### EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2020 calendar year, or tax year beginning	and	ending					
	heck if	LOUISIANA SOCIETY FOR T	HE PREVENTION C	F	D Employer id	dentific	cation number		
	Addres	CRUELTY TO ANIMALS							
	Name change	Doing business as			72-0471368				
	Initial return Final return/	Number and street (or P.O. box if mail is not delive 1700 MARDI GRAS BLVD	vered to street address)	Room/suite	E Telephone number 504-368-5191				
	termin ated	City or town, state or province, country, and Z	<b>G</b> Gross receipts \$ 8,867,419.						
	Ameno return	NEW ORLEANS, LA /UII4	<b>H(a)</b> Is this a g	roup re	turn				
	Applic tion	F Name and address of principal officer: ALVA	ZORRILLA		for subord	dinates'	? Yes X No		
	pendir	SAME AS C ABOVE			<b>H(b)</b> Are all subord	dinates inc	cluded? Yes No		
			(insert no.) 4947(a)(1)	or 527	If "No," at	tach a	list. See instructions		
		e: ▶ WWW.LA-SPCA.ORG			H(c) Group exe	emption	n number 🕨		
<b>K</b> F	orm of	organization: X Corporation Trust Ass	ociation Other >	L Year	of formation: 18	88 M	State of legal domicile: LA		
Pa	rt I	Summary							
	1	Briefly describe the organization's mission or most s	significant activities: DEDI	CATED	TO THE E	LIMI	NATION OF		
Governance		ANIMAL SUFFERING BY PROVID	ING CARE AND BA	SIC ME	DICAL SE	RVI	CES TO		
rna	2	Check this box 🕨 🔲 if the organization discont	tinued its operations or dispos	sed of more	than 25% of its	net ass	ets.		
) Ne	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	16		
Ğ	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			4	16		
S S	5	Total number of individuals employed in calendar ye	ear 2020 (Part V, line 2a)			5	153		
ij	6	Total number of volunteers (estimate if necessary)				6	248		
Activities &	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12			7a	0.		
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			7b	0.		
					Prior Year		Current Year		
۵	8	Contributions and grants (Part VIII, line 1h)			4,037,3	11.	3,925,742.		
ğ	9	Program service revenue (Part VIII, line 2g)			4,014,3	52.	3,949,960.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)			0.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			504,7	43.	582,804.		
		Total revenue - add lines 8 through 11 (must equal F			8,556,4	06.	8,458,506.		
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)			0.	0.		
		Benefits paid to or for members (Part IX, column (A)				0.	0.		
g		Salaries, other compensation, employee benefits (Pa		3,828,3	23.	4,041,235.			
Expenses		Professional fundraising fees (Part IX, column (A), lin				0.	0.		
<u>B</u>		Total fundraising expenses (Part IX, column (D), line		69.					
ω̈́		Other expenses (Part IX, column (A), lines 11a-11d,	'		3,649,1	49.	3,344,768.		
		Total expenses. Add lines 13-17 (must equal Part IX			7,477,4	72.	7,386,003.		
		Revenue less expenses. Subtract line 18 from line 1			1,078,9	34.	1,072,503.		
or				Ве	ginning of Current	Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			24,522,5	44.	25,650,876.		
ASS	21	Total liabilities (Part X, line 26)			1,581,0		1,474,464.		
ERE	22	Net assets or fund balances. Subtract line 21 from li	ne 20		22,941,4	78.	24,176,412.		
Pa	rt II	Signature Block							
Unde	r pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and stateme	ents, and to the bes	st of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of wh	nich preparer	has any knowledge	e.			
Sign	1	Signature of officer			Date				
Here	<del>)</del>	ANA ZORRILLA, CEO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date C	Check	PTIN		
Paid		JEREMY THIBODEAUX, CPA			n	r self-employe	P01232904		
Prep		Firm's name FICKSEN KRENTEL			Firm's E	IN ▶	72-0549733		
Use		Firm's address 4227 CANAL STREET							
		NEW ORLEANS, LA 7			Phone r	10. <u>5</u> 04	4-486-7275		
Mav	the IF	RS discuss this return with the preparer shown above			•		X Yes No		

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	DEDICATED TO THE ELIMINATION OF ANIMAL SUFFERING BY PROVIDING CARE AND
	BASIC MEDICAL SERVICES TO HOMELESS AND UNWANTED 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?
	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 X 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 \$ 3,146,700. including grants of \$) (Revenue \$ 3,244,263.)
	ANIMAL SERVICES: SHELTER & FOOD FOR ANIMALS; 3,429 ANIMALS WERE HANDLED BY ANIMAL SERVICES IN 2020. 58% WERE DOGS; 40% WERE CATS; 2% WERE OTHER
	ANIMALS. 20% WERE BROUGHT IN BY ANIMAL CONTROL OFFICERS; 50% WERE
	BROUGHT IN BY RESIDENTS AS STRAYS; 19% WERE BROUGHT IN BY OWNERS UNABLE
	TO KEEP THEIR PETS; 11% WERE OTHER TYPES OF INTAKE. ANIMAL CONTROL
	(I.E. HUMANE LAW ENFORCEMENT) RECEIVED 4,266 CALLS REQUESTING
	ASSISTANCE. PET ADOPTIONS: 1,575 PETS WERE ADOPTED IN 2020.
4b	(Code:) (Expenses \$2,333,607. including grants of \$) (Revenue \$847,105. )
	MEDICAL TREATMENT FOR ANIMALS: OVER 14,786 ANIMALS RECEIVED MEDICAL
	SERVICES IN 2020. THE LOUISIANA SPCA PROVIDED HIGH VOLUME SPAY/NEUTER
	TO 5,735 ANIMALS INCLUDING INDIVIDUAL OWNERS, STRAYS, AND THOSE FROM
	PARTNER GROUPS THROUGHOUT SOUTHEAST LOUISIANA; INCLUDING ANIMAL RESCUE
	NEW ORLEANS (ARNO), ST. BERNARD ANIMAL SHELTER, JEFFERSON PARISH SPCA'S VOUCHER PROGRAM, TERREBONNE ANIMAL SHELTER, ST. JOHN, ST. JAMES AND ST.
	VOUCHER PROGRAM, TERREBONNE ANIMAL SHELTER, ST. JOHN, ST. JAMES AND ST. CHARLES PARISHES. 33% OF ALL SPAY/NEUTER SURGERIES WERE FOR FERAL CATS.
	11,900 ANIMALS RECEIVED BASIC VACCINATIONS, MICROCHIPS AND RABIES
	LICENSING THROUGH OUR WELLNESS PROGRAM. 63% OF ALL SPAY/NEUTER
	SURGERIES WERE PARTIALLY OR FULL SUBSIDIZED THROUGH VOUCHERS OR
	RESTRICTED GRANT FUNDS. 8,727 ANIMALS RECEIVED BASIC VACCINATIONS,
	MICROCHIPS, AND RABIES LICENSING THROUGH OUR WELLNESS PROGRAM.
4c	(Code: ) (Expenses \$ 1,106,357. including grants of \$ ) (Revenue \$ 441,396.)
	RABIES TAG AND LICENSE PROGRAM AND NET RETAIL SALES: 50,076 ANIMALS
	RECEIVED RABIES TAGS DURING 2020. NET RETAIL SALES INCLUDES ITEMS SOLD
	IN BOTH THE CLINIC AND ADOPTION CENTER.
۸،۸	Other program services (Describe on Schedule O.)
40	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 6,586,664.
	Form <b>990</b> (2020)

## 72-0471368

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### LOUISIANA SOCIETY FOR THE PREVENTION OF Form 990 (2020) CRUELTY TO A Part IV Checklist of Required Schedules CRUELTY TO ANIMALS

1 Is the organization described in section 501(x)(s) or 4447(x)(1) (other than a private foundation)?  1 Yes, "complete Scheduke I, Scheduke of Contributors?" 2 Is the organization required to complete Scheduke I, Scheduke of Contributors? 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 Scheduke C, Part I  3 Section 501(x)(3) organizations by the property of the organization organization and the organization and the organization organization and the organization and the organization and the organization organization that receives membership dues, assessments, or similar amounts as oderine of neverue Procedure 91917 If Yes, "complete Scheduke C, Part III  5 Is the organization association (10(x)), 501(x)(3), or 501(x)(3) organization that receives membership dues, assessments, or similar amounts as oderine of neverue Procedure 91917 If Yes, "complete Scheduke C, Part III  6 Did the organization and interest organization or investment of 1911 If Yes, "complete Scheduke D, Part II If the organization organization or investment organization involved investment in the organization organization organization organization involved investments to proserve open space, the environment, historic land areas, or historic structures? If Yes, "complete Scheduke D, Part II If the organization organization organization organization organization organization and involved in organization organi				Yes	No
2 Is the organization equiped to complete Schedule 6, Schedule of Contributors?  Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 801(c)(3) organizations. Did the organization engage in licibitying activities, or have a section 501(h) electron in effect during the tax year if "Yes," complete Schedule C, Part II  Is the organization as estimation and execution \$0.10(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 9.519 if "Yes," complete Schedule C, Part II  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in solicit funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in solicit funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization indicated in Part X. In provide organization, held assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VII  If the organization indicated in Part X. In provide Schedule D, Part VIII  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  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 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for the midestilities in Part X, line 12? If "Yes," comp	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II		If "Yes," complete Schedule A	1		
Section 501(R) arganization. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II   4	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule C, Part II 5 is the organization as 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 II 6 is Did the organization maintain any dornor 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 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 II 7 is Did the organization maintain any dornor advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II 8 is Did the organization maintain collections of works of art, historical reseaues, or other similar assets? If Yes, "complete Schedule D, Part II 8 is Did the organization and part of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part V 9 is Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II 11 If the organization is an amount for investments - other securities in Part X, line 10; If Yes, "complete Schedule D, Part V II 11 If 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 19? If Yes, "complete Schedule D, Part V II 11 If Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 19? If Yes, "complete Schedule D, Part V II 11 If Did I the organization shallowing the schedule Part	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, III, VIII, IX, or X as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization is apparate, independent audited financial statements for the tax year include a footnote that addresses the organization is apparate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III IX X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III IX X 12 Did the organization included in onsolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part II III		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13  Is the organization maintain an office, employees, or agents outside of the United States?  It Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Ib Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Ib Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Ib Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines and 8a? If "Yes," complete Schedule G, Part II  Ib Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  In Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  In Implication report more than \$5,000 of grants or other assistance to any domestic organization or			12a		
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			20b		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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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>
		24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	77	X
	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			3,
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	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		X
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		v	1
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	1
Par	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon it Someone O contains a response of note to any line in this Part V		V	NI-
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of forme wize molecular line fall Enter of infect applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
	(gambling) winnings to prize winners?	1c	47	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 15	3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
			3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			<sub>V</sub>						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)'?	4a		X						
D	If "Yes," enter the name of the foreign country	accurate (EDAD)									
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	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?										
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		X						
	were not tax deductible?	•	6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required									
	to file Form 8282?	I I	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g	N/	X						
g											
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h	N/	_						
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?  N/A											
9	Sponsoring organization nave excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		8								
а	Did the agreement in a consideration made and the distributions and according 40000	N/A	9a								
b		N/A	9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а		11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	120								
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.		13a								
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
b	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
14a	Did the consideration and the constant of the first of the constant of the con	100	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?		15		Х						
	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.										

Form 990 (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	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?	7a	X	
b				
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(IIII COSIO DE LOGICO III SI III SI II SI		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, FL	GA	,ID,	IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LOUISIANA SPCA - 504-368-5191			
	1700 MARDI GRAS BLVD NEW ORLEANS I.A 70114			

### CRUELTY TO ANIMALS

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Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization r  (A)	(C)					Sale	(D)	(E)	(F)	
(A) (B)  Name and title Average					ition	l than s	ne	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both a officer and a director/trustee					an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trus	iee)	from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	al trus		yee	om per		(** 2) 1000 111100)		and related
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MACHELLE HALL	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) T. COLETTE WHITE	4.00	1								_
VICE PRESIDENT	1	Х		Х				0.	0.	0.
(3) LYNN COATNEY	4.00	1								_
SECRETARY	1	Х		Х				0.	0.	0.
(4) JEFF MECKSTROTH	4.00	l								
TREASURER	1	Х		X				0.	0.	0.
(5) WALKER SAIK	4.00	ļ								
PAST PRESIDENT		Х		Х				0.	0.	0.
(6) KAREN ADJMI	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(7) RICH BOUCHNER	2.00	ļ							•	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) ALLISON SHAPIRO DANDRY	2.00	.,							0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) SUSAN G. GUIDRY	2.00	<b>.</b> ,							0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) KERRI KANE, ESQ. BOARD MEMBER	2.00	Х						0.	0.	0.
(11) MARY J. KOSS, CPA	2.00	Λ						0.	0.	U •
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) RYAN MCCABE	2.00	Δ						0.	0.	· ·
BOARD MEMBER	2.00	х						0.	0.	0.
(13) JACKIE PALUMBO	2.00	77						0.	0.	<u></u>
BOARD MEMBER	2.00	х						0.	0.	0.
(14) WILLIAM S. RIPPNER	2.00							•	•	•
BOARD MEMBER	2.00	х						0.	0.	0.
(15) KATHLEEN SCHRENK	2.00							•		
BOARD MEMBER		х						0.	0.	0.
(16) CARLOS ZERVIGON	2.00	T-							3.	
BOARD MEMBER		х						0.	0.	0.
(17) ANA ZORRILLA	60.00									
CHIEF EXECUTIVE OFFICER				Х				113,488.	0.	8,773.

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Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	and	ιΠιζ	ynes	i C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average hours per	(do not check more than one						Reportable	Reportable		Estimated amount of		
	week					s both r/trust		compensation from	compensation from related		aı	other	
	(list any	director						the	organization		com	pensa	
	hours for	or dire	a a			ted		organization	(W-2/1099-MIS	SC)	fı	rom th	e
	related	istee c	truste		9	pensa		(W-2/1099-MISC)				janizat	
	organizations below	nal tru	ional 1		ploye	t com						d relat	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	.0115
		=	=	0	×	Ξ θ							
		<u> </u>											
		$\Box$											
		_											
		-											
1b Subtotal								113,488.		0.		8.7	73.
c Total from continuation sheets to Part VI	I. Section A							0.		0.		<del>• , .</del>	0.
d Total (add lines 1b and 1c)								113,488.		0.		8,7	73.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable	)			
compensation from the organization													1
												Yes	No
3 Did the organization list any <b>former</b> officer,	•		•	•	•		_	•	•		_		37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su											4		Х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4		
rendered to the organization? If "Yes." com					-			~	idal loi selvices		5		х
Section B. Independent Contractors	ipiete ochedule	<del>2 0 1</del> 0	JI SU	ICII Ļ	<i>)</i> C/3(	<u> </u>							
1 Complete this table for your five highest co	=	-								ensat	tion fr	om	
the organization. Report compensation for	the calendar ye	ear e	ndır	ig w	ith c	or wi	thin T		ear.				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	С		C) nsatio	'n
ONE & ALL - GRIZZARD COMM	UNICATI	ON	S	GR	OU:	Ρ,		FUNDRAISING A			•		
3500 LENOX ROAD NE, STE 1								DIRECT MARKE			20	1,0	00.
ADAMS AND REESE LLP, 701	POYDRAS	S	Т,	SI	UΙΊ	ΤE							
4500, NEW ORLEANS, LA 701							_	LEGAL SERVIC	ES		12	6,7	76.
							$\dashv$						
2 Total number of independent contractors (ii	•	ot lin	nited	to t	_	_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organize	zation -				2	í							

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 from tax under
							function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Endorstad compoigns		1a					
nt st				··· 4.					
ij d									
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events			106 002				
真		*			496,983.				
ıs,		Government grants (contr		· —	749,600.				
후	f	All other contributions, gifts,	grants,	and					
g #		similar amounts not included	above	1f   2,	679,159.				
할	g	Noncash contributions included in	lines 1a-1	ıf <b>1g</b> \$	370,000.				
<u>ဗိ ဗ</u>	h	Total. Add lines 1a-1f			<b>)</b>	3,925,742.			
					Business Code				
ø	2 a	CITY CONTRACT	S		900099	2,445,368.	2,445,368.		
Ş	b	CLINIC & SPAY	/NE	JTER	900099	847,105.	847,105.		
Ser	С	RABIES TAG &	LIC	ENSES	900099	441,396.	441,396.		
E S	d	PET ADOPTIONS			900099	117,353.			
Beg		ANIMAL SERVIC		HELTER	900099	69,120.			
Program Service Revenue		All other program service			900099	29,618.			
		Total. Add lines 2a-2f				3,949,960.	23,0200		
	3	Investment income (include							
	Ü	other similar amounts)	•	•					
	4	Income from investment of							
	5				•				
	3	Royalties		(i) Real	(ii) Personal				
	6.0	Grass rents		(i) Hour	(ii) i creenar				
		Gross rents	6a						
		Less: rental expenses	6b						
		, ,	[6c]						
		Net rental income or (loss)		(i) Securities	(ii) Other				
	<i>i</i> a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
•	D	Less: cost or other basis	l l						
n		and sales expenses	7b						
Revenue		Gain or (loss)	7c						
Ę.		Net gain or (loss)							
ther	8 a	Gross income from fundraising	-	`					
0		including \$		I					
		contributions reported on		′ I					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from			<b>_</b>				
	9 a	Gross income from gamin		I .					
		Part IV, line 19		II.					
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I		II.					
		and allowances			625,311.				
	b	Less: cost of goods sold		10b	408,913.				
	С	Net income or (loss) from	sales o	f inventory	<b></b>	216,398.	216,398.		
<sub>o</sub>					Business Code				
Miscellaneous Revenue	11 a	LEGAL SETTLEM	ENT		900099	366,406.	366,406.		
ane	b								
e e	С								
∕lis	d	All other revenue							
_	е	Total. Add lines 11a-11d				366,406.			
	12	Total revenue. See instruction	ns		<b>•</b>	8,458,506.	4.532.764.	0.	0.

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# LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Form 990 (2020)

of Functional Evnences

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 104,528. 113,488. 1,425. 7,535. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,389,396. 3,121,814. 42,544. 225,038. 7 Pension plan accruals and contributions (include 46,147. 41,735. 506. 3,906. section 401(k) and 403(b) employer contributions) 282,303. 3,090. 255,316. 23,897. Other employee benefits 9 209,901. 189,835. 2,298. 17,768. 10 Payroll taxes 11 Fees for services (nonemployees): Management 30,555. 23,971. 556. 6,028. Legal 32,670. 25,631. 594. 6,445. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 39,136. 907. 9,842. column (A) amount, list line 11g expenses on Sch O.) 49,885. Advertising and promotion 12 231,506. 13,559. 37. 217,910. 13 Office expenses Information technology 14 Royalties 15 490,959. 413,395. 3,063. 74,501. 16 Occupancy 27,683. 24,119. 517. 3,047. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 779,049. 822,465. 7,100. 36,316. Depreciation, depletion, and amortization 22 357,483. 340,831. 3,675. 12,977. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 469,394. 15,770. 453,606. 18. FEED/MEDICAL SUPPLIES 209,013. VET CARE 210,047. 0. 1,034. 197,347. REPAIRS & MAINTENANCE 192,052. 785. 4,510. 144,926. 190,241. 41,279. CONTRACT LABOR 4,036. 2,519. 234,533. 214.148. 17,866. All other expenses \_\_ 7,386,003. 6,586,664. 73,670. 725,669. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,424,311.	1	2,866,040.
	2	Savings and temporary cash investments			1,088,949.	2	1,373,998.
	3	Pledges and grants receivable, net			50,000.	3	
	4	Accounts receivable, net			474,957.	4	465,013.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			256,310.	8	250,560.
Ä	9	Prepaid expenses and deferred charges	148,640.	9	123,903.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,409,238.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	8,216,689.	20,919,789.	10c	20,192,549.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			150 500	14	200 012
	15	Other assets. See Part IV, line 11		159,588.	15	378,813.	
	16	Total assets. Add lines 1 through 15 (must eq			24,522,544.	16	25,650,876.
	17	Accounts payable and accrued expenses		553,919.	17	582,773.	
	18	Grants payable	22 500	18	0.635		
	19	Deferred revenue			22,500.	19	9,625.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub- controlled entity or family member of any of the				22	
Lia	22		-			23	
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate		[		24	
	25	Other liabilities (including federal income tax, p		Г		24	
	20	parties, and other liabilities not included on line					
		of Schedule D			1,004,647.	25	882,066.
	26	Total liabilities. Add lines 17 through 25			1,581,066.	26	1,474,464.
		Organizations that follow FASB ASC 958, ch	eck her	e <b>X</b>	, ,		, , ,
es		and complete lines 27, 28, 32, and 33.					
anc	27				22,524,255.	27	23,700,035.
Bal	28				417,223.	28	23,700,035. 476,377.
5		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated i	ncome, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			22,941,478.	32	24,176,412.
	33	Total liabilities and net assets/fund balances			24,522,544.	33	25,650,876.
							Form <b>990</b> (2020)

Form 990 (2020)

CRUELTY TO ANIMALS

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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>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	, 45	8,5	06.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,38		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,07	2,5	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	,94	1,4	78.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		3	1,5	26.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		13	0,9	05.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	24	,17	6,4	12.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
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	Х	
	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 Sche	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 Sing	gle Aud	lit			
	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 require	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

LOUISIANA SOCIETY FOR THE PREVENTION OF

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

CRUELTY TO ANIMALS 72-0471368 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4197932.	3729341.	2697139.	4037311.	3925742.	18587465.		
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	4197932.	3729341.	2697139.	4037311.	3925742.	18587465.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						18587465.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4	4197932.	3729341.	2697139.	4037311.	3925742.	18587465.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources			64.			64.		
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.)	431,690.					798,096.		
11	<b>Total support.</b> Add lines 7 through 10						19385625.		
12	Gross receipts from related activities,	•	,				,880,180.		
13	First 5 years. If the Form 990 is for the	-		•					
0	organization, check this box and stor						<b>&gt;</b>		
	ction C. Computation of Publi			. (4)		T I	0F 00		
14	11 1 3					14	95.88 %		
15	Public support percentage from 2019					15	97.47 %		
16a	33 1/3% support test - 2020. If the c								
1-	stop here. The organization qualifies								
D	33 1/3% support test - 2019. If the constitution must						. $\Box$		
47-	and <b>stop here.</b> The organization qual		•		12 160 or 16b o				
17 a	10% -facts-and-circumstances test	-							
	and if the organization meets the facts		•	-		•	▶ □		
L	meets the facts-and-circumstances te	· ·		,					
O	10% -facts-and-circumstances test	ū				•	1070 UI		
	more, and if the organization meets the organization meets the facts-and-circu		•				▶□		
10									
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

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

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					Т Т	
	Public support percentage for 2020 (lin			column (f))		15	%
						16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						/ is not
ŀ	more than 33 1/3%, check this box and 33 1/3% support tests - 2019. If the	=	-	•			▶ ☐ I
•	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

### 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		
Зс		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
_		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	90-EZ)	2020
	,	

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	rt IV   Supporting Organizations (continued)		- , ,	igo <del>o</del>
	(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 <b>Part VI</b> 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,	2		
Sec	supervised, or controlled the supporting organization. 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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	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	_		
_	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	01		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 CRUELTY TO ANIMALS

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in <b>I</b>	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus		·					
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						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 CRUELTY TO ANIMALS

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continue</sub>	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		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	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) 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				
a	From 2015				
b	From 2016				
с	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:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CRUELTY TO ANIMALS 72-047<u>1368 Page 8</u> Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

### 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

**2020** 

OMB No. 1545-0047

Name of the organization

LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Employer identification number** 

72-0471368

Organiz	ation type (check or	ne):			
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	For an organization	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	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
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.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
	· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

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

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

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

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

Employer identification number

72-0471368

Part I	<b>Contributors</b> (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_	CLEVELAND J. GUILLOT  365 CANAL ST. STE 860  NEW ORLEANS, LA 70130	\$\$	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	LYNN COATNEY  31 CYPRESS POINT LN  NEW ORLEANS, LA 70131	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PETSMART CHARITIES, INC.  19601 N 27TH AVE  PHOENIX, AZ 85027	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VIRGINIA BESTOFF  1400 CALHOUN ST  NEW ORLEANS, LA 70118	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DIANA AND JOSEPH O'DOWD  8616 OAK STREET  NEW ORLEANS, LA 70118	\$ 370,000.	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.)

Name of organization

LOUISIANA SOCIETY FOR THE PREVENTION OF

CRUELTY TO ANIMALS

Employer identification number

72-0471368

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	UNIT 205 OF THE 8616 OAK CONDOMINIUM	-	
<u> </u>		\$ 370,000.	10/25/20
(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

LOUISIANA SOCIETY FOR THE PREVENTION OF

LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

72-0471368

Part III				1(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.)						
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held			
Part I							
		-					
		(e) Transf	er of gift				
	Transferse's name address or		D	eletionabin of transferor to transferor			
	Transferee's name, address, ar	IC ZIP + 4	No	elationship of transferor to transferee			
		_	-				
		_					
(a) No. from	(b) Purpose of gift	(c) Use of g	ıift	(d) Description of how gift is held			
Part I		.,		., .			
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
		_					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transf	sfer of gift				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from		L					
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held			
-							
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
			Relationship of transferor to transferee				
			_				

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Employer identification number** 72-0471368

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advi	ised funds	(b) Funds and other accounts
1	Total number at end of year	. ,		, ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets	held in donor adv	ised funds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	Ė		of a historically important land area
	Protection of natural habitat	, [		of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contr	ribution in the forn	n of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b				
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register	•		
3	Number of conservation easements modified, transferred, rele			
	year ▶	,g, -		
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	•	ection, handling of	_ f
	violations, and enforcement of the conservation easements it	٠.	,	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	<b>•</b>	,	· ·	,
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and	enforcina conserv	vation easements during the year
	<b>▶</b> \$	,	Ü	,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne		•	
	organization's accounting for conservation easements.	J		
Pai	t III Organizations Maintaining Collections of	Art, Historical Ti	reasures, or C	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		evenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education	on, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan			•
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS			· /1
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	Assats included in Form 900, Part V			

	LOUISIAN	NA SOCIETY	FOR	THE P	REVENTI	ON OF				
Sche	dule D (Form 990) 2020 CRUELTY	TO ANIMALS	3				72-	047	1368	Page 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	asures, or	Other S	Similar Ass	ets	(continue	d)
3	Using the organization's acquisition, accession	n, and other records	s, check a	any of the f	ollowing that	make sigr	nificant use of	its	•	,
	collection items (check all that apply):									
а	Public exhibition	d	L	oan or exc	hange progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	y further th	ie organizatioi	n's exemp	t purpose in F	art XI	III.	
5	During the year, did the organization solicit or	receive donations o	of art, hist	orical treas	sures, or other	r similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organiz	zation's co	llection?				Yes	No
Par	t IV Escrow and Custodial Arrang							IV, lin	e 9, or	
	reported an amount on Form 990, Par			· ·						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ontributions	s or other ass	ets not ind	cluded			
	on Form 990, Part X?		•						Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,	•	J						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			i	
Par										
		(a) Current year		ior year	(c) Two years		I) Three years b	ack	(e) Four ye	ars back
1a	Beginning of year balance	10,783,258.		294,374.	10,201		8,670,88			79,598.
	Contributions			13,738.	320	,410.	852,68	89.		
	Net investment earnings, gains, and losses	1,056,481.	2,	019,562.	-664	,684.	1,215,27	75.	59	8,935.
	Grants or scholarships	496,984.		478,215.	492	,278.	468,64	48.	53	34,272.
	Other expenditures for facilities									
	and programs									3,018.
f	Administrative expenses	65,851.		66,201.	70	,282.	68,99	92.	7	0,359.
	End of year balance	11,276,904.	10,	783,258.	9,294	,374.	10,201,20	08.	8,67	0,884.
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a.	column (a)	) held as:	•				
а	Board designated or quasi-endowment	100	%	,	,					
	Permanent endowment	%	_							
		<del></del> *								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses		tion that	are held ar	nd administere	ed for the	organization			
	by:	· ·					J		Ye	s No
	(i) Unrelated organizations								3a(i) X	
	(ii) Related organizations								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered		. Part IV	line 11a. S	ee Form 990.	Part X. lir	ne 10.			
	Description of property	(a) Cost or of			or other		umulated	ı	d) Book v	alue
		basis (investm	l l		(other)		eciation	l '	, 2001.	
1a	Land	· ·			1,927.				971.	927.
			<del>  </del> -	22 45	0 007	1 (	-0 040	1.0		744

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		971,927.		971,927.
<b>b</b> Buildings		23,459,987.	4,659,243.	18,800,744.
c Leasehold improvements				
<b>d</b> Equipment		3,320,475.	2,909,498.	410,977.
e Other		656,849.	647,948.	8,901.
Total, Add lines 1a through 1e. (Column (d) must equa	20,192,549.			

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on on of security or category (including name of security)  derivatives eld equity interests	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
derivatives	(a) Been value	(c) meaned or valuation: each or one	or your market value
old oquity into coto			
must equal Form 990, Part X, col. (B) line 12.) ▶ Investments - Program Related.			
			-f
(a) Description of investment	(b) book value	(c) Method of Valuation: Cost or end-	or-year market value
must equal Form 990 Part X col. (B) line 13.)			
Other Assets.			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
			(b) Book value
Other Liabilities.			
	rorm 990, Part IV, line	The or Tit. See Form 990, Part X, line 25.	(b) Book value
· · · · · · · · · · · · · · · · · · ·			(b) DOOR Value
			10,422
			871,644
2 11:011 1 001(01)111011			0/1,011
on (h) must equal Form 990. Part Y col. (R) line 2	5.)	<b>L</b>	882,066
	Investments - Program Related.  Complete if the organization answered "Yes" on (a) Description of investment  must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" on (a) Description of liabilities.  Complete if the organization answered "Yes" on (a) Description of liability ral income taxes  PIER LEASE  FROM FOUNDATION  In (b) must equal Form 990, Part X, col. (B) line 2.  In (b) must equal Form 990, Part X, col. (B) line 2.	Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line  (a) Description of investment  (b) Book value  must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line  (a) Description  (a) Description  on (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line  (a) Description of liability  ral income taxes  PIER LEASE  FROM FOUNDATION	Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost or ending the program of 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

	edule D (Form 990) 2020 CRUELTY TO ANIMALS		72-04/13	OO Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1			1	
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a		
a b				
C				
d	- · · · · · · · · · · · · · · · · · · ·			
e			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
С	Other losses			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	40		
a b				
	Add lines <b>4a</b> and <b>4b</b>	·	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information.			
Prov	ide 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; F	art XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			•
PAI	RT V, LINE 4:			
				_
PEI	R THE ORGANIZATION'S INVESTMENT POLICIES	THE INCOME	EARNED FROM TH	<u>E</u>
TINT	COMMENS ELINDS TO BO DE DETNICEMED AND HOL	ID HOD ODHDAG	TNO DIDDOGEO	mii
EMI	DOWMENT FUNDS IS TO BE REINVESTED AND USE	D FOR OPERAT	ING PURPOSES,	MT.I.H
וטיח	E ATTEMPT TO PROVIDE A PREDICTABLE STREAM	CE FIINDING	ת∩ שמבדם סס∩כס	лмс
1111	E ATTEMET TO PROVIDE A PREDICTABLE STREAM	OF FUNDING	TO THEIR FROGR	AMD•
PAI	RT X, LINE 2:			
LAS	SPCA AND FOUNDATION ARE EXEMPT FROM FEDER	RAL INCOME TA	XES PURSUANT T	0
SEC	CTION 501(C)(3) OF THE INTERNAL REVENUE (	CODE. THERE W	NAS NO INCOME T	AX ON
UNI	RELATED BUSINESS INCOME ACCRUED IN 2020 (	OR 2019. MANA	AGEMENT ALSO	
BEI	LIEVES THAT ALL TAX POSITIONS WOULD BE SU	STAINED IF A	UDITED. THERE	WERE
NO	PENALTIES OR INTEREST ON INCOME TAX POST	TIONS INCUF	RRED IN 2020 OR	
つりつ	19, BUT, IF INCURRED, THEY WOULD BE CLASS	SIFTED IN THE	: STATEMENT OF	

Part XIII   Supplemental Information (continued)
ACTIVITIES AS A MANAGEMENT AND GENERAL EXPENSE. LASPCA'S TAX FILINGS FOR
THE YEARS ENDED DECEMBER 31, 2017 THROUGH THE CURRENT YEAR ARE OPEN TO
AUDIT UNDER STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE.

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

### **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.

LOUISIANA SOCIETY FOR THE PREVENTION OF

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

CRUELTY TO ANIMALS 72-0471368 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants b X Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) ONE & ALL - GRIZZARD Yes No COMMUNICATIONS GROUP - 3500 Х DIRECT MAIL COMPANY 399,756 201,000 198,756. 399,756. 201 000. 198,756. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020 CRUELTY TO ANIMALS

72-0471368 Page 2

Pa	<b>Fundraising Events.</b> 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.									
		or furnishing event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
ē			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
Revenue	1	Gross receipts								
_	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
S	5	Noncash prizes								
kpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
D	8	Entertainment								
	9 10	Other direct expenses  Direct expense summary. Add lines 4 through			•					
	10 Direct expense summary. Add lines 4 through 9 in column (d)         11 Net income summary. Subtract line 10 from line 3, column (d)									
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant	1	(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
Rev	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct I	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>					
9	Ent	er the state(s) in which the organization condu	ıcts gaming activities:							
а	ls t	he organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No				
	_									
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No				
		. co, copiano								

Sch	nedule G (Form 990 or 990-EZ) 2020 CRUELTY TO ANIMALS 72-	-0471	<u> 368</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	. —		
	to administer charitable gaming?		Yes	No
12		. —		
	Indicate the percentage of gaming activity conducted in:	ا ءمد ا		0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b_		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
	If "Yes," enter the amount of gaming revenue received by the organization  \$\bigs\\$ and the amount			
'				
	of gaming revenue retained by the third party > \$			
(	o If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation  \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
'	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I			
P		art III, line	es 9, 9	3b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<b>≀S:</b>		
(I	) NAME OF FUNDRAISER: ONE & ALL - GRIZZARD COMMUNICATIONS GROU	JΡ		
<u>~=</u>				
( I	) ADDRESS OF FUNDRAISER: 3500 LENOX ROAD NE, STE 1900, ATLANTA	4 G2	3	0326
<u> </u>	TADDREDO OF TONDRATORN. 3300 BENOR ROAD NE, DIE 1900, ATRANTA	1, OH		0320
_				
_				

# LOUISIANA SOCIETY FOR THE PREVENTION OF Schedule G (Form 990 or 990-EZ) CRUELTY TO Part IV Supplemental Information (continued) CRUELTY TO ANIMALS 72-0471368 Page 4

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

LOUISIANA SOCIETY FOR THE PREVENTION OF

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected?  Yes No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction Yes No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under
(a) Name of disqualified person person and organization (c) Description of transaction Yes No  Yes No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under
section 4958
S Efficient the amount of tax, if any, on line 2, above, reimbursed by the organization
Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization
reported an amount on Form 990, Part X, line 5, 6, or 22.
(a) Name of (b) Relationship (c) Purpose (d) Loan to or from the f
interested person with organization of loan of loan principal amount default? by board or committee? agreement?
To From Yes No Yes No Yes No

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

Total

Schedule L (Form 990 or 990-EZ) 2020 CRUELT	Y TO ANIMALS		72-0471	368	Page 2					
Part IV Business Transactions Involvi	ng Interested Persons.									
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?					
				Yes	No					
	LUIS ZERVIGON IS A		LUIS ZERVIG		Х					
CHRISTOPHER KANE	CHRISTOPHER KANE IS	126,776.	LASPCA HIRE		X					
Part V   Supplemental Information.				l						
Provide additional information for response	onses to questions on Schedule L (see	instructions).								
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:							
(A) NAME OF PERSON: LUIS Z	ERVIGON									
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:							
LUIS ZERVIGON IS A FAMILY I	MEMBER OF DIRECTOR,	CARLOS ZERV	TGON.							
(C) AMOUNT OF TRANSACTION	¢ 65 851									
(C) AHOUNT OF TRANSACTION	ŷ 05,051 <b>.</b>									
(D) DESCRIPTION OF TRANSAC	TION: LUIS ZERVIGON	MANAGES THE	ENDOWMENT	FUND						
(= , = = = = = = = = = = = = = = = = = =										
OF THE LOUISIANA SOCIETY FO	OR THE PREVENTION OF	CRUELTY TO	ANIMALS. T	HE						
INVESTMENT FEES PAID ARE R	EPORTED ON THE LOUIS	SIANA SPCA F	OUNDATION							
(27-1949968) FORM 990.										
(E) GUARTING OF ORGANIZATION	A DELIENTIEGO MO									
(E) SHARING OF ORGANIZATION	N REVENUES? = NO									
(A) NAME OF PERSON: CHRISTO	OPHER KANE									
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:							
CHRISTOPHER KANE IS THE HU	SBAND OF BOARD MEMBE	R KERRI KAN	Έ							
(C) AMOUNT OF TRANSACTION	\$ 126,776.									
		DAMS AND RE	ESE. LIP FO	R						
(D) DESCRIPTION OF TRANSAC'	<u> </u>	DAMS AND RE	ESE, LLP FO	R						

LEGAL SERVICES. CHRISTOPHER KANE IS A PARTNER AT ADAMS AND REESE, LLP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

### **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.

LOUISIANA SOCIETY FOR THE PREVENTION OF Employer identification number CRUELTY TO ANIMALS 72-0471368

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	 S
1	Art - Works of art		items contributed	r omi coo, r art viii, iii e rg				
2	Art - Works of art Art - Historical treasures							
_								
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential	X	1	370,000.	FAIR MARKET	VAI	LUE	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	)				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is ched	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020 CRUELTY TO ANIMALS	72-0471368	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33 and whother the organize	rtion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a	and whether the organiza	llioi i
	is reporting in Part 1, column (b), the number of contributions, the number of items received, or a	a combination of both. Also comp	piete
	this part for any additional information.		

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

**Employer identification number** 72-0471368

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

HOMELESS AND UNWANTED ANIMALS.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOCIETY SHALL CONSIST OF TWO LEVELS OF MEMBERSHIP, THE FIRST LEVEL DESIGNATED "GOVERNING MEMBER" AND THE SECOND LEVEL DESIGNATED "SUPPORTING MEMBER." LEVEL ONE (GOVERNING) CONSISTS OF MEMBERS OF THE BOARD OF GOVERNING MEMBERS ARE ELIGIBLE TO VOTE. DIRECTORS. LEVEL TWO (SUPPORTING) CONSISTS OF ANY INDIVIDUAL WHO DONATES \$25 OR MORE TO THE SOCIETY PER YEAR. SUPPORTING MEMBERS ARE NOT ELIGIBLE TO VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD TRUSTEESHIP COMMITTEE WILL SUBMIT ITS RECOMMENDATIONS FOR BOARD MEMBERS TO THE BOARD. THE BOARD TRUSTEESHIP COMMITTEE SHALL ALSO SUBMIT ITS RECOMMENDATIONS FOR MEMBERS BY THE OCTOBER BOARD MEETING IN ORDER THAT THEY MAY BE VOTED ON BEFORE THE END OF THE CALENDAR YEAR. THE BOARD TRUSTEESHIP CHAIR SHALL ALSO PUT OUT A CALL FOR NOMINATIONS FOR OFFICERS BY THE OCTOBER BOARD MEETING. NOMINEES WILL THEN BE VOTED ON BY SECRET BALLOT BY BOARD MEMBERS BEFORE THE END OF THE CALENDAR YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:

THE DECISIONS OF THE GOVERNING BOARD ARE SUBJECT TO THE APPROVAL BY THE MEMBERS IN CERTAIN CIRCUMSTANCES SUCH AS SPLITTING THE FOUNDATION FROM THE LOUISIANA SPCA.

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

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization LOUISIANA SOCIETY FOR THE PREVENTION OF **Employer identification number** 72-0471368 CRUELTY TO ANIMALS THE BOARD PRESIDENT MEETS WITH THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND THE TAX RETURN PREPARER TO DISCUSS THE FORM 990. BOARD MEMBERS ARE PROVIDED A COPY OF THE FORM 990 PRIOR TO THE RETURN BEING FILED. THE CEO SIGNS FORM 990 AND IT IS FILED ELECTRONICALLY. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ALL NEW BOARD MEMBERS TO READ AND REPORT ANY CONFLICTS OF INTEREST. EXISTING BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL FORM TO REPORT ANY NEW CONFLICTS OF INTEREST THAT MAY ARISE. THE BOARD'S ANNUAL RESPONSES ARE REVIEWED BY THE CHIEF EXECUTIVE OFFICER. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE CEO USING REASONABLE METHODS. THE CEO DETERMINES THE COMPENSATION OF THE ORGANIZATION'S EMPLOYEES USING COMPARABLE DATA FROM SIMILAR ORGANIZATIONS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,ID,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NE,NV NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, UT, VT, WA, WV, WY FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEARS TRANSFERS TO/FROM LASPCA FOUNDATION

130,905.

### SCHEDULE R (Form 990)

### **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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 72-0471368

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LA/SPCA HOLDINGS LLC - 72-0471368					
1700 MARDI GRAS BLVD.					
NEW ORLEANS, LA 70114	INACTIVE	LOUISIANA			LASPCA
NEW ORLEANS HUMANE LAW AND RESCUE, LLC -					
82-3547860, 1700 MARDI GRAS BLVD., NEW					
ORLEANS, LA 70114	ANIMAL CONTROL SERVICES	LOUISIANA	882,597.	12,156,275.	LASPCA
LSPCA PLAQUEMINES CAMPUS, LLC - 84-4123913					
1700 MARDI GRAS BLVD.					
NEW ORLEANS, LA 70114	ANIMAL CONTROL SERVICES	LOUISIANA	370,000.		LASPCA

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
LOUISIANA SPCA FOUNDATION INC 27-1949968	SUPPORTING ORG OF LA				LOUISIANA SOCIETY		1
1700 MARDI GRAS BLVD.	SOCIETY FOR THE PREVENTION				FOR THE		i
NEW ORLEANS, LA 70114	OF CRUELTY TO ANIMALS	LOUISIANA	501(C)(3)	LINE 12B, II	PREVENTION OF		X
							i
							1

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

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.

	, ,	,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	Disproportionate Code V-UBI		General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ection 2(b)(13) atrolled atity?	
		Couriery)						Yes	No	

1a

X

Yes No

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)				1b		X
С					l -	Х	
d							X
е	Loans or loan guarantees by related organization(s)						Х
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)						X
	Purchase of assets from related organization(s)						X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		X
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			. 11		X
	Performance of services or membership or fundraising solicitations by related organ						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					X	
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				. 1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)						X
	Other transfer of cash or property from related organization(s)				. 1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rel	ationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount	involved		
1) ]	LOUISIANA SPCA FOUNDATION, INC.	С	496,983.C	CASH RECEIVED			
2)							
3)							
4)							
_,							
5)							
6)							
	3 10-28-20	I		Schodu	le R (Fori	n 000	1 2020
JZ 10	J 10-20-20			Scriedu	io ii (FUII	11 990	, 2020

Schedule R (Form 990) 2020

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000

Schedule R (Form 990) 2020

Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
LOUISIANA SPCA FOUNDATION INC.
DIRECT CONTROLLING ENTITY: LOUISIANA SOCIETY FOR THE PREVENTION OF CRUELTY
TO ANIMALS

Schedule R (Form 990) 2020