** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 F</u>	or the	2020 calendar year, or tax year beginning OCT 1, 2020 and	ending S	EP 30, 2021				
B	Check if applicable	C Name of organization RICHMOND SOCIETY FOR THE PREVENTION		D Employer identific	cation number			
	Addres	S OF ODIET BY BO ANTWALC						
F	Name change	DICHMOND CDCA		54-05063	28			
F	Initial return	3	Room/suite	E Telephone numbe				
	Final	2519 HERMITAGE ROAD	1100111/30110	804-521-	1300			
	termin- ated		G Gross receipts \$ 16,065,079.					
	Ameno return	RICHMOND, VA 25220		H(a) Is this a group re				
	Application pendin	F Name and address of principal officer: TAMSEN KINGRY		for subordinates	? Yes X No			
	•	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
		e: ► WWW.RICHMONDSPCA.ORG		H(c) Group exemptio	n number 🕨			
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1891 n	State of legal domicile: VA			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: $\ { t THE} \ { t 1}$	MISSIO	N OF THE RIC	CHMOND			
Governance		SPCA, A PRIVATE NO-KILL HUMANE SOCIETY, I	S TO F	RACTICE AND	PROMOTE			
na	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	33			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	32			
ο O	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			179			
iţi	6	Total number of volunteers (estimate if necessary)			351			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
4	8	Contributions and grants (Part VIII, line 1h)		3,961,265.	10,064,447.			
nue	9	Program service revenue (Part VIII, line 2g)		2,231,943.	2,399,396.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,461,881.	3,228,801.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		99,402.	109,649.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,754,491.	15,802,293.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,729,514.	5,199,492.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
pen	b	Total fundraising expenses (Part IX, column (D), line 25)	03.					
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,242,181.	3,232,244.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,971,695.	8,431,736.			
	1	Revenue less expenses. Subtract line 18 from line 12		782,796.	7,370,557.			
TC a		- COLONIA COLO CALCALA MACA COLO MAC	Be	ginning of Current Year	End of Year			
Assets or	20	Total assets (Part X, line 16)		44,587,341.	57,425,937.			
ASS	21	Total liabilities (Part X, line 26)		6,547,880.	4,255,412.			
Net	4	Net assets or fund balances. Subtract line 21 from line 20		38,039,461.	53,170,525.			
	art II	Signature Block	Į.	•	, ,			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	,			
	,							
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	<u>,</u>	JAYME MIKA		if self-employ				
	parer			54-1631262				
-	Only	Firm's address 4401 DOMINION BLVD		I IIII O LIIV				
200	,	GLEN ALLEN, VA 23060		Phone no. (8	04) 747-0000			
Max	/ the IF	RS discuss this return with the preparer shown above? See instructions		[1 Holle Ho. (O	X Yes No			
ivia	y u i C i I	to diodade this retain with the preparer shown above: dee instructions			103110			

	1990 (2020) OF CRUELTY TO ANIMALS 54-0506328 P	age 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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?	ן _{No}
	If "Yes," describe these new services on Schedule O.	_ INO
•		٦
3	3, 3, 3, 1, 3,	_ NO
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,918,836. including grants of \$) (Revenue \$1,617,80	<u>3.</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.	
4b	(Code:) (Expenses \$4 , 015 , 133 • including grants of \$) (Revenue \$ 519 , 40	1.)
	OUR STAFF AND VOLUNTEERS DELIVERED LOVING CARE AND ENRICHMENT TO 3,843	
	HOMELESS ANIMALS - BOTH IN OUR HUMANE CENTER AND IN FOSTER HOMES. THE	
	OVERWHELMING MAJORITY OF PETS WE BROUGHT INTO OUR CARE WERE ONES WE	
	TRANSFERRED FROM GOVERNMENT SHELTERS WHERE THOSE PETS' LIVES WERE AT	
	RISK. IN TOTAL, WE PARTNERED WITH 69 SHELTERS LAST YEAR (54 OF WHICH	
	WERE IN VIRGINIA) TO BRING VULNERABLE PETS INTO OUR CARE. THE	
	REMAINING PETS THE RICHMOND SPCA TOOK INTO OUR CARE WERE ONES	
	SURRENDERED TO US BY THEIR FORMER OWNERS OR WHO WERE FOUND STRAY BY	
	GOOD SAMARITANS OR WHO WERE ABANDONED. MORE THAN 3,000 HOMELESS PETS	
	IN OUR HUMANE CENTER REQUIRED CRUCIAL VETERINARY TREATMENT, WHICH OUR	
	PROFESSIONAL MEDICAL STAFF DELIVERED, FOR A VARIETY OF SERIOUS	
	ILLNESSES AND INJURIES PRIOR TO ADOPTION TO LASTING HOMES IN OUR	
40	(Code:) (Expenses \$ 893,861. including grants of \$) (Revenue \$ 398,75	2.)
70	HUMANE EDUCATION AT THE RICHMOND SPCA INCLUDES PROGRAMS FOR BOTH	 /
	CHILDREN AND ADULTS THAT INSTILL COMPASSION, KINDNESS, AND EMPATHY FOR	
	BOTH HUMANS AND ANIMALS, DEVELOP CHARACTER AND PROMOTE RESPONSIBLE CAR.	 F:
	FOR ALL CREATURES. PROGRAMS DELIVERED IN FISCAL YEAR 2021 INCLUDED	
	SUMMER CAMP, PUBLIC TRAINING CLASSES AND SEMINARS, A DAY TRAINING AND	
	BOARDING SERVICE AND VIRTUAL PROGRAMMING.	
	BOARDING SERVICE AND VIRIOAD PROGRAMMING.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 6 , 827 , 830 .	
	Form 990	(2020)

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	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			37
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ـِـر		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	٠,		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	250		
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,			
	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		х
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
D	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(h)(13)2. If "Yes." complete Schodule R. Part V. line 3.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u></u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			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	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 179			
b	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C	to file Form 8282?	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		990	(0000)

OF CRUELTY TO ANIMALS

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 33 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 32 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2020)

23220

TAMSEN KINGRY - 804-521-1300 2519 HERMITAGE ROAD, RICHMOND,

Form 990 (2020)

OF CRUELTY TO ANIMALS

54-0506328

<u> Page</u> **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMSEN HECKEL KINGRY CEO/DIRECTOR	40.00	х		Х				160,750.	0.	18,819.
(2) CAROL ANNE BAKER LAJOIE	40.00	Δ		_				100,730.	0.	10,019.
DIRECTOR OF DEVELOPMENT	40.00	1				X		106,715.	0.	7,650.
(3) LISA RIVADENEIRA	40.00							100,713.		7,0301
COO	10.00	1		х				90,728.	0.	13,463.
(4) CONSTANCE MOSER	40.00							3077201	•	13/1031
CFO - ENDED 10/20	1000	1		x				91,634.	0.	9,240.
(5) SARAH BABCOCK	40.00							22,0020		
CHIEF OF EDUCATION & TRAIN				х				82,329.	0.	12,856.
(6) TRACEY COATS	40.00							,		,
CONTROLLER - STARTED 6/20				Х				57,493.	0.	423.
(7) TINA L. BACHAS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) BARTHOLOMEW BROADBENT	2.00									
DIRECTOR		Х						0.	0.	0.
(9) J. ALFRED BROADDUS, JR.	2.00									
DIRECTOR		Х						0.	0.	0.
(10) PHYLLIS L. COTHRAN - DECEASED 1	2.00									
DIRECTOR		Х						0.	0.	0.
(11) TODD DYKSHORN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) MARLA D. FERGERSON	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) MARK FRANKO	2.00	l								
DIRECTOR		Х						0.	0.	0.
(14) STEFANIE G. GORDINER	2.00	ļ							•	
DIRECTOR	0.00	Х	_			_		0.	0.	0.
(15) DEBORAH D. HINTON	2.00	.,							0	•
DIRECTOR	2 00	Х	\vdash			\vdash		0.	0.	0.
(16) MICHAEL W. HUGHES	2.00								_	^
OIRECTOR (17) HUGH JOYCE	2.00	Х						0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0.
032007 12-23-20	I.	Λ		<u> </u>			<u> </u>	1 0.	0.	Form 990 (2020)

032007 12-23-20 Form **990** (2020)

(A) Name and title	(B) Average	Average Position						(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	box	, unles		son i	s both	n an	compensation from	compensation from related	ar	nount other	
	(list any	ector						the	organizations	com	pensa	ation
	hours for related	or din	96			ated		organization	(W-2/1099-MISC)	1	om th	
	organizations	rustee	l trustee		ee	ubeus		(W-2/1099-MISC)		1 ~	anizat d relat	
	below	Individual trustee or director	Institutional t	-	Key employee	Highest compensated employee	er.			1	anizati	
	line)	Indiv	Instit	Officer	Key e	Highe	Former					
(18) ALLEN B. KING DIRECTOR	2.00	х						0.	0.			0.
(19) ELIZABETH KING	2.00	77						0.	0.			<u> </u>
DIRECTOR	2.00	х						0.	0.			0.
(20) BARBARA D. LAWSON	2.00	T-										
DIRECTOR		Х						0.	0.			0.
(21) PAT MANNING	2.00											
DIRECTOR		Х						0.	0.			0.
(22) ANTHONY F. MARKEL	2.00											
DIRECTOR		Х						0.	0.			0.
(23) CYNDI MASSAD	2.00											
DIRECTOR		Х						0.	0.			0.
(24) ARLENE MCLAREN	2.00								•			•
DIRECTOR	2 00	Х						0.	0.			0.
(25) MEL MILLER	2.00	3.							0			0
DIRECTOR (26) LOU ANN J. NABHAN	2.00	Х						0.	0.			0.
DIRECTOR	4.00	Х						0.	0.			0.
	<u> </u>					l		589,649.	0.	6	2 4	$\frac{0.}{51.}$
1b Subtotal c Total from continuation sheets to Part VI								0.	0.	├	<u>, , , , , , , , , , , , , , , , , , , </u>	0.
d Total (add lines 1b and 1c)								589,649.	0.	6	2.4	$\frac{3.}{51.}$
Total number of individuals (including but n							o re	•				
compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,				1
i											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4	Х	
5 Did any person listed on line 1a receive or a	•				,			•				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch r	oers	on .				5		X
Section B. Independent Contractors							41.		100 000 of comment	f		
1 Complete this table for your five highest co the organization. Report compensation for										ILIOIT IT	וווכ	
(A)	irie caleridai y	Jai C	nun	ig wi	iti i C	JI VVI		(B)	cai.	((C)	
Name and business	address	NO	ONE	3				Description of s	ervices (Compe	nsatio	n
							\dashv					
2 Total number of independent contractors (in		ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organic		T 3.7	TTN	m = 4) 740)	UT	reme		_	000	(0.00.5)
SEE PART VII, SECTION	A COMI	ΤIJ	UΑ	т Т(OΤΛ	5	пБ	ET9		Form	JJU ((2020)

Form 990

Form 990 OF CRUEL										6328
Part VII Section A. Officers, Directors, Tr	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				ition	ı		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_) yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee ee			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ubeus				and related organizations
	below	dual tr	tional	١.	nploy	stcon	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CINDY PAYNE PRYOR	2.00	H	╫	Ť	F	┢	_			
DIRECTOR		х						0.	0.	0.
(28) AGUSTIN E. RODRIGUEZ	2.00								•	
DIRECTOR		Х						0.	0.	0.
(29) WATSON SEAMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(30) JULIA H. THOMAS	2.00									
DIRECTOR		Х						0.	0.	0.
(31) STUART C. SIEGEL	2.00									
DIRECTOR		Х						0.	0.	0 .
(32) ROBIN ROBERTSON STARR	2.00								_	_
DIRECTOR		Х						0.	0.	0
(33) LAURA D. WINDSOR, ESQ.	2.00								_	_
DIRECTOR		Х						0.	0.	0 .
(34) E. CLAIBORNE ROBINS, JR.	2.00									
BOARD CHAIRMAN EMERITIS		Х						0.	0.	0 .
(35) P. EMERSON HUGHES, JR.	2.00								_	
BOARD CHAIRMAN EMERITIS	2 00	Х						0.	0.	0 .
(36) DR. JOHN R. NELSON	3.00	.		-					_	_
CHAIR	2.00	Х		Х				0.	0.	0 .
(37) MITCHELL F. HADDON VICE CHAIR	2.00	х		х				0.	0.	0
(38) THOMAS E. HAMLIN	2.00	Δ		^				0.	0.	0.
TREASURER & SECRETARY	2.00	Х		Х				0.	0.	0
THE STATE OF THE S		25						•	<u> </u>	
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Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								00000010 0 12 0 11
nts		Federated campaigns						
Sra Ton		Membership dues		(10				
S, (С	Fundraising events	1c	575,643.				
a ji	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	s) 1e	886,700.				
io Si	f	All other contributions, gifts, grants,	and					
the		similar amounts not included above	1f	8,602,104.				
Ξō	q	Noncash contributions included in lines 1a-1		1,189,194.				
Sign	_	Total. Add lines 1a-1f		•	10,064,447.			
				Business Code				
_	0.0	ANIMAL SERVICES		900099	2,399,396.	2,399,396.		
<u>i</u>	_			300033	2,000,000.	2,333,330.		
er.	b							
o S	С	:						
ĕ a	d	·						
Program Service Revenue	е							
<u>a</u>	f	All other program service revenue	e					
	g	Total. Add lines 2a-2f			2,399,396.			
	3	Investment income (including div	idends, intere	st, and				
		other similar amounts)		•	267,015.			267,015.
	4	Income from investment of tax-ex						
	5	Royalties		-				
	•	The state of the s	(i) Real	(ii) Personal				
	6 -	Gross rents 6a	3,000.	(-)				
			0.					
		Less: rental expenses 6b	3,000.					
		Rental income or (loss) 6c	3,000.		2 000			3 000
		Net rental income or (loss)	(1) O 11	(1) Others	3,000.			3,000.
	7 a		(i) Securities	(ii) Other				
		assets other than inventory 7a	2,961,786.					
	b	Less: cost or other basis						
e		and sales expenses	0.					
Ne l	С	Gain or (loss) 7c	2,961,786.					
Other Revenue		Net gain or (loss)		>	2,961,786.			2,961,786.
ē	8 a	Gross income from fundraising event	ts (not					
₹		including \$ 575,64	13. of					
		contributions reported on line 1c						
		Part IV, line 18	′ I	232,657.				
	h	Less: direct expenses		197,354.				
		: Net income or (loss) from fundrai		, ,	35,303.			35,303.
		Gross income from gaming activity						35,553.
	o a	5 5						
		Part IV, line 19	I					
		Less: direct expenses						
		Net income or (loss) from gaming		P				
	10 a	Gross sales of inventory, less ret	I					
		and allowances						
	b	Less: cost of goods sold	10b	65,432.				
	С	Net income or (loss) from sales o	f inventory	>	71,128.	71,128.		
				Business Code				
snc	11 a	OTHER REVENUE		900099	218.	218.		
ne	b							
əlla	c							
Miscellaneous Revenue		All other revenue						
Ξ				>	218.			
		Total Add lines 11a-11d		7	15,802,293.	2,470,742.	0.	3 267 104
	12	Total revenue. See instructions			13,004,433.	2,410,142.	<u>.</u>	3,267,104.

Part IX | Statement of Functional Expenses

٦	Check if Schedule O contains a respons		(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107 051	212 765	252 024	22 AE
	trustees, and key employees	497,854.	212,765.	252,034.	33,05
3	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	3,837,870.	3,406,341.	132,631.	298,898
7	Other salaries and wages Pension plan accruals and contributions (include	3,031,010.	J, =UU, J41.	132,031.	490,030
3	section 401(k) and 403(b) employer contributions)				
9		562,501.	487,782.	30,483.	44 23
)	Other employee benefits	301,267.	250,573.	26,703.	44,23 23,99
, 1	Payroll taxes Fees for services (nonemployees):	501,207	255,575	20,7000	20,00
	Management				
	Legal	3,954.		3,954.	
	Accounting	37,750.		37,750.	
	Lobbying	. , , , , , ,		31,71331	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	436,284.		436,284.	
g	Other. (If line 11g amount exceeds 10% of line 25,	•		,	
Ĭ	column (A) amount, list line 11g expenses on Sch 0.)	82,720.	82,720.		
2	Advertising and promotion	79,948.	34,846.		45,10
3	Office expenses	95,534.	54,963.	9,973.	30,59
4	Information technology	86,222.	71,016.	8,066.	7,14
5	Royalties				
3	Occupancy	451,460.	394,830.	28,052.	28,57
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	8,712.	2,050.	4,114.	2,54
)	Interest	128,420.	107,872.	10,274.	10,27
	Payments to affiliates	F.CO. 100	F40 400	25 252	05.05
	Depreciation, depletion, and amortization	562,120.	510,400.	25,860.	25,86
	Insurance				
ļ	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.)	1 040 200	1 040 200		
а	VETERINARY AND PET SUPP	1,048,388.	1,048,388.	10 160	10 75
	MISCELLANEOUS	118,276.	86,353.	12,168.	19,75
C	TELEPHONE	35,846. 31,643.	30,110. 21,854.	2,868. 9,789.	2,86
d	LOCAL TRANSPORTATION	24,967.	24,967.	۶, ۱۵۶۰	
	All other expenses Add lines 1 through 24s	8,431,736.	6,827,830.	1,031,003.	572,90
<u>. </u>	Total functional expenses. Add lines 1 through 24e	U, 431,/30.	0,041,030.	т, оэт, ооз.	314,90
•	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	EUUCAUUNAI CANDAIUN ANU TUNUI AISINU SONCITATION.				

Form **990** (2020)

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Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			448,618.	1	522,202.
	2	Savings and temporary cash investments			4,444,760.	2	3,096,557.
	3	Pledges and grants receivable, net			65,808.	3	64,840.
	4	Accounts receivable, net			7,148.	4	29,524.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			128,274.	8	132,058.
As	9	Dona sid some men and defended also made			99,047.	9	35,807.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,323,779.			
	b	Less: accumulated depreciation	10b	6,522,981.	10,201,149.	10c	9,800,798.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	28,963,502.	12	43,495,862.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		229,035.	15	248,289.	
	16	Total assets. Add lines 1 through 15 (must equ			44,587,341.	16	57,425,937.
	17	Accounts payable and accrued expenses			449,287.	17	527,313.
	18	Grants payable		18			
	19	Deferred revenue		408,050.	19	273,162.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
iabi		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrel	ated thir	rd parties	4,772,169.	23	3,429,900.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			918,374.	25	25,037.
	26	Total liabilities. Add lines 17 through 25			6,547,880.	26	4,255,412.
"		Organizations that follow FASB ASC 958, che	eck her	e ▶ X			
če		and complete lines 27, 28, 32, and 33.			26 255 526		E4 440 044
ılan	27	Net assets without donor restrictions			36,277,786.	27	51,449,244.
Ba	28	Net assets with donor restrictions			1,761,675.	28	1,721,281.
S I		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📖			
F T		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or e				30	
ţ	31	Retained earnings, endowment, accumulated in			20 020 461	31	F2 100 F0F
Re	32	Total net assets or fund balances			38,039,461.	32	53,170,525.
	33	Total liabilities and net assets/fund balances			44,587,341.	33	57,425,937.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,43</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		,37		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,03		
5	Net unrealized gains (losses) on investments	5	7	, 73'	7,1	30.
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		2	3,3	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	53	,17	0,5	25.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
					Yes	No
1	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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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 Scho	edule O.				
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 Audi	rt			1
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

CRUELTY TO ANIMALS 54-0506328 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71	1	,			_
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	`,	` ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	3159428.	2909855.	3807613.	3961265.	10064447.	23902608.
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	3159428.	2909855.	3807613.	3961265.	10064447.	23902608.
	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)						2968965.
6	Public support. Subtract line 5 from line 4.						20933643.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3159428.	2909855.	3807613.	3961265.	10064447.	23902608.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	268,016.	319,951.	635,974.	453,093.	270,015.	1947049.
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.)	5,815.	57.	4,695.	410.	218.	11,195.
11	Total support. Add lines 7 through 10			,	-		25860852.
	Gross receipts from related activities,	etc. (see instructio	ins)				,599,547.
	First 5 years. If the Form 990 is for th	•	,				, , -
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	80.95 %
	Public support percentage from 2019					15	82.05 %
	33 1/3% support test - 2020. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	o 33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	-		• • •	-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		ightharpoons
18	Private foundation. If the organization				• • •		s
				, , ,, 5		edule A (Form 990	

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						_
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2011	(6) 2010	(4) 2019	(6) 2020	(i) iotai
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
check this box and stop here						>
Section C. Computation of Publi						
15 Public support percentage for 2020 (li		•	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					T I	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2020. If the						. —
more than 33 1/3%, check this box an b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pai	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		\ <u>'</u>	
_	Did the constant of the control of the control of the control of the fifth control of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes." <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i>	3b		
		,		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	• 0500520 Page 1
Sect	ion D - Distributions		(SOME N		Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
Ч	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

RICHMOND SOCIETY FOR THE PREVENTION

Schedule A	(Form 990 or 990-EZ) 2020	OF CRUELTY	TO ANIMALS		54-0506328 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 9	explanations required 6, 9a, 9b, 9c, 11a, 11b, Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a , and 11c; Part IV, Section B, lines 2b, 3a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	E, lines 2, 5, and 6. Als	o complete this part for any additi	onal information.

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.

2020

OMB No. 1545-0047

Name of the organization

RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Employer identification number

54-0506328

Organization type (check one):						
Filers of	f:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	10-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	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					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsim \frac{1}{2} \text{ \text{ \text{contributions totaling } \$5,000 or more during the year } \$\bigsim \frac{1}{2} \text{ \text{ \text{contributions totaling } \$5,000 or more during the year }					
but it m	ust answer "No" on	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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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 additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$1,000,000.	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		
2		\$ 597,457.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>1,500,000</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4_		\$ 250,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ 750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$ <u>400,000</u> .	Person X 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 I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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		
8	10,924 SHRS PHILIP MORRIS STOCK				
		\$\$	10/27/20		
(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 R

Employer identification number

	OND SOCIETY FOR THE PREV	/ENTION			E4 0E0C220		
Part III	JELTY TO ANIMALS Exclusively religious, charitable, etc., contributi	ons to organizations descri	bed in section 5	01(c)(7), (8), or (10) th	54-0506328 at total more than \$1,000 for the year		
i di t iii	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$ space is needed.	1,000 or less for	the year. (Enter this info. once	ε.) Ψ		
(a) No. from	· ·	·					
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
<u> </u>							
		(e) Transfe	er of gift				
	Transferes's name address of	ad 7 ID + 4		Colotionship of tran	oforor to transferoe		
	Transferee's name, address, a	III ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of g	iff	(d) Doso	ription of how gift is held		
Part I	(b) Full pose of gift	(c) Use of g		(u) Desc	inputori or now girt is field		
				-			
-	(e) Transfer of gift						
	(c) Transier of gift						
	Transferee's name, address, a	nd ZIP + 4	F	Relationship of transferor to transferee			
				•			
(a) Na				T			
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
Part I							
			_	-			
		-					
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
					_		
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
		(e) Transfe	er of gift				
	Tourseline 1	- 1.7ID 4	_	National Control	-decorde beauty		
	Transferee's name, address, a	<u>na ∠IP + 4</u>	F	relationship of tran	nsferor 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

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of prants from (during year) 5 Did the organization is property, subject to the organization's exclusive legal control? 6 Did the organization in sprace year, and donor advisor in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 7 Did the organization in sprace year, and donor advisor, or for any other purpose conferring imperimental purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimental purpose in the properties. Complete if the organization check all that appy). 7 Peart II Conservation Easements. Complete if the organization check all that appy). 8 Preservation of lead for public use of or example, recreation or education Preservation of a historically important land area Preservation of lead for public use of or example, recreation or evolution Preservation of a certified historic structure Preservation of lead for public use of or example, recreation or evolution Preservation of a certified historic structure Preservation of lead for tax year. 8 Total number of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation	Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 8 Did the organization's property, subject to the organization's exclusive legal control? 9 Did the organization's property, subject to the organization's exclusive legal control? 9 Did the organization's property, subject to the organization's exclusive legal control? 9 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit? 1 Purpose(s) of conservation Easements. Complets if the organization (check all that apply). 1 Preservation of land for public use (for example, recreation or aducation) Preservation of a historically important land area Protection of natural habitat 1 Preservation of pass pasce 2 Complete lines 2 at through 2 di the organization held a qualified conservation contribution in the form of a conservation at gasements and any of the tax year. a Total number of conservation easements 1 Complete lines 2 at through 2 di the organization held a qualified conservation contribution in the form of a conservation of a conservation easement in such as a conservation easement is located by conservation easements and easements in the organization of such as a conservation easement in protect on such as a conservation easement in such as a conservation easements during the year by a conservation easement in the organization financial statemen		organization answered "Yes" on Form 990, Part IV, lin	ne 6.								
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's acculative legal control?	4										
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education)	5		writing that the assets held in donor advis	sed funds							
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education)		are the organization's property, subject to the organization's	exclusive legal control?	Yes No							
Part II	6										
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Protection of natural habitat □ Proservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Proservation of on fautural habitat □ Preservation of on fautural habitat day of the tax year. 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in total acreage restricted by conservation easements □ Total acreage restricted by conservation easements □ Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure □ listed in the National Register □ Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure □ listed in the National Register □ Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure □ listed in the National Register □ Number of ostates where property subject to conservation easement is located ▶ □ Number of states where property subject to conservation easement is located ▶ □ Number of states where property subject to conservation easements in louds? □ Number of states where property subject to conservation easements in devolvance hours download to the conservation easement in the fact of the violations, and enforcing conservation easements during the year □ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □ No In Part XIII, describe how the organization reports conservation ea		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring							
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Protection of natural habitat □ Proservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Proservation of on fautural habitat □ Preservation of on fautural habitat day of the tax year. 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in total acreage restricted by conservation easements □ Total acreage restricted by conservation easements □ Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure □ listed in the National Register □ Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure □ listed in the National Register □ Number of conservation easements included in (c) acquired after 77/25/06, and not on a historic structure □ listed in the National Register □ Number of ostates where property subject to conservation easement is located ▶ □ Number of states where property subject to conservation easement is located ▶ □ Number of states where property subject to conservation easements in louds? □ Number of states where property subject to conservation easements in devolvance hours download to the conservation easement in the fact of the violations, and enforcing conservation easements during the year □ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □ No In Part XIII, describe how the organization reports conservation ea		impermissible private benefit?		Yes No							
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 3 Total number of conservation easements 2a Held at the End of the Tax Year 4 Number of conservation easements is cautified historic structure included in (a) 2c d 5 Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure listed in the National Register 5 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does show conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization shows Maintaining assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1 If the organization elected, as permitted under FASB ASC 958, no to orpor in its revenue sta	Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.							
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).								
Preservation of open space		Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area							
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub		Protection of natural habitat	Preservation o	f a certified historic structure							
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b Assets included in Form 990, Part X											

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Schedule D (Form 990) 2020

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

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Pa	rt III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	Othe	r Simila	r Assets	contir	nued)	<u>.gc</u>
3	Using the organization's acquisition, accession									,	
	collection items (check all that apply):										
а	Public exhibition	d	L	_oan or excl	nange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how the	ey further th	e organizatio	n's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	·									
1a	Is the organization an agent, trustee, custodia								_		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing ta	able:				1			
									Amount	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						ity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i								T <u>-</u>		
		(a) Current year	(b) P	rior year	(c) Two year			years back	(e) Four		
1a	Beginning of year balance	247,189.		238,742.	243	3,225.		242,250.		240,	679.
b	Contributions	101,231.		2 445							
С	Net investment earnings, gains, and losses	23,883.		8,447.	- 4	1,483.		975.		1,	571.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	250 202		0.45 1.00	0.27	7.40		0.43.005		0.40	050
g	End of year balance	372,303.		247,189.		3,742.		243,225.		242,	250.
2	Provide the estimated percentage of the curr			, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held an	d administer	ed for th	ne organiz	ation	Г	T	
	by:								0 (1)	Yes X	No
	(i) Unrelated organizations								3a(i)	^	X
	(ii) Related organizations	Maria Bakada a manda							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	· ·							3b		
Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment it	inas.							
I a	Complete if the organization answered		Dort IV	lino 11a C	00 Form 000	Dort V	lina 10				
		(a) Cost or of						and I	(d) Dool	le vedicie	
	Description of property	basis (investm		(b) Cost basis (ccumulat preciation	I	(d) Bool	k value	3
	Land	<u> </u>	iority		6,900.	- 40	prediation	<u> </u>	691	5,90	00
	Land				9,841.	5	252,6	97	8,86		
b	Buildings			<u> </u>	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J,	<i></i>	- · · ·	5,00	, <u>, </u>	
c d		I		1 1 2	1,134.		987,7	12	10	3,42	22
	Equipment Other				5,904.		282,5			$\frac{3}{3}, \frac{4}{3}$	
			V 551						9,800		
rota	I. Add lines 1a through 1e. (Column (d) must e	<u>quai Form 990, Part)</u>	x, colum	<u>п (В). Iine 10</u>	<i>JC.)</i>					. , , ,	, , , ,

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			Tage 1
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT FUNDS	43,495,862.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	43,495,862.		
Part VIII Investments - Program Related.	43,433,0021		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear 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" of		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	•	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	orr orrivous, ruitiv, iiro r	10 01 111. 000 1 01111 000, 1 are X, iiii 0 20.	(b) Book value
(1) Federal income taxes			(a) Doon Talas
			4,856.
(2) GIFT ANNUITY PAYABLE (3) CAPITAL LEASE OBLIGATION			20,181.
			20,101.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	25,037.

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

Schedule D (Form 990) 2020

b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c Add lines 4a and 4b

2c

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE RICHMOND SPCA IS A NAMED BENEFICIARY UNDER SEVERAL TRUST AGREEMENTS.

PART X, LINE 2:

THE RICHMOND SPCA FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")

GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED,

DISCLOSED AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THIS

REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN

THE COURSE OF PREPARING THE RICHMOND SPCA'S TAX RETURNS TO DETERMINE

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

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

POSITIONS NOT DEEMED TO MEET THE MORE LIKELY-THAN-NOT THRESHOLD WOULD BE

Schedule D (Form 990) 2020

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.

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

	DII IO MIIMADO				34 0300	
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
				2h l II dh - d l -		
1 Indicate whether the organization rais	· · —	-				
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, Pa	art VII) or entity in connection with pr	ofessi	onal fu	undraising services?	Yes	☐ No
b If "Yes," list the 10 highest paid indiv	· · · · · · · · · · · · · · · · · · ·			-	ne fundraiser is to be)
compensated at least \$5,000 by the			5			
		1		Т		Г
(2) Name and address of the division		(iii) fundr	Did	(:	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	ıstodv	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or entity (turidialser)		or control of contributions?		I ITOTH activity	listed in col. (i)	organization
		Yes	No			
Fotal						
List all states in which the organization	n is registered or licensed to solicit o	ontrib	ıtions	or has been notified	it is exempt from re	uistration
or licensing.		51.12110		5. Alas Scott Hotilloa	oxompt nom rot	g 1 a.i o. i

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

54-0506328 Page 2 Schedule G (Form 990 or 990-EZ) 2020 OF CRUELTY TO ANIMALS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through 3 FUR BALL DOG JOG col. (c)) (event type) (event type) (total number) 522,895. 166,989. 118,416. 808,300. Gross receipts 408,229 37,416. 2 Less: Contributions 129,998. 575,643. Gross income (line 1 minus line 2) 114,666. 36,991. 81,000. 232,657. 4 Cash prizes 99,880. 7,479. 5 Noncash prizes 107,359. Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 89,995. 39,059. 15,599. 35,337. Other direct expenses 197,354. **10** Direct expense summary. Add lines 4 through 9 in column (d) 35,303. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

RICHMOND SOCIETY FOR THE PREVENTION

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2020 OF CRUELTY TO ANIMALS 5	4-05	06	<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?	1		Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1	13a	l	%
	An outside facility		13b	<u> </u>	<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?	<u></u> ļ		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amour	nt			
	of gaming revenue retained by the third party \$\bigs\sum_{\text{\tinc{\tint{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texi{\texi{\text{\texi}\text{\texit}\text{\text{\texi{\text{\text{\texi}\texi{\texi{\texi{\te				
c	If "Yes," enter name and address of the third party:				
_	The fact of the first and additional of the time party)				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Consider the second control of the second co				
	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
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part	III. lin	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	, ,
	ros, ros, ro, and ros, ao approcasion not promote any additional minoritation occurrence				
_			_	_	

RICHMOND SOCIETY FOR THE PREVENTION

Schedule G	G (Form 990 or 990-EZ)	OF	CRUELTY	TO	ANIMALS	54-0506328	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmatic	n (continued)				
			(continuou)				
						 	

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Department of the Treasury

► 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

			Yes	No
1 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?	<u>4a</u>		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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.			
	Out to a 11 or 504(-)(0) 504(-)(4) and 504(-)(00) are a 1-all are a smallest lines 5.0			
_	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:	5a		х
	The organization? Any related organization?	5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7				
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	9		

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

Schedule J (Form 990) 2020

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 (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficilits	(6)(1)-(0)	reported as deferred on prior Form 990
(1) TAMSEN HECKEL KINGRY	(i)	160,750.	0.	0.	13,200.	5,619.	179,569.	0.
CEO/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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

rai	ті туре	es of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash conti amounts repo Form 990, Part V	rted on	Method on noncash con	(d) of determin atribution ar		5
1	Art - Works o	fart								
		al treasures								
		al interests								
		ublications								
		household goods								
		er vehicles	Х	53	5.5	982.	AUCTION			
		anes		33		73021	110011011			
	Intellectual p									
		roperty ublicly traded	Х	20	965	,332.	NYSE			
		Closely held stock		20	703	, 332.	NIDL			
		artnership, LLC, or								
	trust interests									
		liscellaneous								
13		servation contribution -								
	Historic struc									
		servation contribution - Other								
		Residential								
		Commercial								—
		Other								
		ry								
		edical supplies								
		facts								
		ecimens								
		l artifacts		122						
	Other >	(AUCTION ITEMS)	X	132		,880.				
26	Other >	(ANIMAL CARE S)	X	421		,521.	FMV			
27	Other >	(RAFFLE ITEMS)	X	0	7	<u>,479.</u>				
28	Other >	(
29	Number of Fo	orms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the	organization completed Form 828	83, Part V, D	onee Acknowledg	ement	29				
									Yes	No
30a	During the ye	ear, did the organization receive by	y contributio	n any property rep	orted in Part I, line	es 1 throug	jh 28, that it			
	must hold for	r at least three years from the date	of the initia	l contribution, and	which isn't requir	ed to be us	sed for			
	exempt purp	oses for the entire holding period?	?					30a		_X_
b	If "Yes," desc	cribe the arrangement in Part II.								
31	Does the org	anization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandar	d contribut	tions?	31	Х	
32a	Does the org	anization hire or use third parties	or related or	ganizations to solid	cit, process, or sel	I noncash				
	contributions	?						32a	Х	
b	If "Yes," desc	cribe in Part II.								
33	If the organiz	ation didn't report an amount in c	olumn (c) foi	a type of property	for which column	n (a) is che	cked,			
	describe in P									
114	F D	d. D. d. die alien A.d. Medien	Maria Baratana	: f F 000					2001	

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

Schedule M (Form 990) 2020

RICHMOND SOCIETY FOR THE PREVENTION

OF CRUELTY TO ANIMALS 54-0506328 Schedule M (Form 990) 2020 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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, UNLESS OTHERWISE INSTRUCTED. THIRD PARTY AUCTION HOUSE HANDLES RECEIPT OF VEHICLE DONATIONS AND SENDS PROCEEDS TO RICHMOND SPCA UPON SALE.

Schedule M (Form 990) 2020

032142 11-23-20

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 Inspection

OMB No. 1545-0047

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORK TO PLACE THEM IN HOMES THAT PROVIDE A RESPONSIBLE LIFETIME

COMMITMENT TO THEM. WE SPEAK OUT PUBLICLY TO PROMOTE AND DEFEND THEIR

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

PARTICIPATE IN SUCH CONDUCT OURSELVES. WE PROVIDE SERVICES THAT

PROMOTE RESPONSIBLE PET OWNERSHIP AND HUMANE ATTITUDES TOWARD ALL LIFE.

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

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

P. 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) 2020

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 SPCA 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 OR CONTROLLER ARE

REVIEWED BY THE EXECUTIVE COMMITTEE OF THE RICHMOND SPCA AND INCREASES IN

Name of the organization RICHMOND SOCIETY FOR THE PREVENTION

Employer identification number

54-0506328 OF CRUELTY TO ANIMALS THAT COMPENSATION 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 OR CONTROLLER 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. IF 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, THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS, THE TERMS OF APPROVED COMPENSATION ARRANGEMENTS,

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

AND THE DATE OF APPROVAL.

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

032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	Employer identification number 54-0506328
SENT TO CONSTITUENTS BY EMAIL AND IN A NEWSLETTER PRINTED	AND MAILED IN THE
FIRST HALF OF THE YEAR.	
BOARD OF DIRECTORS:	
HTTPS://RICHMONDSPCA.ORG/WHO-WE-ARE/ABOUT-US/STAFF-BOARD-O	F-DIRECTORS/
ANNUAL REPORT, FORM 990 AND OTHER STATS:	
HTTPS://RICHMONDSPCA.ORG/WHO-WE-ARE/ABOUT-US/ANNUAL-REPORT	'-AND-FINANCIALS/
ADDITIONALLY, FINANCIAL INFORMATION, TO INCLUDE AUDITED FI	NANCIAL
STATEMENTS, AND BOARD LISTING ARE AVAILABLE ON THE RICHMON	D SPCA'S PROFILE
ON GUIDESTAR.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN/(LOSS) ON BENEFICIAL INTERST IN ASSETS HEL	ıD
IN TRUST	23,883.
UNREALIZED GAIN/(LOSS) ON GIFT ANNUITY	-506.
TOTAL TO FORM 990, PART XI, LINE 9	23,377.

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.

(c)

(d)

(e)

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

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.

(b)

Employer identification number 54-0506328

(f)

()	\~,	(-)	(~)	(-)	I	1.7	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or Total income Foreign country)		me End-of-year	r assets D	rect controllin entity	g
RICHMOND SPCA LAND CO., LLC - 47-5312873							
2519 HERMITAGE ROAD	HOLD TITLE TO LAND AND						
RICHMOND, VA 23220	BUILDING	VIRGINIA	-179	,782. 4,37	5,206.RICHMON	D SPCA	
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, k	pecause it had one	or more related ta	x-exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controll entity	-	(g) 512(b)(1 trolled tity?
				501(c)(3))		Yes	No
							1

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

Schedule R (Form 990) 2020

Page 2

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.

		,	I	•	1	1	_			_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	al or F	Percentage
or related organization		(state or foreign			income				20 of Schedule	partner?		ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										\Box	_	

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) Primary activity	(c) Legal domicile (state or foreign country)	(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	ent	ction b)(13) rolled tity?
		,						Yes	No

1a

1b

Yes No

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)

c (Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)								
f [Dividends from related organization(s)				1f				
	Sale of assets to related organization(s)								
h F	Purchase of assets from related organization(s)				1h				
i E	Exchange of assets with related organization(s)				1i				
j L	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k L	_ease of facilities, equipment, or other assets from related organization(s)				1k				
	Performance of services or membership or fundraising solicitations for related organ								
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								
рF	Reimbursement paid to related organization(s) for expenses				1p				
q F	Reimbursement paid by related organization(s) for expenses				1q				
r C	Other transfer of cash or property to related organization(s)				1r				
s (Other transfer of cash or property from related organization(s)				1s				
2 li	f the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relation	onships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	nvolved				
		type (a-s)		G					
1)									
2)									
3)									
4)									
5)									
6)									
32163 1	10-28-20	48		Schedul	e R (Form 9	990) 2020			

54-0506328

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproper tionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2020

RICHMOND SOCIETY FOR THE PREVENTION

Schedule R	(Form 990) 2020 OF CRUELTY TO ANIMALS	54-U5U6328	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2020

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name RICHMOND SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS	ion Number 28				
Based on the information provided with this return, the following are possible carryover amounts to next year.					
FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP I	NVESTMEN	26,852.			
	,				
		_			

EXTENDED TO AUGUST 15, 2022 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2020 or other tax year beginning OCT 1, 2020 and ending SEP 30, 2021 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. RICHMOND SOCIETY FOR THE PREVENTION **B** Exempt under section Print OF CRUELTY TO ANIMALS 54-0506328 Group exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 2519 HERMITAGE ROAD 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [RICHMOND, VA 23220 529S Check box if 425,937. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Claim credit from Form 8941 Check if filing only to Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ TAMSEN KINGRY Telephone number ► 804-521-1300 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 92,223. instructions) 2 Reserved 2 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 1 92,223 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. 10 **Total deductions.** Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Alternative minimum tax (trusts only)

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Tax rate schedule or

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Tax Computation

Other tax amounts. See instructions

Proxy tax. See instructions

3

4

5

6

Form 990-T (2020)

1

2

3

4

5

6

Schedule D (Form 1041)

orm 9		•									Pa	age 2
Part	III	Tax and Payments										
1a	Foreig	gn tax credit (corporations attach Form 11	18; trusts attach Form	1116)	1a							
b		P1 / P P N										
С		ral business credit. Attach Form 3800 (see										
d		t for prior year minimum tax (attach Form										
e								1	е			
2									2			0.
3		taxes. Check if from: Form 42						<u> </u>				
J	Otiloi							.	3			
4	Total	tax. Add lines 2 and 3 (see instructions).						·				
-				· ·	•	elelled t	iriuei					0.
_		net 965 tax liability paid from Form 965-A	or Form OSE D. Dort III						4 5			0.
5						j		· 📑	_			<u> </u>
6a		ents: A 2019 overpayment credited to 20						\dashv				
b		estimated tax payments. Check if section			6b_			\dashv				
С.								-				
d		gn organizations: Tax paid or withheld at s						\dashv				
e		up withholding (see instructions)						-				
f		t for small employer health insurance prer			6f			-				
g	Other	credits, adjustments, and payments:			-							
			Other					_				
7		payments. Add lines 6a through 6g						\neg ı	7			
8		ated tax penalty (see instructions). Check					▶ └		В			
9		lue. If line 7 is smaller than the total of line						-	9			
10		payment. If line 7 is larger than the total of			rpaid		🕨	- 1	0			
11		the amount of line 10 you want: Credited					Refunded	<u> </u>	1			
Part		Statements Regarding Certain <i>I</i>			•							
1		y time during the 2020 calendar year, did	•		•			•		Y	es	No
		a financial account (bank, securities, or ot										
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts. If	"Yes," enter th	ne name d	of the fo	reign countr	y				
	here	·										<u> </u>
2	Durin	g the tax year, did the organization receive	e a distribution from, o	r was it the gra	antor of, c	or transfe	eror to, a					
	foreig	n trust?									_	<u>X</u>
		s," see instructions for other forms the or	•									
3	Enter	the amount of tax-exempt interest receive	ed or accrued during th	ne tax year			\$					
4a	Did th	ne organization change its method of acco	ounting? (see instruction	ons)							_	<u>X</u>
b	If 4a i	s "Yes," has the organization described the	ne change on Form 990	0, 990-EZ, 990	-PF, or Fo	orm 1128	3? If "No,"					
		in in Part V										
Part	V :	Supplemental Information										
Provide	the e	xplanation required by Part IV, line 4b. Als	o, provide any other a	dditional inforn	nation. Se	ee instru	ctions.					
· · ·		nder penalties of perjury, I declare that I have examined to prect, and complete. Declaration of preparer (other than						wledge a	and belie	f, it is true,		
Sign		moon, and complete. I command the property (care) man			our or muo urry	,	·.	May th	e IBS dis	scuss this ret	urn wit	th
Here				CEO Title						own below (s		
		Signature of officer	Date	Title				instruc	tions)?	X Yes		No
		Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN			
Paid							self- employe	ed				
Prepa	ror	JAYME MIKA					. ,		P00	85273	31	
Use C			HENS, HURST,	GARY &	SHRI	EAVE	Firm's EIN	<u> </u>		-16312		
use C	July	4401 DOMIN					0 Em					
		Firm's address GLEN ALLEN					Phone no.	(80)4)	747-0	000	0
		, , , , , , , , , , , , , , , , , , ,	,					'	<u> </u>	<u>`</u>		

Form **990-T** (2020)

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	ORWARD FROM PRIOR YEAR ON INCLUDED IN PART I, LINE 6	92,223. 92,223.
SCHEDULE A PORTION OF SCHEDULE A ENTITY	F PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE OF PRE-2018 NOL NET OPERATING DEDUCTION		0. 92,223.
BALANCE AFTER PRE-20 EXPIRING NET OPERATION CARRY FORWARD OF NET	NG LOSSES	0. 0. 0.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

	partment of the Treasury ernal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization				Open to Public Inspection for 501(c)(3) Organizations Only		
A N	lame of the organization RICHMOND SOCIETY FOR OF CRUELTY TO ANIMALS	THE :	PREVENTION	B Employer identifi 54-05063			
<u>c </u>	Unrelated business activity code (see instructions) ▶ 5230	000		D Sequence:	1 of 1		
F	Describe the unrelated trade or business PARTNERSHIP	TNV	ESTMENT				
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	▶ 1c					
2	Cost of goods sold (Part III, line 8)						
3	Gross profit. Subtract line 2 from line 1c	. 3					
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	. 4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	. 4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) STATEMENT 2		209,736.		209,736.		
6	Rent income (Part IV)						
7	Unrelated debt-financed income (Part V)	. 7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	. 8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)						
10	Exploited exempt activity income (Part VIII)						
11	Advertising income (Part IX)						
12	Other income (see instructions; attach statement)		200 726		200 726		
<u>13</u>	Total. Combine lines 3 through 12	. 13	209,736.		209,736.		
Pai	Deductions Not Taken Elsewhere (See instrudirectly connected with the unrelated business			luctions) Deduction	ns must be		
1	Compensation of officers, directors, and trustees (Part X)			1			
2	Salaries and wages						
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement) (see instructions)			5			

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement) (see instructions)		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562) (see instructions)	7		
8	Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part I, line 13,		
	column (C)		16	209,736.
17	Deduction for net operating loss (see instructions)	STATEMENT 3	17	117,513.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	92,223.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valuat	ion		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired f	or resale) apply to the	organization?L	Yes No
Part					
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use (see instr	uctions)	
	A				
	B				
	<u> </u>				
	D	1 . 1			
_		Α	В	С	<u>D</u>
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	oter here and on Part I	line 6, column (B)		0.
Part		ee instructions)	iiiic 0, column (b)	······································	
1	Description of debt-financed property (street address,		heck if a dual-use (see	instructions)	
	A	, , , , , , , , , , , , , , , , , , , ,	· ·	,	
	В				
	c 🗆				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)). Enter here and on Pa	t I, line 7, column (A)	>	0.
				T	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				
11	Total dividends-received deductions included in line	9 10		>	0.

Part VI Interest, Ann	uities, Roy	alties, and Re	ents fror	n Control	led Or	ganizations	S (se	e instruct	tions)		Page .
	T	<u> </u>			E	Exempt Contro	lled Org	ganization	 IS		
Name of controlled organization		organization identification incom				ments made that con		5. Part of column 4 that is included in the controlling organization's gross income		he connected with	
(1)											
(2)											
(3)											
(4)											
	1			Controlled O					1		
7. Taxable Income	inco	et unrelated ome (loss) nstructions)	1	otal of specif yments mad		that is inc controlling gross	luded i	n the ation's		Deductions connected come in col	with
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here line 8, c	and on	Part I,	Ente	d columns 6 er here and ine 8, colur	on Part I,
Totals				<u></u>	>			0.			0.
		f a Section 50	1(c)(/), (ructions)			
1. Des	scription of ind	come		2. Amou incor		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st	asides tatemer	nt) and s	deductions et-asides ols 3 and 4)
<u>(1)</u>											
(2)											
(3)											
(4)				Add amoi	ınto in					Add a	mounts in
				column 2 here and o line 9, colu	. Enter n Part I, umn (A)					colum here ar	nn 5. Enter nd on Part I, column (B)
Part VIII Exploited I	Evemnt Ac	tivity Income	Other T	han Adve	0.	g Income	/ :	tructions)			0.
1 Description of exploit		tivity income,	, Juiei I	Hall Auve	, uəni	y moonie	see ins	uctions)			
2 Gross unrelated busi		from trade or busin	ness Enta	r here and o	n Part I	line 10 colum	n (Δ)		2		
3 Expenses directly co											
line 10, column (B)		•					,		3		
4 Net income (loss) from	m unrelated tr		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete			4		
5 Gross income from a									5		
6 Expenses attributable									6		
7 Excess exempt expe											
4. Enter here and on									7		

Schedule A (Form 990-T) 2020

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a d	consolidated basis		
	A 🔲				
	В 🔲				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F			•	0.
а	3	, , , , , , , , , , , , , , , , , , , ,			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I. line 11. column (B)		<u> </u>	0.
-		(=,			
4	Advertising gain (loss). Subtract line 3 from line				
•	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
Ū	deduction. For each column showing a gain or				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre		al or zero here and	1 on	
u	Part II, line 13	ater of the line oa, columns to			0.
Part		ectors, and Trustees (se	ee instructions)		<u></u>
	·	, (5)	, , , , , , , , , , , , , , , , , , , ,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
1.7	•			, ,	
Total	. Enter here and on Part II, line 1			•	0.
Part		e instructions)			<u>*</u>
	11	, metraditione)			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERS	SHIPS STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
THE RICHMOND FUND K-1	- ORDINARY BUSINESS INCOME (LOSS) 209,736.
TOTAL INCLUDED ON SCH	EDULE A, PART I, LINE 5	209,736.
FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 3
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
144,365.	117,513.	26,852.

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

Part I U.S. Transferor Information (see instructions)						
Name of transferor		Identifying	number	(see instructions)		
RICHMOND SOCIETY FOR THE PREVENTION						
OF CRUELTY TO ANIMALS		54-05	063	28		
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corp	oration?	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 3	68(c)) by					
five or fewer domestic corporations?			'es	X No		
b Did the transferor remain in existence after the transfer?				No		
If not, list the controlling shareholder(s) and their identifying number(s).			CS	140		
——————————————————————————————————————						
Controlling shareholder	Ide	entifying nun	nber			
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parel If not, list the name and employer identification number (EIN) of the parent corporation.	nt corporation?	Х ү	es	No		
Name of parent corporation	EIN of	f parent corp	oratio	n		
d Have basis adjustments under section 367(a)(4) been made?		🔲 Y	'es	X No		
		007)				
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated a	as such under secti	ion 367),				
complete questions 3a through 3d.						
a List the name and EIN of the transferor's partnership.						
Name of partnership	EI	N of partner	ship			
ROR PARTNERSHIP	26-17614	103				
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			es	X No		
			'es	X No		
c Is the partner disposing of its entire interest in the partnership?		L T	es	_2 <u>2</u> NO		
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an estal	blisned		,	▼		
securities market? Part II Transferee Foreign Corporation Information (see instructions)		Ү	es	X No		
	1.5	1.1		. 16		
4 Name of transferee (foreign corporation)	5a	Identifying r	numbe	r, if any		
AKO EUROPEAN LONG-ONLY FUND LTD						
6 Address (including country)	5b	Reference ID) numb	er		
C/O AKO CAPITAL, 61 CONDUIT STREET						
LONDON W1S 2GB UNITED KINGDOM	F	OREIGNU	S			
7 Country code of country of incorporation or organization	1 -					
CJ						
8 Foreign law characterization (see instructions)						
CORPORATION						
9 Is the transferee foreign corporation a controlled foreign corporation?		L Y	'es	X No		
024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		_		ev. 11-2018)		

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

Part	U.S. Transferor Information (see instructions)				
Name	of transferor		Identifying	numbe	r (see instructions)
RI	CHMOND SOCIETY FOR THE PREVENTION				
OF	CRUELTY TO ANIMALS		54-0	<u> 5063</u>	28
1	s the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	on?		Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.				
а	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	Did the transferor remain in existence after the transfer?			Yes	☐ No
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Ocatas Ilion abough alder		lala makifi sina mana		
	Controlling shareholder		Identifying nu	mber	
			77		
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent co	orporation?	X	Yes	∟ No
	If not, list the name and employer identification number (EIN) of the parent corporation.				
	Name of parent corporation	EI	N of parent cor	poratio	on .
	Have basis adjustments under section 367(a)(4) been made?			Yes	X No
-	Tare sadio adjustino to ando essatori sortaj(1) sosir made.				
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as su	ıch under s	section 367).		
	complete questions 3a through 3d.		,,		
	List the name and EIN of the transferor's partnership.				
	· · · · · · · · · · · · · · · · · · ·				
	Name of partnership		EIN of partne	rship	
RO	R PARTNERSHIP	26-176	51403		
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No
С	s the partner disposing of its entire interest in the partnership?			Yes	X No
d	s the partner disposing of an interest in a limited partnership that is regularly traded on an establish	ed			
	securities market?			Yes	X No
Part	II Transferee Foreign Corporation Information (see instructions)				
4	Name of transferee (foreign corporation)		5a Identifying	numbe	er, if any
AK	O GLOBAL FUND LTD				
	Address (including country)		5b Reference I	D numb	per
	AKO CAPITAL, 61 CONDUIT STREET				
	DON W1S 2GB UNITED KINGDOM		FOREIGN	US	
	Country code of country of incorporation or organization				
_CJ					
	Foreign law characterization (see instructions)				
	RPORATION				77
	Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No
004504	04.01.20 LHA For Panerwork Reduction Act Notice see separate instructions		Form	ロッカ /ロ	2ev 11-2018)

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

Part I U.S. Transferor Information (see instructions)	•
Name 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 corporation?	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	
	Yes X No
five or fewer domestic corporations? b Did the transferor remain in existence after the transfer?	
	It's INO
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
	X Yes No
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	X Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation EIN	l of parent corporation
d Have begin adjustments under costion 267(s)(4) been made?	Yes X No
d Have basis adjustments under section 367(a)(4) been made?	tes 21 No
2. If the transferent uses a partner is a partner ship that uses the part of transferent (but is not transfer as a such under as	ection 267)
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under se	ection 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 26-176	1402
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
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 established	
securities market? Part II Transferee Foreign Corporation Information (see instructions)	Yes X No
4 Name of transferee (foreign corporation) 5	ia Identifying number , if any
A MILANOD TAMBEDATA MICANAL DUNIO CADIMAL	
ATHANOR INTERNATIONAL FUND CAPITAL	
, , , , , , , , , , , , , , , , , , , ,	Reference ID number
437 MADISON AVENUE, SUITE 3502	
	FOREIGNUS
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
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Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No.	1545-0026	

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

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)								
ne of transferor			Identifying number (see instructions)					
RICHMOND SOCIETY FOR THE PREVENTION		54-0506328						
OF CRUELTY TO ANIMALS		54-0	5063					
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corp	oration?		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 3	68(c)) by							
five or fewer domestic corporations?			Yes	X	No			
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	I	dentifying n	umber					
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parel If not, list the name and employer identification number (EIN) of the parent corporation.	nt corporation?	X	Yes		No			
Name of parent corporation EIN of			orporati	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 a	as such under sec	etion 367),						
complete questions 3a through 3d.								
a List the name and EIN of the transferor's partnership.								
Name of partnership	E	EIN of partn	ership					
ROR PARTNERSHIP	26-1761	.403						
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 estal								
securities market?			Yes	X	No			
Part II Transferee Foreign Corporation Information (see instructions)								
4 Name of transferee (foreign corporation)	58	dentifying	g numbe	er, if a	ny			
JB INVESTMENTS OFFSHORE FUND III								
6 Address (including country)	5k	Reference	ID num	ber				
C/O MAPLES AND CALDER	-		IIIC					
GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	1 1	FOREIGN	เบธ					
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			

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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

Part I U.S. Transferor Information (see instructions)					
lame of transferor			Identifying number (see instructions)		
RICHMOND SOCIETY FOR THE PREVENTION					
OF CRUELTY TO ANIMALS		54-	54-0506328		
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		[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	on 368(c)) by				
five or fewer domestic corporations?			Yes	X No	
b Did the transferor remain in existence after the transfer?			Yes	No	
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 forms, list the name and employer identification number (EIN) of the parent corporation.	parent corporation?	X	Yes	☐ No	
Name of parent corporation	EIN	EIN of parent corporation			
The state of particular and particular and a state of particular and a		Ent of parent corporation			
d Have basis adjustments under section 367(a)(4) been made?			Yes	X No	
u Have basis adjustifients under section 507 (a)(4) been made?			165	_21 INU	
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treat	tad as such under se	action 367)			
complete questions 3a through 3d.	ited as such under so	ection 307),			
a List the name and EIN of the transferor's partnership.					
a List the fiame and Lin of the transferor's partnership.					
Name of partnership	EIN of partnership				
ROR PARTNERSHIP	26-176	1403			
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 o			_ 103	140	
securities market?	CStabilistica		Yes	X No	
Part II Transferee Foreign Corporation Information (see instructions)			103	140	
Name of transferee (foreign corporation)	ı	5a Identifyi	na numb	er if any	
TValue of transferee (loreign corporation)		5a Identifying number, if any			
TETRAGON CREDIT III (OFFSHORE FEEDER LP)		98-1387650			
6 Address (including country)		5b Reference ID number			
P.O. BOX 309, UGLAND HOUSE	[`	1101010110	.c ib iiuili	~-JI	
GRAND CAYMAN KY1-1104 CAYMAN ISLANDS					
7 Country code of country of incorporation or organization					
CJ					
Foreign law characterization (see instructions)					
LIMITED PARTNERSHIP					
9 Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No	
024531 04-01-20 LHA For Paperwork Reduction Act Notice, see separate instructions.		<u> </u>		Rev. 11-2018)	