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DLN: 93493069007391

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 11-01-2019 , and ending 10-31-2020

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

C Name of organization
RICHMOND ACADEMY OF MEDICINE TRUST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite
2821 EMERYWOOD PARKWAY NO 200

City or town, state or province, country, and ZIP or foreign postal code
RICHMOND, VA 23294

F Name and address of principal officer:
JAMES G BECKNER
2821 EMERYWOOD PARKWAY NO 200
RICHMOND, VA 23294

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

J Website: ▶ N/A

D Employer identification number
51-0160045

E Telephone number
(804) 622-8132

G Gross receipts \$ 147,406

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE RICHMOND ACADEMY OF MEDICINE TRUST INSPIRES PHILANTHROPY AND MOBILIZES RESOURCES TO ENRICH LIVES IN THE GREATER RICHMOND METROPOLITAN REGION BY SUPPORTING SCIENTIFIC PROGRAMS AND CHARITABLE SERVICES THAT IMPROVE THE HEALTH STATUS OF THE COMMUNITY, INCREASE THE KNOWLEDGE, SKILLS, AND ABILITIES OF HEALTHCARE PROFESSIONALS, FURTHER THE ADVANCEMENT AND ADOPTION OF BEST PRACTICES BY THE HEALTHCARE COMMUNITY, EDUCATE CONSUMERS AND BUSINESSES ABOUT HEALTHCARE ACCESS, AFFORDABILITY AND QUALITY, SUPPORT RESEARCH, AND PRESERVE THE HISTORY OF MEDICINE FOR THE BENEFIT OF THE PROFESSION AND THE COMMUNITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)35

4 Number of independent voting members of the governing body (Part VI, line 1b)45

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)50

6 Total number of volunteers (estimate if necessary)66

7a Total unrelated business revenue from Part VIII, column (C), line 127a0

b Net unrelated business taxable income from Form 990-T, line 397b0

Revenue

8 Contributions and grants (Part VIII, line 1h)8275,331145,126

9 Program service revenue (Part VIII, line 2g)99,6352,280

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)1000

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)1100

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)12284,966147,406

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)130271,477

14 Benefits paid to or for members (Part IX, column (A), line 4)1400

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)1500

16a Professional fundraising fees (Part IX, column (A), line 11e)1600

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,950

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)17235,143139,947

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)18235,143411,424

19 Revenue less expenses. Subtract line 18 from line 121949,823-264,018

Net Assets or Fund Balances

20 Total assets (Part X, line 16)20343,79522,800

21 Total liabilities (Part X, line 26)2161,9775,000

22 Net assets or fund balances. Subtract line 21 from line 2022281,81817,800

Part II Signature Block

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

Sign Here

Signature of officer
JAMES G BECKNER EXECUTIVE DIRECTOR
Type or print name and title

2021-03-09
Date

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate 2021-03-09Check ☐ if self-employedPTIN P01261580

Firm's name ▶ MITCHELL WIGGINS & COMPANY LLPFirm's EIN ▶ 54-0565834

Firm's address ▶ 1802 BAYBERRY COURT SUITE 300
RICHMOND, VA 23226Phone no. (804) 282-6000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282YForm 990 (2019)