

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning ..... 2020 and ending ..... 20 .....

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

ROCKINGHAM-HARRISONBURG SPCA

Taxpayer identification number

54-0935739

Name and title of officer or person subject to tax MICHAEL SHARP TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 7 rows (1a-7a) and 2 columns (b, 1b-7b). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,245,211

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize TATE FINANCIAL SERVICES CORPORATION to enter my PIN 54093 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/09/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54741519447

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/09/21

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**  
Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**ROCKINGHAM-HARRISONBURG SPCA**

Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) \_\_\_\_\_ Room/suite \_\_\_\_\_  
**PO BOX 413**

City or town, state or province, country, and ZIP or foreign postal code  
**HARRISONBURG VA 22803**

**D Employer identification number**  
**54-0935739**

**E Telephone number**  
**540-434-5270**

**F Name and address of principal officer:**  
**MICHAEL SHARP**  
**507 STONEFIELD COURT**  
**HARRISONBURG VA 22802**

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**G Gross receipts \$** **1,245,608**

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.RHSPCA.ORG** **H(c) Group exemption number** \_\_\_\_\_

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**L Year of formation:** **1972** **M State of legal domicile:** **VA**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROVIDE LOCAL ANIMAL SHELTER. TO PROMOTE RESPECT, COMPASSION, EDUCATION AND ADVOCACY RESULTING IN A HUMANE AND SUSTAINABLE ENVIRONMENT FOR ALL ANIMALS.</b>		
	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)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
Revenue	8	Prior Year	Current Year
	9	663,510	977,126
	10	71,809	186,461
	11	68,188	69,110
	12	37,644	12,514
Expenses	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	14	841,151	1,245,211
	15	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	16	Benefits paid to or for members (Part IX, column (A), line 4)	
	17	467,592	498,969
	18	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
Net Assets or Fund Balances	19	Professional fundraising fees (Part IX, column (A), line 11e)	
	20	b Total fundraising expenses (Part IX, column (D), line 25) <b>19,828</b>	
	21	463,586	492,362
	22	931,178	991,331
19 Revenue less expenses. Subtract line 18 from line 12		-90,027	253,880
20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)		4,067,857	4,400,860
22 Net assets or fund balances. Subtract line 21 from line 20		1,007,883	1,055,545
		3,059,974	3,345,315

**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: **MICHAEL SHARP** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer Use Only**

Print preparer's name: **JASON W. TATE, JR** Preparer's signature: \_\_\_\_\_ Date: **11/09/21** Check  if self-employed PTIN: **P00359090**

Firm's name: **TATE FINANCIAL SERVICES CORPORATION** Firm's EIN: **54-2050577**

Firm's address: **1910 ERICKSON AVE STE 8 HARRISONBURG, VA 22801-8500** Phone no.: **540-434-9447**

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**PROVIDE LOCAL ANIMAL SHELTER. TO PROMOTE RESPECT, COMPASSION, EDUCATION AND ADVOCACY RESULTING IN A HUMANE AND SUSTAINABLE ENVIRONMENT FOR ALL ANIMALS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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 \$ **841,222** including grants of \$ ) (Revenue \$ )  
**PROVIDE FOR THE DAILY OPERATION OF THE ANIMAL SHELTER**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **▶ 841,222**