIED AS KEY EMPLOYEES BECAUSE THEY HAVE POLICY MAKING RESPONSIBILITY OR INFLUENCE OVER THE RICHMOND SPCA. ONLY THOSE MEMBERS OF THE EXECUTIVE COMMITTEE WHO DO NOT HAVE ANY CONFLICTS OF INTEREST, AS DETERMINED BY THE RICHMOND SPCA'S CONFLICT OF INTEREST POLICY, MAY PARTICIPATE IN THE EVALUATION AND DETERMINATION OF EXECUTIVE COMPENSATION FOR THESE KEY EMPLOYEES. THE EXECUTIVE COMMITTEE SHOULD, TO THE EXTENT POSSIBLE, RELY ON APPROPRIATE DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. DATA AS TO COMPARABILITY IS NOT AVAILABLE, THE EXECUTIVE COMMITTEE SHALL DOCUMENT ANY OTHER BASIS FOR BELIEVING THE PROPOSED COMPENSATION IS REASONABLE. THE EXECUTIVE COMMITTEE SHALL MAINTAIN CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING BY WRITTEN OR ELECTRONIC RECORDS WITH RESPECT TO THE DATA UPON WHICH IT RELIES, HOW SUCH DATA WAS OBTAINED, ANY CONFLICTS OF INTEREST RELATING TO THE COMPENSATION ARRANGEMENTS, DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS, THE TERMS OF APPROVED COMPENSATION ARRANGEMENTS, AND THE DATE OF APPROVAL.

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

THE RICHMOND SPCA LISTS OUR BOARD OF DIRECTORS AND MAKES AVAILABLE FOR

DOWNLOAD THE MOST RECENT FORM 990 AND FORM 990T, DOCUMENT RETENTION AND

DESTRUCTION POLICY, CONFLICT OF INTEREST POLICY, AND PRIVACY POLICY ON OUR

WEBSITE. FINANCIAL INFORMATION IS INCLUDED IN THE RICHMOND SPCA'S ANNUAL

REPORT, WHICH IS PUBLISHED TO ITS WEBSITE, AND NOTICE OF PUBLICATION IS

SENT TO CONSTITUENTS BY EMAIL AND IN A NEWSLETTER PRINTED AND MAILED IN THE

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 54-0506328
FIRST HALF OF THE YEAR.	
BOARD OF DIRECTORS:	
HTTPS://RICHMONDSPCA.ORG/WHO-WE-ARE/ABOUT-US/STAFF-BOARD-O	OF-DIRECTORS/
ANNUAL REPORT, FORM 990 AND OTHER STATS:	
HTTPS://RICHMONDSPCA.ORG/WHO-WE-ARE/ABOUT-US/ANNUAL-REPORT	Γ-AND-FINANCIALS/
ADDITIONALLY, FINANCIAL INFORMATION AND BOARD LISTING ARE	AVAILABLE ON THE
RICHMOND SPCA'S PROFILE ON GUIDESTAR.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN/(LOSS) ON BENEFICIAL INTERST IN ASSETS HE	LD
IN TRUST	8,447.
UNREALIZED GAIN/(LOSS) ON GIFT ANNUITY	-663.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	43,249.
TOTAL TO FORM 990, PART XI, LINE 9	51,033.

#### SCHEDULE R (Form 990)

Part I

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(c)

(d)

(e)

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 54-0506328

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	assets	Direct o	)	
RICHMOND SPCA LAND CO., LLC - 47-5312873								
2519 HERMITAGE ROAD	HOLD TITLE TO LAND AND							
RICHMOND, VA 23220	BUILDING	VIRGINIA	-179	,773. 4,57	3,463.	.RICHMOND SPCA		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more	related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	Section 5 conti	
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
							1	
	<del> </del>							

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Dienroportionata		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-	-								
-									
	-								

1a

1b

Yes No

Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

d Loars or loan guarantees to or for related organization(s)   1	c Gift, grant, or capital contribution from related organization(s)				1c	
Part   Company	d Loans or loan guarantees to or for related organization(s)				1d	
gs sale of assets to related organization(s)  In Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Relation of paints, and the property of the date of the date of the date of the paints of the date of the date of the paints of the paints of the paints of the date of the paints of th						
gs sale of assets to related organization(s)  In Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Relation of paints, and the property of the date of the date of the date of the paints of the date of the date of the paints of the paints of the paints of the date of the paints of th						
h Purchase of assets from related organization(s)   Exchange of assets with related organization(s)   Lease of facilities, equipment, or other assets to related organization(s)   Lease of facilities, equipment, or other assets from related organization(s)   Performance of services or membership or fundraising solicitations for related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Name of related organization   Name of related organizatio	f Dividends from related organization(s)				1f	
Exchange of assets with related organization(s)    Lease of facilities, equipment, or other assets from related organization(s)   Lease of facilities, equipment, or other assets from related organization(s)   New Performance of services or membership or fundraising solicitations for related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership or fundraising solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership solicitations by related organization(s)   New Performance of services or membership	g Sale of assets to related organization(s)				1g	
Lease of facilities, equipment, or other assets from related organization(s)   Lease of facilities, equipment, or other assets from related organization(s)   Performance of services or membership or fundraising solicitations for related organization(s)   Performance of services or membership or fundraising solicitations for related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Naming of facilities, equipment, mailing lists, or other assets with related organization(s)   Naming of paid employees with related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Naming of paid employees with related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or undraising solicitations by related organization(s)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or undraising solicitations (solicitations)   Performance of services or undraising solicitati	h Purchase of assets from related organization(s)				1h	
Lease of facilities, equipment, or other assets from related organization(s)   Lease of facilities, equipment, or other assets from related organization(s)   Performance of services or membership or fundraising solicitations for related organization(s)   Performance of services or membership or fundraising solicitations for related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Naming of facilities, equipment, mailing lists, or other assets with related organization(s)   Naming of paid employees with related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Naming of paid employees with related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or fundraising solicitations by related organization(s)   Performance of services or membership or undraising solicitations by related organization(s)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or membership or undraising solicitations (solicitations)   Performance of services or undraising solicitations (solicitations)   Performance of services or undraising solicitati	i Exchange of assets with related organization(s)				1i	
reformance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer	j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>	
reformance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  If the answer	k Lease of facilities, equipment, or other assets from related organization(s)				1k	
m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property for related organization(s)  s Other transfer of cash or property from related organization(s)  z If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  Amount involved  Method of determining amount involved type (a-s)  (b)  Transaction type (a-s)  Schedule R (Form 990) (2)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  p Reimbursement paid to prelated organization(s) for expenses  p Other transfer of cash or property to related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash or property from related organization(s)  p Other transfer of cash o	i	( /				
o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Transaction Type (a-s)  Method of determining amount involved  Method of determining amount involved  Amount involved  Schedule R (Form 990) 2t						
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q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1	o sharing or paid employees warredated organization(c)					
q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1	p Reimbursement paid to related organization(s) for expenses				1p	
r Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) 1s						
s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  Transaction  type (a·s)  (c)  Amount involved  Method of determining amount involved  Method of determining amount involved  (d)  Method of determining amount involve	1 , 3 (/ 1					
s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  Transaction  type (a·s)  (c)  Amount involved  Method of determining amount involved  Method of determining amount involved  (d)  Method of determining amount involve	r Other transfer of cash or property to related organization(s)				1r	
(a) Name of related organization (b) Transaction type (a·s) Amount involved Method of determining amount involved  1)						
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved  1)  2)  3)  4)  5)  Schedule R (Form 990) 26	2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.		
	(a) Name of related organization	Transaction			nvolved	
	1)					
	<i>'</i> 1					
	2)					
	3)					
	4)					
	Ч					
	5)					
	6)					
n $I$	32163 09-10-19	17		Schedul	e R (Form 99	0) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

Schedule R (Form 990) 2019

EXTENDED TO AUGUST 16, 2021

Form <b>990-T</b>	E	Exempt Organization Bus			ax Return	L	OMB No. 1545-0047					
							0040					
	(and proxy tax under section 6033(e))  For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020.  Go to www.irs.gov/Form990T for instructions and the latest information.											
Department of the Treasury Internal Revenue Service	<b>•</b>	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				-	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed		Name of organization (				(Emp	oyer identification number loyees' trust, see ctions.)					
<b>B</b> Exempt under section	Print	OF CRUELTY TO ANIMALS				5	4-0506328					
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	x see in	structions		E Unrela	ated business activity code					
408(e) 220(e)	Туре	2519 HERMITAGE ROAD	., 000 111			(See ii	nstructions.)					
408A 530(a)		City or town, state or province, country, and ZIP o	r foreia	n nostal code		1						
529(a)		RICHMOND, VA 23220				523	000					
C Book value of all assets		F Group exemption number (See instructions.) G Check organization type ► X 501(c) corp	<b></b>									
44,587,3	41.	G Check organization type ► X 501(c) corp	ooration	501(c) trust	401(a)	trust	Other trust					
H Enter the number of the	organiza		1		he only (or first) uni	related						
trade or business here	► PAI	RTNERSHIP INVESTMENT		If only one, o	complete Parts I-V. I	If more	than one,					
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	rts I and	d II, complete a Schedule I	M for each additiona	al trade	or					
business, then complete	Parts III	-V.										
		oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	▶ [	Ye	es X No					
		tifying number of the parent corporation.										
		TAMSEN KINGRY			ne number 🕨 8							
		de or Business Income		(A) Income	(B) Expenses		(C) Net					
1a Gross receipts or sale												
<b>b</b> Less returns and allow		c Balance	1c									
		A, line 7)	2									
3 Gross profit. Subtract			3									
		h Schedule D)	4a									
		art II, line 17) (attach Form 4797)	4b									
		sts	4c	112 764	стит 1		112 764					
		ship or an S corporation (attach statement)	5	-113,764.	STMT 1		-113,764.					
6 Rent income (Schedu	, .		6									
		me (Schedule E)	7									
· · · · · · · · · · · · · · · · · · ·		nd rents from a controlled organization (Schedule F)	8									
		on 501(c)(7), (9), or (17) organization (Schedule G)										
		me (Schedule I)	10									
		3 J)	11									
12 Other income (See ins	Struction	ns; attach schedule)	12	_113 764			-113,764.					
13 Total. Combine lines Part II Deductio	ne No	gh 12 ot Taken Elsewhere (See instructions fo	l 13	etions on doductions			-113,704.					
		be directly connected with the unrelated busin										
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14						
15 Salaries and wages						15						
16 Repairs and mainten	ance .					16						
						17						
		ee instructions)				18						
						19						
20 Depreciation (attach	Form 48	562)		20								
		n Schedule A and elsewhere on return				21b						
22 Depletion						22						
		mpensation plans				23						
		shadula I\				24						
		chedule I)				25						
		hedule J)				26						
		nedule)				27	0.					
28 Total deductions. A	uu IIIIES	14 through 27ncome before net operating loss deduction. Subtrac	t lina aa	? from line 19		28 29	-113,764.					
						_ <u> </u>	113,/04•					
		loss arising in tax years beginning on or after Janua			емемт 2	30	0.					
31 Unrelated business t	axahle i	ncome. Subtract line 30 from line 29		DIAII		31	-113,764.					
Om olatou buolilooo t	www.no.io II						,,,,,,,					

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

		RICHMOND SOCIETY FOR		CRUELTY !	I'O ANIM	1 54	0506328 Page 2
Part		Total Unrelated Business Taxab					112 764
32		unrelated business taxable income computed					-113,764.
33							
34		ole contributions (see instructions for limitation					0.
35		related business taxable income before pre-20				35	-113,764.
36		on for net operating loss arising in tax years be		,		_	-113,764.
37		unrelated business taxable income before spe					
38	•	deduction (Generally \$1,000, but see line 38 i	. ,			. 38	1,000.
39		ed business taxable income. Subtract line 38 establer of zero or line 37	v	*			112 764
Dart		Fax Computation				39	-113,764.
		-	20 hy 240/ (0.24)			10	0.
40		ations Taxable as Corporations. Multiply line			<b>&gt;</b>	40	0.
41		Taxable at Trust Rates. See instructions for ta ex rate schedule or Schedule D (Form	-				
49			1041)			► 41 ► 42	
		ax. See instructions					
43		ive minimum tax (trusts only)					
44 45	Total A	Noncompliant Facility Income. See instruction do lines 42, 43, and 44 to line 40 or 41, which	lavar annlige			45	0.
Part		Tax and Payments	ever applies			40	
		tax credit (corporations attach Form 1118; tru	ets attach Form 1116)	46a			
			sis attacini oniii iiio)				
		or prior year minimum tax (attach Form 8801 c					
		edits. Add lines 46a through 46d				46e	
47		t line 46e from line 45					0.
48		xes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 Other	(attach schedule		
49		x. Add lines 47 and 48 (see instructions)			•	· —	0.
50		et 965 tax liability paid from Form 965-A or For					0.
		its: A 2018 overpayment credited to 2019				.   "	-
		timated tax payments					
		osited with Form 8868					
		organizations: Tax paid or withheld at source (					
		withholding (see instructions)					
		or small employer health insurance premiums					
			orm 2439				
·			ther Total	▶ 51g			
52	Total pa	ayments. Add lines 51a through 51g				52	
53		ed tax penalty (see instructions). Check if Form	. 0000 :			53	
54	Tax due	. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed		<b>)</b>	<b>54</b>	
55	Overpa	yment. If line 52 is larger than the total of lines	s 49, 50, and 53, enter amount overpaid			55	
56		e amount of line 55 you want: Credited to 202			efunded	<b>▶</b> 56	
Part	VI S	Statements Regarding Certain A	Activities and Other Informa	ation (see instru	ictions)		
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or other authority			Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of th	ne foreign country			
	here	<b>&gt;</b>					X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or	transferor to, a fore	ign trust?		Х
	If "Yes,"	see instructions for other forms the organizati	ion may have to file.				
59		e amount of tax-exempt interest received or ac					
C:		der penalties of perjury, I declare that I have examined a rrect, and complete. Declaration of preparer (other than				vledge and	belief, it is true,
Sign						May the IF	RS discuss this return with
Here			Date CEO Title			-	er shown below (see
		Signature of officer	Date Title	· ·		instruction	ns)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PT	IN
Paid	ı				self- employe		
	arer	JAYME MIKA			1		00852731
-	Only	Firm's name ► KEITER, STEPH		HREAVES, P	Firm's EIN	<u>► 5</u>	4-1631262
		4401 DOMIN					
		Firm's address ► GLEN ALLEN	, VA 23060		Phone no.	(804	)747-0000
000744	01 07 00						Farm 990-T (2010)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	raluation ► N/A						
1 Inventory at beginning of year				Inventory at end of yea			T 6			
2 Purchases				Cost of goods sold. St						
3 Cost of labor				from line 5. Enter here						
<b>4a</b> Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section				Yes	No	
<b>b</b> Other costs (attach schedule)			property produced or acquired for resale) apply to							
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	perty	·)		
Description of property										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` ' of rent for	persona	sonal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions direct columns 2(a) a	ly conne and 2(b)	cted with the income in (attach schedule)	n	
(1)				, ,						
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		_			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.	
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ictions)						
			:	2. Gross income from		3. Deductions directly co to debt-finar				
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าร	
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to unced property h schedule)	(	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))		
(1)				%			+			
(2)				%			$\top$			
(3)				%			$\neg$			
(4)				%						
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column		
Totals				•		0			0.	
Total dividends-received deductions in	ncluded in colum	n 8				<u> </u>			0.	

Form **990-T** (2019)

Form 990-T (2019) <b>OF CRU</b>	ELTY	TO AN	IMALS						54-05	0632	8 Pag	ge 4
Schedule F - Interest, A	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	s (see in:	struction	ns)	
1. Name of controlled organizat	ion	identif	nployer ication nber	3. Net unr	Controlled O	<b>4</b> . To	ons tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5	
<u></u>												
<u>(1)</u> (2)												
(3)												
(4)												
Nonexempt Controlled Organia	zations	ı										
7. Taxable Income	8. Net u	unrelated incor see instruction		9. Total	of specified payr made	nents	10. Part of column in the controllingross	mn 9 tha ing orgai s income	nization's		eductions directly connect in income in column 10	ted
(4)												
(1)												
(2)												
<u>(3)</u> (4)												
_(7)							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I line 8, column (B).	Ι,
Totals									0.			0.
Schedule G - Investme	nt Incor	me of a	Section	501(c)(7	7), (9), or (	17) Org	ganization					
	ription of inco	ome			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	-asides schedule)	5. Total deduction and set-asides (col. 3 plus col.	3
(1)							(attach school	iuic)			(coi. o pias coi. s	<del>-,</del>
(2)												
(3)												
(4)												
				_	Enter here and Part I, line 9, co	lumn (A).					Enter here and on pag Part I, line 9, column	(B).
Schedule I - Exploited					Than Adv	0. vertisin	a Income					0.
(see instru	-											
1. Description of exploited activity	unrelated incom	Gross d business ne from business	directly of with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	d trade or blumn 2 n 3). If a e cols. 5	<b>5.</b> Gross inco from activity t is not unrelat business inco	hat ed		penses table to ımn 5	7. Excess exemp expenses (column 6 minus column 5 but not more than column 4).	n 5,
(1)												
(2)												
(3)												
(4) Totals	page 1	ere and on 1, Part I, , col. (A).	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 25.	0.
Schedule J - Advertising	na Incoi		I instruction									<u> </u>
Part I Income From I					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulat income		6. Read		7. Excess readershing costs (column 6 minus column 5, but not mouthan column 4).	is
(1)					23.0. 3 (	J			1			
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))			0.	0								0.
									•		Form <b>990-T</b> (20	

#### Form 990-T (2019) OF CRUELTY TO ANIMALS

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
0.	0.				0.
Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
0.	0.				0.
	advertising income   O •  Enter here and on page 1, Part I, line 11, col. (A).	advertising advertising costs  O • O •  Enter here and on page 1, Part I, line 11, col. (A).  Enter here and on page 1, Part I, line 11, col. (B).	2. Gross advertising costs advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  O • O •  Enter here and on page 1, Part 1, line 11, col. (A).  Enter here and on page 1, Part 1, line 11, col. (B).	2. Gross advertising costs advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  1. Gross advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  1. Gross advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  1. Gross advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  1. Gross advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	2. Gross advertising income  3. Direct advertising costs  or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.  5. Circulation income  costs  6. Readership costs  Costs  Enter here and on page 1, Part 1, line 11, col. (A).  Enter here and on page 1, Part 1, line 11, col. (B).

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions

1. Name	2. Title	<b>3.</b> Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

FORM 990-T	INCO	ME (LOSS) FROM P	ARTNERSHIPS	STATEMENT 1
DESCRIPTION	N			NET INCOME OR (LOSS)
THE RICHMON	ND FUND K-1 - ORDI	NARY BUSINESS IN	COME (LOSS)	-113,764.
MOMAT TATOT I	UDED ON FORM 990-T		-113,764.	
TOTAL INCL	0222 014 1 0141 330 1	,,		•
TOTAL INCL	0225 ON 1 ONL 350 1	,		
FORM 990-T		OPERATING LOSS		STATEMENT 2
				STATEMENT 2  AVAILABLE THIS YEAR
FORM 990-T	NET	OPERATING LOSS  LOSS PREVIOUSLY	DEDUCTION LOSS	AVAILABLE

FORM 990-T	NET	OPERATING I	LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSI APPLIEI		LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	92,223.		0.	92,223.	92,223.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		92,223.	92,223.

#### Return by a U.S. Transferor of Property to a Foreign Corporation

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attachment Sequence No. **128** Internal Revenue Service Attach to your income tax return for the year of the transfer or distribution. U.S. Transferor Information (see instructions) Part I Name of transferor Identifying number (see instructions) RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 54-0506328 X No Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? 2 If the transferor was a corporation, complete questions 2a through 2d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by X No Yes five or fewer domestic corporations? Did the transferor remain in existence after the transfer? X Yes If not, list the controlling shareholder(s) and their identifying number(s). Controlling shareholder Identifying number c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? If not, list the name and employer identification number (EIN) of the parent corporation. Name of parent corporation **EIN** of parent corporation X No d Have basis adjustments under section 367(a)(4) been made? If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership **EIN** of partnership ROR PARTNERSHIP **b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? X No Yes X No c Is the partner disposing of its entire interest in the partnership? Yes d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established X No securities market? Part II Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) 5a Identifying number, if any ATHANOR INTERNATIONAL FUND CAPITAL Address (including country) 5b Reference ID number **SUITE 3502** 437 MADISON AVE. NEW YORK, 10022 CAYMAN ISLANDS **FOREIGNUS** Country code of country of incorporation or organization CJ Foreign law characterization (see instructions) CORPORATION

Is the transferee foreign corporation a controlled foreign corporation?

X No

Yes

## (Rev. November 2018) Department of the Treasury Internal Revenue Service

## Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)						
Name of transferor	Identifying	Identifying number (see instructions)				
RICHMOND SOCIETY FOR THE PREVENTION						
OF CRUELTY TO ANIMALS			54-0506328			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign co	rporation?	Y	es	X No		
2 If the transferor was a corporation, complete questions 2a through 2d.						
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section	368(c)) by					
five or fewer domestic corporations?		Y	es	X No		
b Did the transferor remain in existence after the transfer?			es	□ No		
If not, list the controlling shareholder(s) and their identifying number(s).						
Controlling shareholder		Identifying nun	ahar			
Controlling statenoide			inei			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the pa If not, list the name and employer identification number (EIN) of the parent corporation.	rent corporation?	У Х Ү	es	No		
Name of parent corporation	Е	IN of parent corp	oratio	on .		
·						
d Have basis adjustments under section 367(a)(4) been made?			es	X No		
d Have basis adjustments under section 367(a)(4) been made?		·	CS	11 110		
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treate	d as such under s	section 367)				
complete questions 3a through 3d.	a as sacir ander .	30011011001),				
<ul><li>a List the name and EIN of the transferor's partnership.</li></ul>						
a List the name and Lint of the transferor's partnership.						
Name of partnership		EIN of partner	ship			
ROR PARTNERSHIP	26-17	61403				
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			es	X No		
c Is the partner disposing of its entire interest in the partnership?			es	X No		
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an es		·	-	110		
securities market?	tabiisi ica		es	X No		
Part II Transferee Foreign Corporation Information (see instructions)		········	<u> </u>	11 110		
4 Name of transferee (foreign corporation)		5a Identifying r	numbe	ar if any		
4 Name of transferee (foreign corporation)		oa luchtilying i	iuiiibe	, ii airy		
EQMC EUROPE DEVELOPMENT CAPITAL FUND PLC						
6 Address (including country)		5b Reference ID	) numb	ner .		
4TH FL ONE GEORGE'S QUAY PLAZA, GEORGE'S Q		Sb Reference in	, Hulli	Jei		
DUBLIN L22 IRELAND		FOREIGNU	S			
		1 0111110110				
7 Country code of country of incorporation or organization  EI						
8 Foreign law characterization (see instructions) PUBLIC LIMITED COMPANY						
			es	X No		
9 Is the transferee foreign corporation a controlled foreign corporation?  924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.	• • • • • • • • • • • • • • • • • • • •			Rev. 11-2018)		

## (Rev. November 2018) Department of the Treasury Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)						
me of transferor			Identifying number (see instructions)			
RICHMOND SOCIETY FOR THE PREVENTION						
OF CRUELTY TO ANIMALS			54-0506328			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign co	rporation?	[	Yes	X No		
2 If the transferor was a corporation, complete questions 2a through 2d.						
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section	368(c)) by					
five or fewer domestic corporations?		[	Yes	X No		
<b>b</b> Did the transferor remain in existence after the transfer?			X Yes	No		
If not, list the controlling shareholder(s) and their identifying number(s).						
Controlling shareholder		Identifyin	g number			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the part If not, list the name and employer identification number (EIN) of the parent corporation.	rent corporation?	·	X Yes	□ No		
Name of parent corporation	E	IN of paren	t corporati	on		
d Have basis adjustments under section 367(a)(4) been made?		[	Yes	X No		
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated complete questions 3a through 3d.	d as such under :	section 367	),			
a List the name and EIN of the transferor's partnership.						
Name of partnership		EIN of pa	artnership			
ROR PARTNERSHIP	26-17	61403				
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	•		Yes	X No		
c Is the partner disposing of its entire interest in the partnership?		Г	Yes	X No		
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an est						
securities market?		Г	Yes	X No		
Part II Transferee Foreign Corporation Information (see instructions)						
4 Name of transferee (foreign corporation)		5a Identif	ying numb	er, if any		
INVICTUS OPPORTUNITY OFFSHORE FEEDER LP 4			7-2145807			
6 Address (including country) P.O. 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CAYMAN ISLANDS		<b>5b</b> Refere	nce ID num	ber		
7 Country code of country of incorporation or organization CJ						
8 Foreign law characterization (see instructions) LIMITED PARTNERSHIP						
9 Is the transferee foreign corporation a controlled foreign corporation?		[	Yes	X No		
924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.				Rev. 11-2018		

## (Rev. November 2018) Department of the Treasury Internal Revenue Service

## Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information. Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

Part 1 0.5. Transferor information (see instructions)						
Name of transferor RICHMOND SOCIETY FOR THE PREVENTION OF CRIETITY TO ANIMALS			Identifying number (see instructions)  54-0506328			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corpor	L	Yes	X No			
2 If the transferor was a corporation, complete questions 2a through 2d.	\(-\\ I					
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368			¬ v	V Na		
five or fewer domestic corporations?			_ Yes ☑ Yes	X No		
<b>b</b> Did the transferor remain in existence after the transfer?  If not, list the controlling shareholder(s) and their identifying number(s).		∟≛	L res	NO		
in not, list the controlling shareholder(s) and their identifying number(s).	_					
Controlling shareholder		Identifying	number			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent If not, list the name and employer identification number (EIN) of the parent corporation.	corporation?	ΣΣ	Yes	□ No		
Name of parent corporation	E	IN of parent	corporati	on		
			٦,,	X No		
d Have basis adjustments under section 367(a)(4) been made?		L	_ Yes	A NO		
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under :	section 367).				
complete questions 3a through 3d.		,,				
a List the name and EIN of the transferor's partnership.						
· · ·	Ι	FINI - (				
Name of partnership		EIN of par	inersnip			
ROR PARTNERSHIP	26-17	61403				
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No		
c Is the partner disposing of its entire interest in the partnership?		[	Yes	X No		
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish	shed					
securities market?			Yes	X No		
Part II Transferee Foreign Corporation Information (see instructions)						
4 Name of transferee (foreign corporation)		5a Identify	ing numb	er, if any		
TIGER GLOBAL LONG OPPORTUNITIES LIMITED						
6 Address (including country)		<b>5b</b> Reference	ce ID num	ber		
89 NEXUS WAY, P.O. BOX 31106						
CAMANA BAY KY1-1205 CAYMAN ISLANDS		FOREIG	NUS			
7 Country code of country of incorporation or organization  CJ						
8 Foreign law characterization (see instructions) CORPORATION						
9 Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No		
924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.			<del>_</del>	Rev. 11-2018)		