

Form **990**

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

2018

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

A For the 2018 calendar year, or tax year beginning **SEP 1, 2018** and ending **AUG 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VIRGINIA BEACH SPCA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3040 HOLLAND RD City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23453 F Name and address of principal officer: DERBY BRACKETT SAME AS C ABOVE	D Employer identification number 54-6061532 E Telephone number 757-427-0053 G Gross receipts \$ 5,656,847. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.VBSPCA.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO INCREASE HUMAN COMPASSION AND ELIMINATE ANIMAL SUFFERING</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 134 6 Total number of volunteers (estimate if necessary) 6 603 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">1,905,741.</td> <td align="right">1,826,035.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">2,116,571.</td> <td align="right">2,090,065.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">351,628.</td> <td align="right">304,291.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-46,569.</td> <td align="right">-60,854.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">4,327,371.</td> <td align="right">4,159,537.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,905,741.	1,826,035.	9 Program service revenue (Part VIII, line 2g)	2,116,571.	2,090,065.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	351,628.	304,291.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-46,569.	-60,854.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,327,371.	4,159,537.						
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Part II Signature Block

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

Sign Here	Signature of officer DERBY BRACKETT, CEO Type or print name and title	Date 8/14/2020
Paid Preparer Use Only	Print/Type preparer's name EDWARD T. YODER Preparer's signature EDWARD T. YODER Date 08/13/20 Check <input checked="" type="checkbox"/> if self-employed PTIN P00239134	Firm's name ▶ PBMARES LLP Firm's EIN ▶ 54-0737372 Firm's address ▶ 150 BOUSH STREET, SUITE 400 NORFOLK, VA 23510 Phone no. 757-627-4644

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No