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 2017 Open to Public Inspection

A	For the 2017	calendar year, or tax year beginning , and ending			
в	Check if applicable	C Name of organization		D Employer	identification number
$\square$	Address change	BLUE RIDGE HUMANE SOCIETY, INC.			
	Name change	Doing business as	Room/suite		048726
Ш	-	Additional and added (of a recebory in maintained and additional and additional	E Telephone	692-4367	
$\square$	Initial return	1214 GREENVILLE HIGHWAY		020	592 4501
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			1 404 264
$\square$	Amended return	HENDERSONVILLE NC 28792-6206	1	G Gross rece	ipts \$ 1,494,364
		F Name and address of principal officer:	H(a) Is this a g	roup return for su	bordinates? Yes X No
Ļ	Application pendin				
		1214 GREENVILLE HWY	1 .	ibordinates incluc o," attach a list. (i	
		HENDERSONVILLE NC 28792	1 11	o," attach a list. (:	see instructions)
-1	Tax-exempt statu	s: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
J	Website: 🕨	WWW, BLUERIDGEHUMANE, ORG		cemption number	
ĸ	Form of organizat	on: X Corporation Trust. Association Other ► L Ye	ear of formation:	1950	M State of legal domicile: NC
	Part I	Summary			
	1 Briefly	describe the organization's mission or most significant activities:			
a	SEI	SCHEDULE O			
Governance					
rna	* • • • • •	-			
ove	2 Check	this box I if the organization discontinued its operations or disposed of more than 25% of	of its net asse	ts.	
		er of voting members of the governing body (Part VI, line 1a)		2	17
so So	1	er of independent voting members of the governing body (Part VI, line 1b)		1 1	17
Activities	5 Total	umber of individuals employed in calendar year 2017 (Part V, line 2a)			43
cţ)	6 Total	umber of volunteers (estimate if necessary)		6	401
4	7a Totalu	nrelated business revenue from Part VIII, column (C), line 12		4 1	0
		related business taxable income from Form 990-T, line 34			0
*****	- Diveron		Prior Y	ear	Current Year
	8 Contri	outions and grants (Part VIII, line 1h)	7	62,831	627,346
Revenue	9 Progra	m service revenue (Part VIII, line 2g)	•	74,023	107,262
eve eve	10 Invest	nent income (Part VIII, column (A), lines 3, 4, and 7d)		2,581	2,529
ď	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3.	59,988	407,570
	1	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,1	99,423	1,144,707
*****		and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1 .	ts paid to or for members (Part IX, column (A), line 4)			0
	AF Calad	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4	58,089	543,099
Expenses	16a Profes				0
ueo	h Total	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) ▶ 70,085			
ΞX	17 Other	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3	93,351	513,468
		expenses (Partix, column (A), lines tra-rid, rin-246)		51,440	1,056,567
	1			47,983	88,140
 	19 Kever	ue less expenses. Subtract line 18 from line 12	Beginning of C		End of Year
Net Assets or	20 Total	assets (Part X, line 16)	3,1	04,147	3,203,790
Asse	21 Total	iabilities (Part X, line 26)		11,885	23,388
Net	22 Neta	sets or fund balances. Subtract line 21 from line 20		92,262	3,180,402
	Part II	Signature Block			
		of perjury, I declare that I have examined this return, including accompanying schedules and statement	ts and to the b	est of my know	vledge and belief, it is
	rue, correct, an	d complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledg	ge.	
e	ign 🕨	Signature of officer		Date	
	-	CAROLINE GUNTHER CHAIR			
п	ere	Type or print name and title	****		
-	Print	Type or parer's some Preparer's somatures	Date	Check	IT PTIN
P		Terr & Htra CRA		13/18 self-en	
	oparor	CADIAND CANDEDCEN INC	1 - + / -	Firm's EIN	04-3729830
	se Only	PO BOX 179		1 HILLS CITY #	
	· · · · · · · · · · · · · · · · · · ·				

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address

HENDERSONVILLE, NC 28793

828-692-2583

Phone no.

	Page
	X
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Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes 🗶 No
If "Yes," describe these new services on Schedule O.	
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.	
	o others,
the total expenses, and revenue, if any, for each program service reported.	
	evenue \$ 66,805
Briefly describe the organization's mission:         SEE SCHEDULE O         Did the organization undertake any significant program services during the year which we're not listed on the prior form 990 or 990-827         If 'Yes,' describe these new services on Schedule 0.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If 'Yes,' describe these changes on Schedule 0.         Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revunue, if any, for each program service reported.         a (Code:       (Expenses \$ 780,247       including grants of \$ ) (Rever THE BLUE RIDGE HUMANE SOCIETY, ESTABLISHED IN 1950, IS A NOP ADMISSION ANIMAL WELFARE ORGANIZATION, DEDICATED TO REDUCT OVERPOPULATION OF COMPANION ANIMALS IN HENDERSON COUNTY, F AND TO IMPROVING THEIR QUALITY OF LIFE THROUGH ADOPTION, C AND COMMUNITY EDUCATION.         b (Code:       ) (Expenses \$ 76,505       including grants of \$ ) (Rever THE BLUE RIDGE HUMANE SOCIETY IS COMMITTED TO PROPER AND REZ CARE. THE DRGANIZATION STRESSES THE IMPORTANCE OF SPAY/NEE THROUGH MANY VENUES. THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE PROVIDES FINANCIAL ASSISTANCE PROVIDES ADVECT THE ORGANIZATION FOR THAT PLOY INCLESSING AND PROGRAMS TO QUALIFYING INDIVIDUALS WHO REQUIRE ASSISTANCE PREATMENT OF ANIMALS TO THE GENERAL PUBLIC. THESE FUNDS Z SPECIFIC GRANTS RECEIVED BY THE ORGANIZATION FOR THAT PURI INDIVIDUALS WHO QUALIFY, RECEIVE FINANCIAL ASSISTANCE FOR AND TICK MEDICINE, WELLMESS CHECK-UPS, REQUIRED VACCINATIC MI	
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(Code: ) (Expenses \$ 76,505 including grants of \$ ) (Re	evenue \$ 21,389
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Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Entity describe the organizations mission: SEE SCHEDULE O           Did the organization undertake any significant program services during the year which were not listed on the prior Fom 990 or 990.ce??           If 'Yes,' describe these new services on Schedule O.           Did the organization cases conducting, or make significant changes in how it conducts, any program services?           If 'Yes,' describe these changes on Schedule O.           Describe the contraction or services on Schedule O.           Describe the contraction organizations are acquired to report the amount of grants and allocations to others, the total sepenses, and revenue, if any, for each program service reported the total sepenses, and revenue, if any, for each program service reported the total sepenses, and revenue, if any, for each program service reported the total sepenses, and revenue, if any, for each program service reported the total sepenses, and revenue, if any, for each program service reported the total sepenses, and revenue, if any, for each program service reported (Code ) (Expenses \$ 76,505 including grants of \$ ) (Revenue PADMIDSION ANIMAL WELEPARE ORGANIZATION, DEDICATED TO REDECING OVERPROPULATION OF COMPANION ANIMALS I. IN HENDERSON COUNTY, NON AND TO IMPROVING THEIR QUALITY OF LIFE THROUGH ADOPTION, COI AND COMMUNITY EDUCATION.           Ocde         ) (Expenses \$ 76,505 including grants of \$ ) (Revenue CLARE. THE ORGANIZATION STRESSES THE IMPORTANCE OF SEAY/NEUTER S ANYONE ADOPTING AN ANIMAL AND PROVIDES FINANCIAL ASSISTANCE IN PET BLUE RIDGE HUMANE SOCIETY PROVIDES FINANCIAL ASSISTANCE FOR TREATMENT OF ANIMALS TO THE GENERAL DUBLIC. THESE FUNDS ANE SPECIFIC GRANTS RECE	REASONABLE ANIMAL NEUTER EDUCATION FER SERVICES TO ANCE THROUGH
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Form 990 (2017) BLUE RIDGE HUMANE SOCIETY, INC. 56-6048726

1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.         1         X         2           2         Is the organization required to complete Schedule C, Part I         3         X           3         Sector 501(c)(3) organizations. Du the organization engage in obbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II         3         X           4         Sector 501(c)(3) organizations. Du the organization engage in obbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II         4         X           5         Is the organization asciton 501(c)(5), 505(c)(6)(5), 505(c)(6), 505(c)(6), 507(c)(6)(5), 505(c)(6), 505(c)(6), 507(c)(6)(5), 505(c)(6), 507(c)(6), 507(c)(6)(5), 505(c)(6), 507(c)(6), 507(c	12	Inclive Checklist of Required Schedules		Yes	No
computer Schedule A         1         X         1         X           2         1         the organization enguine to competer Schedule A. Schedule of Contributors (see instructions?)         2         X           3         Did the organization enguine to competer Schedule C, Part I         3         X           4         Section St(c)(s) organization. Did the organization engage in bolying activities on behalf of or in opposition to competen Schedule C, Part I         4         X           4         Section St(c)(s) organization engage in the Schedule C, Part I         4         X           5         is the organization maintain any donce avoised funds or any similar funds or accounts for which donces have the right to provide schedule D, Part I         5         X           6         Did the organization maintain any donce avoised funds or any similar funds or accounts for which donces have the right to provide schedule D. Part I         7         X           9         Did the organization maintain any donce avoised funds or any similar funds or accounts for which donces have be right to provide schedule D and avoise of ant, humoreal treasures, or observe open space, the organization maintain and done avoise of ant, humoreal treasures, or observe open space, the organization maintain and be at X, ine 21, be account or couplete Schedule D, Part II         7         X           9         Did the organization requires the add the at X, ine 21, be account or couplete Schedule D, Part IV         10         X		to the exercitation described in section $E(1/c)/2$ or $40.47(c)/(1)$ (other than a private foundation)? If "Ves."		100	
bit the organization required to complete Schedule B, Schedule of Contributors (see instructions?)         2         X           3         Did the organization appair in direct or indirect policies (C, Parl I)         3         X           4         Section 501(p(k)) organizations. Did the organization engage in libblying activities, or have a section 501(n)         4         X           5         Indirect during that system of the organization engage in libblying activities, or have a section 501(n)         4         X           6         Extension 501(c)(x) organizations, a complete Schedule C, APrl II         5         5         X           7         Extension 501(c)(x), or 501(c)(x) organization that receives membership dues, assessments, or similar amounts a defined in Revenue Procedules 56-150 <sup>41</sup> (**s; complete Schedule C, Parl II         5         X           7         Extension 501(c)(x), or provide carries function for accounts for which donors the environment, histon and areas, or histon amounts and thiston amounts in function taxes, and thord an amount in the 21, for excrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide corelic consening, deth maniputation and areas, or histon amounts in the 21, for excrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inte 21, for excrow or custodial account liability, serve as a custodian for amounts not listed in Part X, interes 1         9         X           9         Did the organization mainter and account for which accountis in Part X. Interes 1         Part X	1		1	x	
3         Dot the organization engage in direct or indirect political campaign activities on bahalf of or in opposition to candidates for polici offer. If "vist" complete Schedule C, Parl II         3         X           4         Section 50(p(s) organization. Did the organization mapping in blobying activities, or have a socion 501(h)         4         X           5         Section 50(p(s) organization. Did the organization mapping in blobying activities, or have a socion 501(h)         4         X           6         Bit the organization as action 501(c)(a) 501(c)(s) conditions contained to the organization maintain and uteria and while of an avert and social accounts for which donores in the registric provide active on the distribution or investment of amounts in such funds or accounts for which donores in the registric provide active on the distribution or investment of amounts in such funds or accounts for which donores in the registric provide active and or thosis a constraint on bases and the accelerative active a					
candidates to public other? If "ves," complete Schedule C, Part I       3       X         4 Section 51((c)) organization bits bits provide schedule C, Part II       4       X         5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization that receives membanship dues, assessments, or similar anomate schedule C, Part II       4       X         6 Did the organization maintein any doner advised funds or any similar funds or accounts for which donors have the right to provide advice on the distabilities of investment Procedule Schedule C, Part II       6       X         7 Did the organization maintein any doner advised funds or any similar funds or accounts for which donors have the right to provide advice on the distabilities of investment of amounts in sub-funds or accounts for which donors have as a construct and the organization maintain calledons on which advices are particle schedule D, Part I       6       X         7 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not lised on particle 0. Part II       7       X         9 Did the organization maintein calledone on works of art, historical treasures, or other similar assets? If "Yes," and the organization services? If "Yes," complete Schedule D, Part II       9       X         9 Did the organization report an amount for heystements. Jerges the schedule D, Part V       10       X         10 bit the organization report an amount for threatisments. Jerges the schedule D, Part VI       10       X         11 the organization report an					
4         Section 601(c)(3) arguinzations. Det the organization engage in tablying activities, or have a section 501(n)         4         X           bits the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) arguinzation that reasives membership dues, assessments, or similar amounts is defined in Revenue Procedure 58-137 11*9s, "complete Schedule C, Rart III         5         X           6         Dit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I         7         X           7         Did the organization memory to folds a conservation easement, including easements to preserve open space, the environment, historic land areas, or bistoric structures? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization meteore on folds a conservation easement, including easements to preserve open space, the environment, historic land areas, or distorial treasures, or outpet distortation treaserve of runs), serve as a custodiat for anonats no tilled in Part X, properies Schedule D, Part II         7         X           9         Did the organization, directly or through a related organization, high assists in temporarity restricted endownents, or guast-endownents, or guast-endownents // "Yes," complete Schedule D, Part V         9         X           9         Did the organization, advect through a related organization, high assists in temporarity restricted endownents, or guast-endownents, P// "Yes," complete Schedule D, Part V		enndideten for public office 2. If "Ven." complete Schedule C. Part I	3		X
election in effect during the tax year? if "Yes," complete Schedule C, Part II       4       X         5       Is the organization a section 501(c)(d), 501(c)(G) or 501(c)(G) or 601(c)(G) or 700(c)(G) or 700	. 4				
6         Is the organization ascidion 501(c)(d), c 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98-197 H "Yes," complete Schedule C, Part II         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of annotash in such funds or accounts? If "Yes," complete Schedule D, Part II         7         X           7         Did the organization receive on the distribution or investment of annotash in such funds or accounts? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization receive on the distribution or investment of annotash in such funds assets? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization receive on through a related organization, folder of through a related organization, folder of through a related organization. Tolde assets? If "Yes," complete Schedule D, Part II         8         X           9         Did the organization receives If "Yes," complete Schedule D, Part IV         9         X           10         Did the organization receive any of the following quarkation, tolde sets in temporarity restricted endownents, gentament endowments, The "S," complete Schedule D, Part VI         19         X           11         It the organization receive an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         10         X			4		X
assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C,         5         X           6         Dut the organization maintain any doror advised funds or any similar funds or accounts for which dorors nave the right to provide advice on the distribution of investment of amounts in such funds or accounts? If         6         X           7         Did the organization maintain any doror advised funds or any similar funds or accounts? If         8         X           7         Did the organization maintain collections of works of art, historical treasures, or other samples Schedule D, Part II         8         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."         8         X           9         Did the organization, and another the account is able.", Set the existore of manual treasures, or balance accounts is addition, set the addition services? If "Yes." complete Schedule D, Part II         8         X           9         Did the organization, report an amount for land, buildings, and equipment in Part X, line 10? If "Yes."         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 13? It is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V         10         X           10         Did the organization report an amount for investments—orbiter securities in Part X, line 13? It is 5% or more of its total assets reported in	5				[
Part III       5       X         6       Did the organization maintain any donor advised funds or any similar funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part I       6       X         7       Vice," complete Schedule D, Part I       7       X         8       Did the organization resolve hold a conservation easement, including easements to preserve open space, the environment, itsicinic and reasures, If "res," complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X. line 21, for escow or custodial account isability, serve as a custodian for amounts on triade in Part X, gonde credit courseling, debt manegement, credit repair, or deter manues ment, redit repair, or deter manues ment, including questions in "Yes," complete Schedule D, Part V       10       X         11       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments—hour seases in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments—hour sease in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments—hour sease in Part X, line 10? If "Yes," complete Schedule D, Part V       10	Ŭ				
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes, 'complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, listoic liam areas, or histoir structures? If 'Yes, 'complete Schedule D, Part II       7       X         8       Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, listoic liam areas, or histoir structures? If 'Yes, 'complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X, ine 21, for escrew or custodial account liability, serve as a custodian conserver? If 'Yes, 'complete Schedule D, Part II       8       X         10       It the organization report an amount for large the organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes, 'complete Schedule D, Part V       9       X         10       It the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 14 'Yes, 'complete Schedule D, Part V       11       X         11       X       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 'Y 'Yes, 'complete Schedule D, Part X       112       X			5		X
have the fight to provide advice on the distribution or investment of amounts in such funds or accounts? If     6     X       'Yes,' complete Schedule D, Part I     6     X       Did the organization neceive on todia a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes,' complete Schedule D, Part II     7     X       Solid the organization machine collection ad vocks of at, historical reserves or outstodial account liability, serve as a usotalian for amounts not listed in Part X, line 21, for secrow or custodial account liability, serve as a usotalian for amounts not listed in Part X, or provide credit counseling, debt management, credit regari, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV     9     X       10 bid the organization regotian or through a related arganization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,''     11a     X       12 bid the organization report an amount for investments—program related in Part X, line 12? If the schedule D, Part V     11b     X       13 bid the organization report an amount for lives themels.—program related in Part X, line 12? If 'Yes,' complete Schedule D, Part V     11b     X       14 bid the organization report an amount for lives themels. The Store the schedule D, Part V     11b     X       15 bid the organization report an amount for lives themelschelue D, Part V     11b <td>6</td> <td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors</td> <td></td> <td></td> <td></td>	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
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7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic al rease, or historic structures? If "Yes," complete Schedule D, Part II       7       X.         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X.         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       9       X.         9       Did the organization record or thrcugh a related organization, temportary to thrcugh a related organization, temport an amount for investments—organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       X         11a       X       Did the organization report an amount for investments—organization report an amount for investments—organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? III "Yes," complete Schedule D, Part XII       11a       X         11a       X       Did the organization report an amount for threasestin IPart X,		"Vea" complete Schedule D. Bot i	6		X
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II     7     X       8     Did the organization maintain collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part II     8     X       9     Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for annours not fisted in Part X, or provide credit counseling, debt management, credit repar, or debt negotiation services? If "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization report an amount for linestments—other securities in Part X, line 10? If "Yes." complete Schedule D, Part VI     11     X       11     Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI     11     X       11     Did the organization report an amount for investments—other securities 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 XI     116     X       11     Did the organization report an	7				
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, encoder report on a manut for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         11       X       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         11       X       Did the organization report an amount for other sasset in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         11       X       Did the organization report an amount for other liabilities in Part X, line 2? If "Yes," complete Schedule D, Part X       114       X         11       Did the organization report an amount for othere assets in Part X, line			7		X
complete Schedule D, Part III         8         X           9         Did he organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian to ramounts not tised in Part X, or provide credit counseling, debt management, credit repair, or debt negotilation services? If "Yes," complete Schedule D, Part IV         9         X           10         Did he organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quest-endowments in "Yes," complete Schedule D, Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI         10         X           11         With eorganization report an amount for investments—other securities in Part X, line 10? If "Yes." complete Schedule D, Part VI         11a         X           11         X         Did the organization report an amount for investments—other securities in Part X, line 13? If at its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII         11b         X           11         Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VII         11c         X           11         Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VII         11c         X           11         Did the organization Separate in develote Schedule D, Part VII </td <td>8</td> <td></td> <td></td> <td></td> <td></td>	8				
9       Did the organization report an amount in Part X, Ion 21, for escrow or custodial account liability, serve as a custodian for amounts not fisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowing eustions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization's noise XP and another the X, line 12 that is 5% or more of its total assets reported in Part X, line 16 // "Yes," complete Schedule D, Part V       11       X         2       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 17 // "Yes," complete Schedule D, Part VI       11       X         2       Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 // "Yes," complete Schedule D, Part VII       11       X         2       Did the organization report an amount for other assets in Part X, line 15 that its 5% or more of its total assets reported in Part X, line 16 // "Yes," complete Schedule D, Part X       11       X         4       Did the organization report an amount for other assets in Part X, line 15 that its 5% or more of its total assets reported in Part X, line 16 // "Yes," complete Schedule D, Part X       114       X         4       Did th	:	complete Schedule D. Part III	8		x
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotistion services? If 'Yes,' complete Schedule D, Part IV     9     X       D bit die organization, direduty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V     10     X       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11     X       D bit die organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII     11b     X       D bit die organization report an amount for investments—other securities 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 VII     11t     X       D bit die 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 16? If 'Yes," complete Schedule D, Part VII     11t     X       D bit die organization report an amount for other labilities in Part X, line 25? If 'Yes," complete Schedule D, Part X     11t     X       1D dit e organization report an amount for other labilities in Part X, line 25? If 'Yes," complete Schedule D, Part X     11t     X       1D dit he organization report an amount for other labilities in Part X, line 25? If 'Yes," complete Schedule D, Part X     11t     X       1D dit he organization cohain separate, independ	9				
debt negotiation services? if "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? "Fes," complete Schedule D, Part V     10       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.     11a     X       12     Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.     11a     X       13     Did the organization report an amount for investments—other securities 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 VII.     11b     X       14     Did the organization report an amount for investments—other assets 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 VIII     11c     X       11d     Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X     11d     X       11d     Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's isaparate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.     11d     X       12a     X     Ud the organization nobusin separate, independent audited financial statements for the tax year? If "Yes," and if the organization ansubar a	÷.				
10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Part V       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11       X         12       Did the organization report an amount for investments—other securities 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 VII       11       X         13       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 16? If "Yes," complete Schedule D, Part VII       11       X         14       X       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         15       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         16       Did the organization report an amount for othere labilities in Part X, line 25? If "Yes,"			9		X
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, or X as applicable.     111     X       2     Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     112     X       3     Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII     112     X       4     Did the organization report an amount for investments—orgaram related 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 VIII     112     X       4     Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X     111     X       4     Did the organization seporate or consolidated financial statements for the tax year? in "Yes," complete Schedule D, Part X     111     X       12     Did the organization asteriat, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X     111     X       13     Did the organization astone described in sectorn T20% (LI/A)(0) If "Yes," complete Schedule D, Part X     111     X       14     Did the organization astone sectorn T20% (LI/A)(	10				
VII, VIII, IX, or X as applicable.       Image: Complete Schedule D, Part VI         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         c Did the organization report an amount for investments—orgoram related 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 VII       Image: Complete Schedule D, Part VII         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       Image: Complete Schedule D, Part X         d Did the organization organization orbit or ther liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       Image: Complete Schedule D, Part X         12a       Did the organization orbit separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       Image: Complete Schedule E         13       ts the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E       Image: Complete Schedule E         14a       X       Did the organization natathin an office, employees, or agents outside of			10		X
VII, VIII, IX, or X as applicable.       Image: Complete Schedule D, Part VI         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         c Did the organization report an amount for investments—orgoram related 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 VII       Image: Complete Schedule D, Part VII         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       Image: Complete Schedule D, Part X         d Did the organization organization orbit or ther liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       Image: Complete Schedule D, Part X         12a       Did the organization orbit separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       Image: Complete Schedule E         13       ts the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E       Image: Complete Schedule E         14a       X       Did the organization natathin an office, employees, or agents outside of	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments—program related 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 VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets       11d       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         13       Is the organization and fice, employees, or agents outside of the United States?       14a       X         b       Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13		VII, VIII, IX, or X as applicable.			
complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments—program related 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 VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets       11d       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         13       Is the organization and fice, employees, or agents outside of the United States?       14a       X         b       Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
b       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments—orgram related 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 VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization separate or consolidated financial statements for the tax year include a foothole that addresses the organization otatian separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E       12a       X         b       Was the organization aswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         b       Did the organization aswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         b       Was the organizati		complete Schedule D, Part VI	11a	X	
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       III	40		17		<u> </u>
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			10		x

Form 990 (2017) BLUE RIDGE HUMANE SOCIETY, INC. Part IV Checklist of Required Schedules (continued) 56-6048726

10110-0010-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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	<u>24a</u>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	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	<u>25a</u>		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, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28a</u>	<b> </b>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	285	<b> </b>	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	<u> </u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34		24		x
250	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<u> </u>	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	354		- <u></u>
b	controlled entity 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	530	<u> </u>	<u> </u>
30		36		x
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u>†</u>	<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ł
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
-	192 Note. All Form 990 filers are required to complete Schedule O	38	x	

Form	990 (2017) BLUE RIDGE HUMANE SOCIETY, INC. 56-6048	5/20			۲	age <b>o</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V				+	┍└╝
		1 1		A0000000000000000000000000000000000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			<b>1</b> c	X	
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	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		<u> </u>
b	If "Yes," enter the name of the foreign country: >					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts				
	(FBAR).					
5a					<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?				X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		ļ
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?			<u>6a</u>	4	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		i nameterar
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 good	ds				
	and services provided to the payor?			<u>7a</u>	X	<b>_</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	·	1			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont			<u>7e</u>	+	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract				+	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h		
-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?					
9	Sponsoring organizations maintaining donor advised funds.			pinetes a		
a					+	+
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • • •				
10	Section 501(c)(7) organizations. Enter:	10a	l			
a	Initiation fees and capital contributions included on Part VIII, line 12		<u> </u>			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		i ang	
11	Section 501(c)(12) organizations. Enter:	1 440	1			
a	Gross income from members or shareholders	<u>11a</u>	<u> </u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12-	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		E.c.,	12a	operation	v <b>precisit</b> i
12a		12b	1	128		
- b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	I			
13	Is the organization licensed to issue qualified health plans in more than one state?			13a	er anderstelle	Transfer P
a	Note, See the instructions for additional information the organization must report on Schedule O.		·····	158		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	1			
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1	**************************************	14a	100000000	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	)				1

Form	990	(2017)
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# Form 990 (2017) BLUE RIDGE HUMANE SOCIETY, INC. 56-6048726

Page **6** 

Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and t	ora "No	<b>c</b> ″	
0120049102020	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See			
	Check if Schedule O contains a response or note to any line in this Part VI	المشارقين والمترارقين	مارند نداری	X
Sec	tion A. Governing Body and Management			·····
		<b>FETERING STREET</b>	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 1a 17	_		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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, or trustees, or key employees to a management company or other person?	3		X
ŧ.	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
3	Did the organization have members or stockholders?	6		X
'a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	Ļ
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ
)	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 in Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		·
			Yes	
a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Interne
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	ļ
3	Did the organization have a written whistleblower policy?	13	X	ļ
1	Did the organization have a written document retention and destruction policy?	14		X
5	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	X	<b>_</b>
b	Other officers or key employees of the organization	15b	X	100000
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
àa	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	NUMBER	X
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	L	L
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
3	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
•	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records: >			
DI	EMIER ACCOUNTING, INC. 304 CHADWICK AVENUE			
	INDERSONVILLE NC 28792 82	8-69	<u>~</u> ~	~ ~

Form 990 (20	17) BLUE RIDGE HUMANE SOCIETY, INC. 56-6048726	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated En	nployees, and
	Independent Contractors	I
	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 organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the tax year.	
	of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of n. 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo of	ix, unli ficer a	Pos check ess pe nd a d	more rson i irecto	than one s both a r/trustee	n e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) CAROLINE GUNTHER		1		<u> </u>					-	
	4.00							-		
CHAIR	0.00	X	ļ	X				0	<u> </u>	0
(2) KAREN YAGERHOFER										
	4.00									_
VICE CHAIR	0.00	X	ļ	X				0	0	0
(3) GENIEN CARLSON		1								
·	4.00									
SECRETARY	0.00	X		X				0	0	0
(4) KATHRYN OLSON										
	4.00									
PAST VICE CHAIR	0.00	X		X				0	0	0
(5) TONYA BARROW										
	1.00									
DIRECTOR	0.00	X					•	0	0	0
(6) PATRICK BUHRKE		1			·					
	1.00									
DIRECTOR	0.00	X						0	0	0
(7) MICHAEL GORDON					1					
	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JEAN GREESON	· · ·									
	1.00									
DIRECTOR	0.00	X						0	0	0
(9) WHITNEY STATON H	EBERT									
	1.00									
DIRECTOR	0.00	X						0	0	0
(10) THOMAS L. MARSHA	LL									
	1.00									
DIRECTOR	0.00	X						0	0	0
(11) TRACEY MCMAHAN	-						•			
	1.00									
DIRECTOR	0.00	X						0	0	0
DAA	· · ·						1.1	1		Form 990 (2017)

Form 990 (2017) BLUE RIDG										Page 8
Part VII Section A. Officers,	Directors, Trus	stees	s, Ke	y En	nplo	yees,	an	d Highest Compensated I	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	Average     Position       hours per     (do not check more than one       week     box, unless person is both an       (list any     officer and a director/trustee)				not check more than one compensation , unless person is both an from		(E) · Reportable compensation from related organizations	(F) Estimated amount of other compension	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) LINDA MICKEY			<u> </u>							
DIRECTOR	1.00	x						0	0	0
(13) LISA PARHAM		1								
DIRECTOR	1.00 0.00	x			1.5		-	0	0	0
(14) BRAD RAYFIELD	1									
DIRECTOR	1.00 0.00	x						0	0	0
(15) SANDY REZAI	1.00									
DIRECTOR	0.00	x						0	0	0
(16) ANGIE WILLIAM	1.00									
DIRECTOR	0.00	x						0	0	0
(17) DANE WHITLOCK		T								
DIRECTOR	1.00	x						0	0	0
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·									
*				<b>†</b>						
1b Sub-total										
c Total from continuation shee d Total (add lines 1b and 1c)							▶		· · · · · · · · · · · · · · · · · · ·	
2 Total number of individuals (inc reportable compensation from		nited			liste	d abo	ve)	who received more than \$1	00,000 of	
3 Did the organization list any for			or tr	uster	ke	vemr		ee or highest compensated		Yes No
employee on line 1a? If "Yes," of	complete Schedu	ıle J	for s	uch i	ndiv	idual				3 X
4 For any individual listed on line organization and related organization individual	izations greater t	han :	\$150	,000	? 1F *	'Yes,"	con	nplete Schedule J for such	n the	4 X
<ul> <li>Did any person listed on line 1a for services rendered to the org</li> </ul>	a receive or accru	le co	mpe	nsati	ion t	rom a	ny u	inrelated organization or inc	lividual	5 X
Section B. Independent Contractor		<u>ra, u</u>	omp	lete c	30/16	fuule (	5 101			
1 Complete this table for your five compensation from the organiz	e highest compe	nsate mper	ed in Isatio	depe on fo	ndei r the	nt con caler	trac ndar	r year ending with or within t	he organization's tax year.	
Name and	(A) business address	-						Descrip	(B) tion of services	(C) Compensation
									· .	······
					*****					
			-							
2 Total number of independent c								listed above) who	<u></u>	

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Form 990 (2017)	BLUE	RIDGE	HUMANE	SOCIETY,	INC.	
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56-6048726

		Check if Schedule C	) contain	is a response o	or note to any line i	n this Part VIII		Π
					(A)	(B)	(C)	(D)
	• •				Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
						function	revenue	under sections 512-514
29	1a	Federated campaigns	1a					
uni		Membership dues	1b					
OE		Fundraising events	10					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	1d					
Sie Sie		Government grants (contributions)	1e	37,780				
ü		All other contributions, gifts, grants,						
hei		and similar amounts not included above	1f	589,566				
Ē	g	Noncash contributions included in lines 1a-1	f: \$					
and		Total. Add lines 1a-1f		···· · · · · · · · · · · · · · · · · ·	627,346			
- Harrison				Busn. Code				
len	2a	ADOPTION FEES			65,755	65,755		
Re	b	MEDICAL SERVICES			18,818	18,818		
ice	C	SNIP INCOME			17,102	17,102		
Sen	d				1,600	1,600		
B	e	SPAY/NEUTER FEES/RAI			1,448	1,448		
Program Service Revenue	f	All other program service reven	ue		2,539	2,539		
ď	g	Total. Add lines 2a-2f		<u> </u>	107,262			
	3	Investment income (including di	vidends, ir	nterest,				
		and other similar amounts)		•	2,529			2,529
	4	Income from investment of tax-	exempt bo	nd proceeds				
	5	Royalties		<u> </u>				
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	c	Rental inc. or (loss)						
-		Gross amount from		<u> </u>				
	14	sales of assets (i) Securities		(ii) Other				
		other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
		Gain or (loss)	<u> </u>					
		Net gain or (loss)		<b>&gt;</b>				
onu	ŏa	Gross income from fundraising even	IS					
/en		(not including \$						
Re		of contributions reported on line 1c). See Part IV, line 18		138,122				
Other Reve	h	Less: direct expenses	a	63,812				
ð		Net income or (loss) from fundri		~~~~~~	74,310			74,310
		Gross income from gaming activities		····	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,
	νu	See Part IV, line 19	1					
	h	Less: direct expenses						
		Net income or (loss) from gamin		s 🕨				
		Gross sales of inventory, less		<u></u>				
		returns and allowances	а	619,105				
	b	Less: cost of goods sold	b	285,845	<ul> <li>A second sec second second sec</li></ul>			
	c Net income or (loss) from		of invento		333,260			333,260
		Miscellaneous Revenue		Busn. Code				
	11a							
1	b	· · · · · · · · · · · · · · · · · · ·						
	c	· · · · · · · · · · · · · · · · · · ·						
.	d	All other revenue						
	e	Total. Add lines 11a-11d	* * * * * * * * * * * * *					
	12	Total revenue. See instructions	S	▶	1,144,707	107,262	0	410,099

	Check if Schedule O contains a respon				X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	·			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			10.000	
7	Other salaries and wages	447,503	418,016	13,323	16,164
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,661	7,811	365	485
9	Other employee benefits	49,443	45,842	2,327	1,274
10	Payroll taxes	37,492	35,112	1,097	1,283
11	Fees for services (non-employees):				
а	Management				
b	Legal	0.000	7 400	0.61	1 (1)
c	Accounting	9,908	7,432	861	1,61
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u>.</u>			
g	Other. (If line 11g amount exceeds 10% of line 25, column	E 074	1 100	510	962
	(A) amount, list line 11g expenses on Schedule O.)	5,874	4,402	franciscies with the second	6,070
12	Advertising and promotion	24,873	<u>17,708</u> 14,778		5,40
13	Office expenses	21,020	14,110	037	5,40.
14	Information technology				
15	Royalties	65,437	55,744	5,106	4,58
16	Occupancy	03,437	55,744	5,100	
17	Travel	*****			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,971	10,184	965	82
20			20/203		
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	50,935	47,875	1,530	1,53
23		15,179	12,472		1,70
24 24	Other expenses. Itemize expenses not covered				
<u> </u>	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MEDICAL CARE SHELTER	52,785	52,785	and a second	
b	ANIMAL SUPPLIES	48,870	48,870		
c	SNIP PROGRAM	36,974	36,974		· · · · · · · · · · · · · · · · · · ·
d	VETERINARY SERVICES	31,973	31,973		
e	All other expenses	137,869	108,627		28,18
25	Total functional expenses. Add lines 1 through 24e	1,056,567	956,605		70,08
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Form	990	(2017)	BLU

7)	BLUE	RIDGE	HUMANE	SOCIETY,	INC.

56-6048726

d	rt X						
		Check if Schedule O contains a response or note	to any line i	n this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
Т					3,199	1	10,047
		Cash—non-interest bearing			1,120,270		1,102,473
		Savings and temporary cash investments			1,120,210	3	
1		Pledges and grants receivable, net	1,712	4	1,073		
		Accounts receivable, net 'Loans and other receivables from current and former officers, directors,			<u>+//++</u>		
	5			ors,			
		trustees, key employees, and highest compensated employees		5			
	•	Complete Part II of Schedule L					
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B),					
		sponsoring organizations of section 501(c)(9) voluntary					
			·			6 6	
	7	organizations (see instructions). Complete Part II of Sch				7	
		Notes and loans receivable, net			i	8	
		Inventories for sale or use			4,869		4,86
	9	Prepaid expenses and deferred charges					
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,740,214			
	ь	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	654,886		10c	2,085,32
		Investmentspublicly traded securities	. Lucascandara		<i>iiiiiiii</i>	11	
	12	Investments-other securities. See Part IV, line 11				12	
		Investments-program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15					15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			3,104,147	16	3,203,79
	17	Accounts payable and accrued expenses	11,885		23,38		
	18	Grants payable				18	
	19	Deferred revenue			· · ·	19	
	20					20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
,	22	Loans and other payables to current and former officers					
		trustees, key employees, highest compensated employe	ees, and				
		disqualified persons. Complete Part II of Schedule L	•			22	
	23	Secured mortgages and notes payable to unrelated thin	d parties			23	L
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables I	to related th	ird			-
		parties, and other liabilities not included on lines 17-24).	. Complete I	Part X			
		of Schedule D				25	
4	26	Total liabilities. Add lines 17 through 25			11,885	26	23,38
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨	X and			
		complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			3,081,061	*****	3,115,47
3	28	Temporarily restricted net assets			11,201	1	64,92
2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29	Permanently restricted net assets		iere 🕨 🗌 and		29	
		Organizations that do not follow SFAS 117 (ASC 95					
		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		• • • • • • • • • • • • • • • • • • • •		30	·
	31	Paid-in or capital surplus, or land, building, or equipmer				31	
6.1	32	Retained earnings, endowment, accumulated income, o	or other fund	JS	3,092,262	32	3,180,40
-	33	Total net assets or fund balances				33	

Part XII       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI.       1         1       1,144,707         2       Total expenses (must equal Part XI, column (A), line 25)       3         3       88,1400         Net assets or fund balances at begining of year (must equal Part X, line 33, column (A))       4       3,092,262         5       Net unrealized gains (losses) on investments       6         6       7	Form	990 (2017) BLUE RIDGE HUMANE SOCIETY, INC. 56-6048726			Page	<u>e 12</u>
1       Total revenue (must equal Part XII, column (A), line 12)       1       1, 1, 1, 1, 1, 1, 4, 7, 707         2       Total expenses (must equal Part XI, column (A), line 25)       2       1, 0, 56, 567         3       Revenue less expenses. Subtract line 2 from line 1       3       88, 1440         4       3, 092, 262         5       Net unrealized gains (losses) on investments       6         6       0       7         7       Toror period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       10         11       Accounting method used to prepare the Form 900.       Casi       X       Accrual       Other         1       Accounting method used to prepare the Form 900.       Casi       X       Accrual       Other       Image         1       Accounting method used to prepare the Form 900.       Casi       X       Accrual       Other       Image       X         1       Accounting method used to prepare the Form 900.       Casi       X       Accrual <td< th=""><th>Description of the local division of the loc</th><th></th><th></th><th></th><th></th><th></th></td<>	Description of the local division of the loc					
1       Total expenses (must equal Part IX, column (A), line 25)       2       1, 056, 567         3       Revenue less expenses. Subtract line 2 from line 1       3       88,140         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 092, 262         5       Net unrealized gains (losses) on investments       6       7         6       Donated services and use of facilities       7       7         7       Investment expenses       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3, 180, 402         33       column (B)       1       3, 180, 402         Prior period adjustments         9         Other changes in net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3, 180, 402         Prior period adjustments and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Prior period adjustments         Schedule 0         2 <td></td> <td>Check if Schedule O contains a response or note to any line in this Part XI</td> <td></td> <td></td> <td></td> <td></td>		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 056, 257         3       Revenue less expenses. Subtract line 2 from line 1       3       88, 7, 140         4       3, 092, 262       5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 092, 262         5       Net unrealized gains (losses) on investments       5       5         6       0 Donated services and use of facilities       7       6         7       7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       9       10       3, 180, 402         Prior period adjustments         Check if Schedule O contains a response or note to any line in this Part XII         Check if Schedule O contains a response or note code 'Other' explain in Schedule 0.         1       Accounting method used to prepare the Form 90:       Cash X       Yes       No         1       Accounting method used to prepare the form 90:       Cash X       Yes       No         Yes       No         Separate basis       Co	1	Total revenue (must equal Part VIII, column (A), line 12)	1			Construction of the local division of the lo
a Network in the set of the balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 092, 262         5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       7         7       Investment expenses       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3, 180, 402         Part XII       Financial Statements and Reporting       10       3, 180, 402         Part XII       Financial Statements and Reporting       10       3, 180, 402         Part XII       Financial Statements and Reporting       10       3, 180, 402         Part XII       Financial Statements compiled or reviewed by an independent accountant?       2a       Xet is be organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.         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       Both consolidated and separate basis       D         b       Were the organization's financial statements audifeed by an independen	2	Total expenses (must equal Part IX, column (A), line 25)	2			
Net unrealized gains (losses) on investments       5         6	3					
a Net Unteraction       interaction         b Donated services and use of facilities       7         c       investment expanses         c       r         c       r         c       investment expanses         c       r         c	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	+	3,09	$\frac{12}{2},2$	.62
voltate: start dise of labolities   7   Investment expenses   8   9   9   10   Net assets or fund balances (explain in Schedule O)   9   10   Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   33. column (B))   10   31. acounting method used to prepare the Form 990:   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	5	Net unrealized gains (losses) on investments				
a       a         a       a         b       Prior period adjustments         c       b         c       b         c       b         c       b         c       c <td>6</td> <td>Donated services and use of facilities</td> <td>+</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	+			
a Problements       9         cher changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         33. column (B)       10       3, 180, 402         Part XII       Financial Statements and Reporting	7					
9 Online dialegies in the absets of full datafiets (sphall in dolladed of)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   33, column (B))   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII In Accounting method used to prepare the Form 990: Cash X Accrual Other	8	• • • • • • • • • • • • • • • • • • • •				
33, column (B))       10       3, 180, 402         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: 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       Image: Check if Schedule O       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       Image: 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       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility	9		9			,
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: Schedule O contains a response or note to any line in this Part XII         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 O.       Yes       No         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," the ka abox below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         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       Image: Schedule 0.         <	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		~ ~ ~		
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         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:       2a       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1       Mere the organization's financial statements audited by an independent accountant?       2b       X         1       Mere the organization's financial statements audited by an independent accountant?       2b       X         1       Mere the organization's financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Mere the organization's financial statements audited by an independent accountant?       2b       X         1       Mere the organization shother the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis			10	3,18	30,4	102
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa					
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	r		
If the organization changed its method of accounting from a prior year or checked "Other," explain in         Schedule O.         2a         2a         Were the organization's financial statements compiled or reviewed by an independent accountant?         1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or         reviewed on a separate basis         Consolidated basis         Both consolidated and separate basis         b         Were the organization's financial statements audited by an independent accountant?         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis         b       Were the organization's financial statements audited by an independent accountant?         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       Consolidated basis         Both consolidated and separate basis         c       If "Yes," check a box below to indicate the assimal mathematical statements and selection of an independent accountant?         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?         If the organization changed either its oversight process or selection process during					Yes	NO
Schedule O.       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         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       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       3a       X         3a       X       b       If "Yes," did the organization	1					
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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         c       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       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the orga		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
<ul> <li>Were the organization's inflatical statements complete on reviewed by an independent accountant.</li> <li>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 Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis, consolidated basis Both consolidated and separate basis</li> <li>c 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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>						v
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Separate basis</li> &lt;</ul>	2a			2a		
<ul> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>Consolidated basis Both consolidated and separate basis</li> <li>Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>						
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         c       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2c       2c         c       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         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b						
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<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>	b			2b		Å
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
c       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         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b		separate basis, consolidated basis, or both:				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in       Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3b						
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. <b>3b</b>	с					
Schedule O.       3a       3a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b				<u>2c</u>		
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b		If the organization changed either its oversight process or selection process during the tax year, explain in				
the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b					in an	
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		•		<u>3a</u>		<u>X</u>
	b					
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		in the second		

(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4010(c)(1) non-exempt charitable trust. A tatch to Form 990 or Form 990-EZ. • Can one of the organization BLUE RIDGE HUMANE SOCIETY, INC. Endower is deviced in the organization is a section 501(c)(3) organizations must complete this part.) See instructions. The organization is not a private foundation because its: (For Inex to chor one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(li). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(li). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(li). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(li). A chord state Complete a with erganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(l)). A conganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). A conganization operated for the benefit of a support from a governmental unit described in section 170(b)(1)(A)(V). A conganization organization described in section 170(b)(1)(A)(V). <p< th=""><th></th></p<>	
Name of learners Service Le Go to www.irs.gov/Form990 for instructions and the latest information. Employed identification numbers 56-604872.6 Entities and the expeniation BLUE RIDCE HUMANE SOCIETY, INC. Employed identification numbers 56-604872.6 767.1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A school described in section 170(b)(1)(A)(II). A chard, convention of churches, or association of churches described in section 170(b)(1)(A)(III). A chard areaserch organization operated in conjunction with a hospital 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). A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). A organization that normally receives a substatilial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(IV). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) A computure research organization described in section 50(a)(2). Complete Part II.) A community rust described in section 170(b)(1)(A)(V). (Complete Part II.) A commu	
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BLUE RIDGE HUMANE SOCIETY, INC.         56-6048726           Partili         Reason for Public Charity Status (All organizations must complete this part.) See instructions.           The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)         1           A church, convention of churches, or association of churches described in section 170(b)(1)(A)(II).         A school described in section 170(b)(1)(A)(II).           3         A church, convention of churches, or association of section 170(b)(1)(A)(III).         Enter the hospital sented or a cooperative hospital sentice organization described in section 170(b)(1)(A)(III).           4         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.           5         An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(V).         A comparization that normally receives a substantial part of its support from agovernmental unit or from the general public described in section 170(b)(1)(A)(V).           6         A community trust described in section 170(b)(1)(A)(X)(X) complete Part II.)         B           7         An organization that normally receives: (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to lis scentport 10(V)(1)(A)(X)(X) operated in conjunction with a land-grant college or university:           10         XA norganization organized and operated exclusively to test for	
Partifie         Reason for Public Charity Status (All organizations must complete this part.) See instructions.           The organization is not a private foundation because its: (For lines 1 through 12, check only one box.) <ul></ul>	
1       A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).         2       A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 99 or 990-E).)         3       A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).         4       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.         5       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)(v).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       A norganization thanormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       A norganization after normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 50(a)(2). See section 50	
2       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).         4       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:         5       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 fedral, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).         7       A norganization 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)(iv)). (Complete Part II.)         8       A community true described in section 170(b)(1)(A)(iv).       Complete Part II.)         9       A norganization described in section 170(b)(1)(A)(iv).       Complete Part II.)         9       A norganization organized and operated subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business travable income (less section 509(a)(4).         10       X       An organization organized and operated exclusively to test for public safety. See section 509(a)(3).         11       An organ	
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization 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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and urrelated business tavable income (less section 509(a)(2).</li> <li>An organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to the the benefit of, to perform the functions of, or to carry out the purposes of nor organized and operated exclusively to the starb to function 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(s), by having control elect a majority of the directors or trustees of the suppo</li></ul>	
<ul> <li>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:</li> <li>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.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 1/2a, 1/2, and 1/2a.</li> <li>Type I. A supporting organization sective Part IV, Sections A and B.</li> <li>Type I. A supporting organization supervised or controlled by its supported organization(s), ty</li></ul>	
<ul> <li>city, and state:</li> <li>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)(V). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).</li> <li>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)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A companization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(4).</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to the soft of supporting organization soft(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization (S), typically by giving the supporting organization supervised, or controlled by its supported organization(s), by power for management of the supporting organization vested in the same persons that control or manage the supporting organization (S). You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in</li></ul>	
<ul> <li>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)(V). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).</li> <li>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)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(V). (Complete Part II.)</li> <li>A agricultural research organization described in section 170(b)(1)(A)(X) 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 university:</li> <li>X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization ado operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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 targ.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), bylically by giving the supporting organization oper</li></ul>	
<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>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 university:</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization ope</li></ul>	*
<ul> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(Vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(X) operated in conjunction with a land-grant college or university:</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supporting organizations describes the type of supporting organization sof(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization (s), typically by giving the supporting organization, so preted, supervised, or controlled by its supported organization(s), bypically by giving the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or manegement of the 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.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated. The organization ope</li></ul>	
<ul> <li>described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>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 university.</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 5011 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization form the lifts that is not functionally integrated. A support</li></ul>	
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<ul> <li>or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization(s), typically by giving the supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the 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 B.</li> <li>Type II functionally integrated. A supporting organization operated in connection with its supported organization(s) that is supported organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is supported organization. You must complete Part IV, Sections A, D, and E.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with its supported or</li></ul>	
<ul> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B.</li> <li>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.</li> <li>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.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organi</li></ul>	
<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization. You must complete Part IV, Sections A and B.</li> <li>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 oversed in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>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.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generately must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> </ul>	
<ul> <li>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.</li> <li>a 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.</li> <li>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 operated in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>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.</li> <li>d 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.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> </ul>	
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e 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.	
functionally integrated, or Type III non-functionally integrated supporting organization.	
	r
f Enter the number of supported organizations	L
g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount	nt of
organization (described on lines 1-10 listed in your governing support (see other support	rt (see
above (see instructions)) document? instructions) instruction Yes No	ns)
(A)	
(B)	
(C)	
(D)	
(E)	
Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990 or 990-EZ.	

STREET, STREET	<u>}</u>			IUMANE SOC			-6048726	Page 2
Pa	rt II Support Schedule for							
	(Complete only if you cl							under
	Part III. If the organizati	ion fails	s to qualify	under the tests	listed below, p	lease complete	Part III.)	10 MAR 10 10 Mar 10 10 Mar
	tion A. Public Support			1		<b></b>		
Calen	dar year (or fiscal year beginning in)		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the							
	organization'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							
5	The portion of total contributions by							
	each person (other than a governmental unit or publicly		n a salata da					
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support	<u> </u>	(=) 0040	(b) 2014	(a) 2015	(4) 0046	(a) 2017	(6) Total
	dar year (or fiscal year beginning in)	<b>Ba</b> .	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				· · · ·			
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.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, et	c. (see i	nstructions)				12	
13	First five years. If the Form 990 is for t	he orgar	nization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)(	3)	
	organization, check this box and stop h							▶ [
Sec	tion C. Computation of Public							
14	Public support percentage for 2017 (line	6, colui	nn (f) divided	by line 11, column	(f)		14	%
15	Public support percentage from 2016 Se							%
16a	33 1/3% support test-2017. If the org				•			
	box and stop here. The organization qu							····· P L
b	33 1/3% support test-2016. If the org				-	is 33 1/3% or more,	check	
	this box and stop here. The organization	•						····· P <sub>.</sub> L
17a	10%-facts-and-circumstances test-							
	10% or more, and if the organization me					•		
	Part VI how the organization meets the							<b>N F</b>
Ł						dCh ard7a andi		P [.
b	10%-facts-and-circumstances test-		-				ne	
							hz	
	Explain in Part VI how the organization				-			Г
18	supported organization Private foundation. If the organization	did bot	therk a hov o	n line 12 160 164	179 or 176 sheet	this hav and eac		F L
.0				· · · ·				<b>&gt;</b> [
********	Instructions	· · · · · · · · · · · ·					والأماد فالمحارفة والقارفة بالمالية والمعاومة والمحاولة والمحافة	
							Schedule A (Form	390 or 990-EZ) 201

- - -	(Complete only if you cheo If the organization fails to	ked the box on qualify under the	line 10 of Part I tests listed be	or if the organi low, please com	zation failed to plete Part II.)	qualify under P	art II.
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 📃 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	714,281	263,516	1,030,179	762,831	627,346	3,398,153
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	49,978	49,979	63,879	74,023	107,262	345,121
3	Gross receipts from activities that are not an unrelated trade or business under section 513	537,973	523,223	584,695	652,783	757,227	3,055,901
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						na far Í sa bar se an ain sin sin sin sin sin sin sin sin sin s
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,302,232	836,718	1,678,753	1,489,637	1,491,835	6,799,175
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 12 for the year	404,854					404,854
с	or 1% of the amount on line 13 for the year Add lines 7a and 7b	404,854					404,854
8	Public support. (Subtract line 7c from line 6.)	101/00					6,394,321
Sec	tion B. Total Support	E					
	ndar year (or fiscal year beginning in) 📃 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,302,232	836,718	1,678,753	1,489,637	1,491,835	6,799,175
10a	Gross income from interest, dividends, payments received on securities loans, rents,		0.50		4 101	0 500	11 700
b	royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,623	958	1,411	4,181	2,529	11,702
c	Add lines 10a and 10b	2,623	958	1,411	4,181	2,529	11,702
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,304,855	837,676	1,680,164	1,493,818	1,494,364	6,810,877
14	First five years. If the Form 990 is for the organization, check this box and stop here	-					•
Sec	tion C. Computation of Public Su			<u></u>		<u></u>	<u></u>
15	Public support percentage for 2017 (line 8,			))	un an	15	93.88%
16	Public support percentage from 2016 Sche						92.37%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2017 (lin	ne 10c, column (f) di	vided by line 13, co	lumn (f))		17	%
18	Investment income percentage from 2016			* * * * * * * * * * * * * * * * * * * *			1%
19a	33 1/3% support tests-2017. If the organ						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2016. If the organ						► X
	line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19t	, check this box an	d see instructions	••••••	····· 🕨 🗌

BLUE RIDGE HUMANE SOCIETY, INC.

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

Schedule A (Form 990 or 990-EZ) 2017

Part III

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Schedule A (Form 990 or 990-EZ) 2017

#### Schedule A (Form 990 or 990-EZ) 2017 Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 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. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 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 3a (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С 3c purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С 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) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) 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 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 6 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 10a supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b 10b determine whether the organization had excess business holdings.) Schedule A (Form 990 or 990-EZ) 2017

BLUE RIDGE HUMANE SOCIETY, INC.

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Schedu	le A (For	m 990 or 990-EZ) 2017	BLUE	RIDGE	HUMANE	SOCIETY,	INC.	56-604872	6	Page 5
Par	ŧIV	Supporting Org	anizations (	'continuea	)					
b	A perso below, A family	e organization accepted on who directly or indire the governing body of a y member of a person o	ectly controls, eit a supported organized organized organized organized in (a)	ther alone or anization? above?	together with p	ersons described i			Yes 11a 11b	No
Analyzin Balance Balance		controlled entity of a pe			above? If "Yes	" to a, b, or c, provi	de detail in Part VI.		11c	
Secu	on B.	Type I Supporting	j Organizati	ons			· · · · · · · · · · · · · · · · · · ·			
1	regular tax yea <i>controll</i>	directors, trustees, or ly appoint or elect at lea r? if "No," describe in <b>I</b> led the organization's a be how the powers to ap	ast a majority of <b>Part VI</b> how the ctivities. If the o	the organiza supported of rganization h	ation's directors rganization(s) e ad more than c	or trustees at all ti ffectively operated one supported orga	mes during the , supervised, or nrization,		Yes	No
		ations and what condit							1	
2	Did the organiz VI how	organization operate fr ation(s) that operated, providing such benefit ised, or controlled the s	or the benefit of supervised, or o carried out the p	any support controlled the purposes of	ed organization e supporting org	other than the sup anization? If "Yes,	ported <i>" explain in <b>Part</b></i>		2	
Secti		Type II Supportin					******		I	
1	Were a or trust or man the sup	a majority of the organiz ees of each of the orga agement of the suppor ported organization(s). All Type III Suppo	ation's directors nization's suppo ting organization	s or trustees orted organiz 1 was vested	ation(s)? If "No	," describe in Part	VI how control	· · · · · · · · · · · · · · · · · · ·	Yes 1	No
									Yes	No
1	organiz year, (ii organiz	organization provide to cation's tax year, (i) a w b) a copy of the Form 99 cation's governing docu	ritten notice des 90 that was mos ments in effect o	cribing the to at recently file on the date o	vpe and amoun ed as of the dat of notification, to	t of support provide e of notification, an o the extent not pre	ed during the prior ta d (iii) copies of the viously provided?	x	1	
2	organiz	iny of the organization's ation(s) or (ii) serving o anization maintained a	on the governing	body of a s	upported organ	ization? If "No," ex	plain in Part VI how		2	
3	significa income	son of the relationship of ant voice in the organiz or assets at all times of ted organizations playe	ation's investme luring the tax ye	ent policies a	nd in directing	the use of the orga	nization's		3	
Secti		Type III Functiona		ed Suppo	rting Organ	nizations	****			
1 a b	Check	the box next to the met e organization satisfied e organization is the pa	hod that the org the Activities Te	anization us est. Complet	ed to satisfy the e <b>line 2</b> below.	e Integral Part Tesl		e instructions).		
¢		e organization supporte	d a governmen	tal entity. De	scribe in Part \	/ how you support	ed a government en	tity (see instructions	<b>)</b> .	
2 A a		Test. <b>Answer (a) and</b> ostantially all of the orga		ities durina t	ne tax vear dire	ctly further the exe	mpt nurposes of		Yes	No
	the sup those the	ported organization(s) supported organization e organization was resp ese activities constituted	to which the org ons and explain consive to those	anization wa <b>n</b> how these supported c	as responsive? activities direct organizations, a	If "Yes," then in <b>Pa</b> ly furthered their e	<b>art VI identify</b> xempt purposes,		2a	
b	Did the of the of the of the of the of the of the official sectors of the offi	activities described in organization's supported s for the organization's s but for the organizati	(a) constitute ac d organization(s position that its	tivities that, ) would have supported o	but for the orga	l in? If "Yes," expla	ain in <b>Part VI</b> the		2b	
3 a	Parent Did the	of Supported Organization of Supported Organization have the s of each of the support	tions. <b>Answer (</b> power to regula	<b>(a) and (b) b</b> rly appoint o	r elect a majoril	• ·	rectors, or		20 3a	
b	Did the	organization exercise	a substantial de	gree of direc	tion over the po	licies, programs, a			3a 3b	

Schedule A (Form 990 or 990-EZ) 2017

BLUE RIDGE HUMANE SOCIETY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			
instructions. All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	·
Section 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		
Section 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		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type	pe III su	upporting organization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Part V Type III Non-Functionally Inte

Section D - Distributions

1 2

3

4

5

6

7

8

INC. BLUE RIDGE HUMANE SOCIETY,

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Y Type III Non-Functionally Integrated 509(a)(3) S	upporting Organization	ons (continuea)	
on D - Distributions	Current Year		
Amounts paid to supported organizations to accomplish exempt purpose			
Amounts paid to perform activity that directly furthers exempt purposes o			
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purposes of support	ed organizations		······
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the organization			
(provide details in <b>Part VI</b> ). See instructions.			
Distributable amount for 2017 from Section C, line 6		-	
Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
Excess distributions carryover, if any, to 2017:			
From 2013			

9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		-	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributabl Amount for 20
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
2				
t	5 From 2013			
(	: From 2014			
(	1 From 2015			
	e From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
******	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	b Applied to 2017 distributable amount			
(	c Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	a Excess from 2013			
·	b Excess from 2014			
	c Excess from 2015			
				a ser a s

Page 7

Schedule A (Form 990 or 990-EZ) 2017

Supplemental information. Provide the explanations required by Part II, line 10; Part IV, Section D, Line 12, Part IV, Section D, Line 2, Part IV, Section D, Line 12, Part IV, Section D, Line 2, Part IV, Section D, Hier 2, Part IV,	Schedule A (For	m 990 or 990-EZ) 2017 BLU	E RIDGE HUMAN	NE SOCIETY,	INC.	56-6048726	Page 8
		Supplemental Informatio III, line 12; Part IV, Sectior B, lines 1 and 2; Part IV, S 3a and 3b; Part V, line 1; F	n. Provide the explant A, lines 1, 2, 3b, 3c ection C, line 1; Part Part V, Section B, line	nations required by , 4b, 4c, 5a, 6, 9a, 9 IV, Section D, line e 1e; Part V, Sectio	Part II, line 10; 9b, 9c, 11a, 11b s 2 and 3; Part I' n D, lines 5, 6, a	Part II, line 17a or 5 , and 11c; Part IV, 5 V, Section E, lines 5 and 8; and Part V, S	7b; Part Section 1c, 2a, 2b,
		11103 2, 0, and 0. Also com	piece this part for any	additional informa		00013.7	
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Schedule A (Form 990 or 990-EZ) 2017

Sc	he	du	le	В
(For	m 9	90.	990	-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

## **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

### Name of the organization

Employer	identification	number

BLUE RIDGE	HUMANE SOCI	ETY, INC.	·	56-6048726	
Organization type (chec	k one):				
Filers of:	Section:				
	printered on				
Form 990 or 990-EZ	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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

► \$ \_\_\_\_\_

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)	PAG	<b>E 1 OF 4</b> Page 2	
	organization RIDGE HUMANE SOCIETY, INC.	Employer identification number 56-6048726		
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is ne	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$ 6,000	Person X Payroll . Noncash . (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$ 96,652	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	
3		\$ 9,569	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	
4		\$ 11,000	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		\$ 6,248	Person X Payroll (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$ 15,125	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Vame of c	(Form 990, 990-EZ, or 990-PF) (2017) organization RIDGE HUMANE SOCIETY, INC.	Em	E 2 OF 4 Page 2 ployer identification number 5-6048726
Part I	xx		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7		\$ 112,701	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 5,000	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 5,000	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
10		\$ 40,000	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 27,393	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll

	(Form 990, 990-EZ, or 990-PF) (2017)	un an	E 3 OF 4 Page 2
	organization RIDGE HUMANE SOCIETY, INC.		ployer identification number 5-6048726
Part I	Contributors (see instructions). Use duplicate copies of Pa	nt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000	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
14		\$ 5,000	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
15		\$	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
16		\$ 5,000	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
17		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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lame of o	(Form 990, 990-EZ, or 990-PF) (2017) rganization RIDGE HUMANE SOCIETY, INC.	E	E 4 OF 4 Page 2 mployer identification number 6-6048726
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	· · · · · · · · · · · · · · · · · · ·	\$	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
20		\$	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
21		\$ 20,000	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
22		\$ 17,780	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
· · · · · · · · · · · · · · · · · · ·		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Nome address and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHE	DUL	E.	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.

OMB No. 1545-0047 2017 Open to Public Inspection

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

Employer	identification	number
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Name	of the organ	Employer identification number		
		THE UIMANE COSTERY INC		56-6048726
Manual Providence	nti R	DGE HUMANE SOCIETY, INC. Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or Ac	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nu	mber at end of year		
2		ate value of contributions to (during year)		
3		ate value of grants from (during year)		
4		ite value at end of year		
5	Did the o	organization inform all donors and donor advisors in writing that t	he assets held in donor advised	
•		e the organization's property, subject to the organization's exclus		Yes No
6		organization inform all grantees, donors, and donor advisors in w		
		charitable purposes and not for the benefit of the donor or donor		
				Yes No
Pa	rt II	Conservation Easements.		
		Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose	(s) of conservation easements held by the organization (check a	ll that apply).	
	Pres	servation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land area
	Prot	ection of natural habitat	Preservation of a certified historic s	structure
	ليستنب	servation of open space		
2	Complet	te lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservati	on entropy of the second se
	easeme	nt on the last day of the tax year.		Held at the End of the Tax Year
а				
b		reage restricted by conservation easements		
c		of conservation easements on a certified historic structure include		2c
d		of conservation easements included in (c) acquired after 7/25/06		
	historic :	structure listed in the National Register		2d
3		of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization	during the
	tax year			
4		of states where property subject to conservation easement is loo		
5		e organization have a written policy regarding the periodic monito		
_		s, and enforcement of the conservation easements it holds?		
6	Staff and	d volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easer	nents during the year
	A		liese and enforcing expression encounter	a during the uppr
7	Amount	of expenses incurred in monitoring, inspecting, handling of violation	tions, and enforcing conservation easements	s during the year
		ich conservation easement reported on line 2(d) above satisfy th	a manifements of socian $170(h)(4)(P)(i)$	
8				Yes No
9	In Dart )	tion 170(h)(4)(B)(ii)? 	nte in ite revenue and expense statement, ar	
5		sheet, and include, if applicable, the text of the footnote to the or		
		ation's accounting for conservation easements.		
Pe	rt III	Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets.
iteration and the second s	Restantion of the	Complete if the organization answered "Yes" on I		
1a	If the or	ganization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balar	nce sheet
	works o	f art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtheran	ce of
	public s	ervice, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.	
b	If the or	ganization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance	sheet
	works o	f art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtheran	ce of
	*	ervice, provide the following amounts relating to these items:		
		enue included on Form 990, Part VIII, line 1		
	(ii) Ass	ets included in Form 990, Part X		▶ \$
2		ganization received or held works of art, historical treasures, or o		the
		g amounts required to be reported under SFAS 116 (ASC 958) re	-	
a		e included on Form 990, Part VIII, line 1		
b	Assets i	ncluded in Form 990, Part X rk Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2017
DAA	aperwo	IN REDUCTION ACT NOTICE, See the instructions for FORM 990.		Schedule D (Form 990) 2017

Sched		OGE HUMANE			56-6048726	Page 2
Pa	rt III Organizations Maintaini	ng Collections	of Art, Historie	cal Treasures, or	r Other Similar Ass	ets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):					
а	Public exhibition	d	Loan or exchar	nge programs		
b	Scholarly research	е				
c	Preservation for future generations	L				
	Provide a description of the organization's	collections and expla	in how they further	the organization's ex	empt purpose in Part	
	XIII.		-			
	During the year, did the organization solicit	or receive donations	of art, historical tre	easures, or other simi	lar	automatic attentions
	assets to be sold to raise funds rather than					Yes No
sonononana.	rt IV Escrow and Custodial A	rrangements.				
andrahallaan.	Complete if the organizati 990, Part X, line 21.	on answered "Ye	es" on Form 99	0, Part IV, line 9,	or reported an amo	unt on Form
1a	Is the organization an agent, trustee, custo					Yes No
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part XI	II and complete the f	iollowing table:			
a	If fes, explain the arrangement in Fart Ar	If and complete the i	onowing table.			Amount
	Designing kalanga				1c	
	Beginning balance					
	Additions during the year					*****
	Distributions during the year				45	
	Ending balance Did the organization include an amount on				, , , , , , , , , , , , , , , ,	Yes No
	If "Yes," explain the arrangement in Part XI					
And Annal Conceptions	rt V Endowment Funds.	II. OHECK HEICH HIC	explanation has be	ion provided on r drey		
	Complete if the organizati	on answered "Y	es" on Form 99	0 Part IV line 10	<b>)</b>	
	Complete in the organizati	(a) Current year	(b) Prior ye			back (e) Four years back
15	Beginning of year balance					
	Contributions					······································
	Net investment earnings, gains, and					
v						
Ь	losses Grants or scholarships					
	Other expenditures for facilities and					
v	programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the cu		nce (line 1a, colum	(a)) held as		
	Board designated or quasi-endowment					
h		%				
~	Temporarily restricted endowment	%				
Ŭ	The percentages on lines 2a, 2b, and 2c sl					
3a	Are there endowment funds not in the post		zation that are belo	and administered for	r the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
b	If "Yes" on line 3a(ii), are the related organ					····
4	Describe in Part XIII the intended uses of t					(), (), () have a set of the set
Pa	rt VI Land, Buildings, and Ec					
CHINCHUNG	Complete if the organizat		es" on Form 99	0, Part IV, line 1	1a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or o		b) Cost or other basis	(c) Accumulated	(d) Book value
		(investr	1	(other)	depreciation	
1a	Land			988,950		988,950
	Buildings			1,580,373	531,06	
	Leasehold improvements					
	Equipment			170,891	123,82	0 47,071
	Other					1
	I. Add lines 1a through 1e. (Column (d) mus		art X, column (B). I	ine 10c.)		2,085,328
						and an and a second

Schedule D (Form 990) 2017

Schedule D (Fo	orm 990) 2017 BLUE RIDGE HUMANE SOC	IETY,	INC.	56-6048726	Page
Part VII	Investments-Other Securities.	· ·			
ON DESCRIPTION OF DESCRIPTION	Complete if the organization answered "Yes" on	Form 99	0, Part IV, line	11b. See Form 990, Part X, line 1	2.
-	(a) Description of security or category		b) Book value	(c) Method of valuation:	
	(including name of security)			Cost or end-of-year market value	
(1) Financial d	erivatives		·		
	d equity interests				
(3) Other					
(B)				· · · · · · · · · · · · · · · · · · ·	
(C)					
(D)	·····				
(E)					
(G)				-	
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "Yes" on	Form 99	0, Part IV, line	11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	()	b) Book value	(c) Method of valuation:	
				Cost or end-of-year market value	4,9-00
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)	and a second				
(8)					
(9)					
Part IX	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 99	0, Part IV, line		15. lok value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			*****		
(9)					*****
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			<u> </u>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" on line 25.	Form 99	0, Part IV, line	e 11e or 11f. See Form 990, Part≯	Κ,
1.	(a) Description of liability	(	b) Book value		
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			·····		
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 25.) 🕨				
•	uncertain tax positions. In Part XIII, provide the text of the footn		-	•	·1
organization's	liability for uncertain tax positions under FIN 48 (ASC 740). Che	ack here if t	he text of the footr	note has been provided in Part XIII	

Page 3

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 BLUE RIDGE HUMANE SOCIETY, IN		56-6048726	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer			
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities			
C.	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	Lumanimud	2e	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1	1 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
	Other (Describe in Part XIII.)	4b		8
	Add lines 4a and 4b		4c 5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			1.
	Complete if the organization answered "Yes" on Form 990, Pa			1
- 1	Total expenses and losses per audited financial statements		·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses			
d	Other (Describe in Part XIII.)	2d		
е			<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	nes 1b and 2b; F	Part V, line 4; Part X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.	
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				Schedule D (Form 990) 201

Schedule D (Form 990) 2017 BLUE RIDGE HUMANE SOCIETY, ]	INC.
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PartXIII	Supplemental Information (continue	d)	1110.		
	Cuppientental information (continue	u/			
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Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Inf Complete if the o	organization answered "Yes rganization entered more th	s" on Form 99 an \$15,000 on	0, Part IV, line 17, 18, or 19, or Form 990-EZ, line 6a.	g Activities	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Attach to For Go to www.irs.gov/For				Open to Public Inspection
Name of the organization			T.)70	. *	Employer identifica	
	JE RIDGE HUMANI Ig Activities. Complete			ed "Yes" on Form	56-6048 990. Part IV. line	
Form 990-E	EZ filers are not require	d to complete this	part.			
1 Indicate whether the org	anization raised funds throug	<u> </u>				
a Mail solicitations		<u> </u>		ernment grants		
<b>b</b> Internet and email so	olicitations	f Solicitation	-	-		
c Phone solicitations		g 🔄 Special fun	draising evi	ents		
<ul><li>d In-person solicitation</li><li>2a Did the organization hav</li></ul>		with any individual (inc	ludina offici	ers, directors, trustees.		
or key employees listed	in Form 990, Part VII) or entit	y in connection with pr	ofessional f	undraising services?		Yes No
b If "Yes," list the 10 highe compensated at least \$5	st paid individuals or entities ,000 by the organization.	(fundraisers) pursuant			draiser is to be	
(i) blows and a	defenses of individual		(III) Did fund- raiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	ddress of individual (fundraiser)	(ii) Activity	custody or control of	from activity	fundraiser listed in	organization
			contributions?	) 	col. (i)	
1			Yes No			
-			<u></u>		1	
2						
3						
Á			+			
<b>T</b>						
5						
6						
7	-					
8			++			
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10						
					<u> </u>	<u></u>
3 List all states in which th registration or licensing.	e organization is registered o	I IICENSEO LO SONCIL COP		nas been notified it is i	everubr itom	
• • • • • • • • • • • • • • • • • • •			* * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •		
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For Paperwork Reduction A	ct Notice, see the Instruction	ons for Form 990 or 9	90-EZ.		Schedule G (For	m 990 or 990-EZ) 2017
DAA						

BLUE RIDGE HUMANE SOCIETY, INC.

56-6048726

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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.

Revenue						
enue			(a) Event #1	(b) Event #2	(c) Other events	- <b>-</b> -
enue			WACC NO DICUPO		4	(d) Total events
enue			WAGS TO RICHES (event type)	EVENTS TO BENEF (event type)	(total number)	(add col. (a) through col. (c))
20 I			(			******
evi	1	Gross receipts	85,122	27,030	25,970	138,122
œ						
		Less: Contributions				
	3	line 2)	85,122	27,030	25,970	138,122
				an ang pang ang ang ang ang ang ang ang ang ang		
	4	Cash prizes				
	E	Nanagah prizes				
	9	Noncash prizes				******
Ises	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	34,758	16,236	12,818	63,812
	10	Direct expanse summary	Add lines 4 through 9 in column (d)			63,812
	11	Net income summary. Sub	otract line 10 from line 3, column (d)		•	74,310
Pa		III Gaming. Com	plete if the organization answ	vered "Yes" on Form 990, Pa	art IV, line 19, or reporte	d more
		than \$15,000 c	n Form 990-EZ, line 6a.			
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	<ul> <li>(d) Total gaming (add col. (a) through col. (c))</li> </ul>
Revenue						
	1	Gross revenue				
	2	Cash prizes				
ises	-	Cash phzes				******
Direct Expenses	3	Noncash prizes				איז
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		ourier under expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)			
	8	Net gaming income summ	ary. Subtract line 7 from line 1, colu	mn (d)		
	Ent		organization conducts gaming activ	* * * * * * * * * * * * * * * * * * * *	····	· · · · · · · · · · · · · · · · · · ·
a	Ent Is t	he organization licensed to	organization conducts gaming activ conduct gaming activities in each of	·	·····	Yes No
a	Ent Is t			·		Yes No
a b	Ent Is ti If "h	he organization licensed to No," explain:	conduct gaming activities in each of	these states?	······	·····
a b 10a	Ent Is ti If "f	he organization licensed to No," explain: rre any of the organization's	conduct gaming activities in each of	these states?	······	······ •••• •••••
a b 10a	Ent Is ti If "f	he organization licensed to No," explain:	conduct gaming activities in each of gaming licenses revoked, suspend	these states? ed, or terminated during the tax yea	r?	·····
a b 10a	Ent Is ti If "f	he organization licensed to No," explain: rre any of the organization's	conduct gaming activities in each of gaming licenses revoked, suspend	these states?	r?	·····

Sche	dule G (For	m 990 or 990-E	Z) 2017	BLUE RI	DGE	HUMANE	SOCI	CETY,	INC.	5	6-6048	726	5	l	Page 3
11	Does the c	organization cor	nduct gaming acti	vities with non	membe	rs?								Yes	No
12	Is the orga	anization a grant	tor, beneficiary or	trustee of a tr	ust, or a	member of	a partners	hip or othe	r entity						
			itable gaming?											Yes	No
13	Indicate th	e percentage o	f gaming activity	conducted in:											
а	The organ	ization's facility									L	13a			%
b												13b			%
14			ess of the person												
	Name 🕨			• • • • • • • • • • • • • •						· · · · · · · · · · · · · · · · · · ·			• • • •		
	Address >			• · • • • • • • • • • • • • • • • • • •											
15a		•	ve a contract with	• •				-	÷					Vee	<b></b>
	revenue?													Yes	No No
b			t of gaming reven							and the					
c			e retained by the address of the thi		Φ.,										
	Name 🕨		,			• • • • • • • • • • • • • • • • •		* • • • • • • • • • • • •							
	Address 🕨	•	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • •			•••••							
16	Gaming m	anager informa	ation:												
	Name 🕨										·····				
	Gaming m	anager comper	nsation 🕨 💲			* * * *									
	Description	n of services pr	ovided ►		• • • • • • • • • •						. ,	, <b>*</b>			
	Direct	tor/officer	Emplo	yee	ir	ndependent o	contractor								
47	Mandataa	, distributions,													
17 a	Is the orga		ed under state lav				-								
b	Enter the a		butions required (		to be d	distributed to				* * * * * * * * * * * * * *				res	
Par	tiV s	Supplement	s own exempt act tal Informatio	n. Provide	the ex	planations	•	•					ind		
		See instruction	9, 9b, 10b, 1 ons.	5b, 15c, 16,	and 1	7b, as ap	plicable.	Also pro	ovide any	additiona	informat	ion.			
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										Sched	ule G (For	n 990	or 9	90-EZ	2) 2017

SCHEDULE O (Form 990 or 990-EZ)	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.	1 in a summ
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	Inspection
Name of the organization	BLUE RIDGE HUMANE SOCIETY, INC.	Employer identification number 56-6048726
FORM 990 -	ORGANIZATION'S MISSION	
THE BLUE R	IDGE HUMANE SOCIETY IS DEDICATED TO REDUCING TH	HE OVER POPULATION
OF COMPAN	VION ANIMALS IN HENDERSON COUNTY, NORTH CAROLIN	NA AND IN IMPROVING
THEIR QUA	ALITY OF LIFE THROUGH ADOPTION, COLLABORATION,	AND COMMUNITY
EDUCATION	J.	
FORM 990, I		L MEMBERS OF THE
	DIRECTORS THE FORM 990 FOR REVIEW AND DISCUSS	T /
	G SUBMITTED BY THE ORGANIZATION.	
FORM 990, 1	PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	OLICY
IN ACCORDA	NCE WITH THE CONFLICT OF INTEREST POLICY, ALL H	BOARD MEMBERS &
STAFF ARI	E OBLIGATED TO DISCLOSE ALL POTENTIAL CONFLICT	ING INTERESTS THEY
IDENTIFY	DURING SERVICE TO THE ORGANIZATION. A PERCIEVE	ED CONFLICT OF
INTEREST	MAY REQUIRE A BOARD MEMBER TO BE EXCUSED DURIN	NG A VOTE ON A
MATTER II	N WHICH HE OR SHE MAY HAVE A SIGNIFICANT PERSON	NAL OR PROFESSIONAL
INTEREST	. IN ALL MATTERS REGARDING CONFLICTS OF INTERI	EST AND THE ACTION
TO BE TA	KEN THE FINAL AUTHORITY WILL BE THE BOARD OF D	IRECTORS.
	PART VI, LINE 15A - COMPENSATION PROCESS FOR TO	
	SATION OF THE EXECUTIVE DIRECTOR IS REVEWED AND	D AFFROVED BI INC
BUARD OF	DIRECTORS.	·····
FORM 990,	PART VI, LINE 15B - COMPENSATION PROCESS FOR O	FFICERS
For Panopuork Padua	tion Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2017

					PAGE	1 05 2
	\$	4,984	\$	631	\$	1,509
BANK CHARG	ES			••••••		
•	\$	8,475	\$	0	\$	19
VEHICLE EX	PENSE	•••••••••••••••••••••••••••••••••••••••			• • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * * *
	\$	9,383	\$	0	\$	0
ANIMAL CAR	E-GOLTZ	ESTATE				
	\$	13,172	\$	0	\$	0
SHELTER VE	T CARE	•••••••••••••••••••••••••••••••••••••••				
•••••••••••••••••••••••••••••••••••••••	\$	17,779	\$	0	\$	0
SPAY/NEUTE	R/RABIE	S				
· · · · · · · · · · · · · · · · · · ·	\$	21,801	\$	0	\$	0
PUBLIC MED	ICAL SE	RVICES				
	\$	24,326	\$	0	\$	0
NEW HOPE M	EDICAL	PROGRAM	• • • • • • • • • • • • • • • • • • • •		<i>,</i>	
••••••	\$	0	\$	0	\$	26,583
DIRECT MAI	L			,		
	PROGR	AM SERVICE	MGT &	GENERAL	FUN	DRAISING
DESCRIPTIO	N		* * * * * * * * * * * * * * * * * * * *		,	•••••••
FORM 990,	PART IX	:, LINE 24E - O	THER EXPENS	ES		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,		•	
ORGANIZA	TION D	URING REGULAR	BUSINESS HO	URS.		, ,
STATEMEN	TS ARE	AVAILABLE TO T	HE PUBLIC A	T THE BUSIN	ESS OFFICE	OF THE
GOVERNING	DOCUMEN	TS, CONFLICT OF	INTEREST E	OLICY, FORM	990, AND	FINACIAL
FORM 990,	PART VI	, LINE 19 - GO	VERNING DOC	UMENTS DISCI	LOSURE EXP	LANATION
DIRECTOR	<b>S</b> .					
THE COMPEN	SATION	OF KEY EMPLOYE	ES IS REVIE	WED AND APPI	ROVED BY T	HE BOARD OF
BLUE RIDGE	HUMANE	SOCIETY, INC.			56-604	48726
me of the organization	un en	017)			Employer ide	intification number

Schedule O (Form 990 or 990-EZ) (2017)

hedule O (Form 990 or 990-E2 me of the organization	,			Employer iden	
BLUE RIDGE HUMA	ANE SOCIETY, INC	* • ·		56-604	8726
RETAIL				•••••••	
\$	2,043	\$	0	\$	0
ANIMAL PULL FER	S		· · · · · · · · · · · · · · · · · · ·		
Ş	2,023	\$	0	\$	0
VOLUNTEER EXPEN	ISE	······································			
\$	1,900	\$	10	\$	44
COVITT PET TRUS	ST EXPENSES	••••••	· · · · · · · · · · · · · · · · · · ·	•••••	
\$	1,154	\$	0	\$	0
TRANSPORTATION	•••••••	· · · · · · · · · · · · · · · · · · ·			
\$	1,039	\$	0	\$	0
DUES, SUBSCRIPTI	CONS, LICEN			·····	
\$	513	\$	416	\$	30
FOSTER	.,,				
\$ <b>\$</b>	35	\$	0	\$	0
TOTAL			· · · · · · · · · · · · · · · · · · ·		
\$	108,627	\$	1,057	\$	28,185
		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
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onn	4562		De	epreciation a	ind Amortiza	ition			OMB No. 1545-0172
enadmer	nt of the Treasury		(Inclu	<b>.</b>	on on Listed P your tax return.	2017			
	evenue Service (99)	L	Go to www.irs.		instructions and t	he latest info	rmation.		Attachment Sequence No. 179
ame(s) s	hown on return			000777 <b>0</b> 0	-		Identifyi	-	
			DGE HUMANE	SOCIETY,	INC.	5.	- 00	604	8726
	or activity to which this form re DIRECT DEPR		ON						
Part		******	e Certain Prope	erty Under Sec	tion 179				
**************************************	programme .	· •	y listed property,	-		mplete Par	t I.		
	laximum amount (see			,.,.,.,		· · · · · · · · · · · · · · · · · · ·		1	510,000
	otal cost of section 17							2	
	hreshold cost of section							3	2,030,000
	eduction in limitation.							4	
	ollar limitation for tax year	******		ess, enter -0 If marrie	******		(c) Elected cost	5	
<u>}</u>	***	(a) Description	or property		(b) Cost (business use	uniy)	(c) Elected cost		
**********	****	*****							
7 Li	isted property. Enter th	be amount fro	om line 29	L		7			
н Т(	otal elected cost of se	ection 179 pro	perty. Add amounts i	n column (c), lines (	6 and 7	L		8	
	entative deduction. En							9	
	arryover of disallowed							10	
I B	usiness income limitat	tion. Enter the	e smaller of business	income (not less th	nan zero) or line 5 (s	ee instruction		11	
	ection 179 expense de						-	12	
	arryover of disallowed				<u> </u>	13			
2010 Ca.(2.00)	on't use Part II or Part	***					-		
Part	I Special D	epreciatio	on Allowance an	nd Other Depre	ciation (Don't	include liste	ed property	<u>.) (Se</u>	e instructions.)
4 S	pecial depreciation all	lowance for q	ualified property (othe	er than listed proper	rty) placed in service	3			
dı	uring the tax year (see	e instructions)	•					14	
P	roperty subject to sect	tion 168(f)(1)	election					15	
	ther depreciation (incl	luding ACRS)							72,497
								16	12,331
rart	III MACRS D		on (Don't include	e listed property	.) (See instructi			16	12,33
		Depreciatio	on (Don't include	e listed property Section	.) (See instructi on A	ons.)			
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м	ACRS deductions for you are electing to group any	Depreciation assets place	on (Don't include	e listed property Sectionars beginning before into one or more general a	7.) (See instructi on A e 2017 asset accounts, check herr Tax Year Using the	ons.)		17	
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# Federal Asset Report Form 990, Page 1

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		Date		Bus	Sec	Basis			
<u>Asset</u>	Description	In Service	Cost	%	179Bonus	for Depr	PerConv Meth	Prior	Current
Other	Depreciation:								
2	2004 CHEV 3/4 TON VAN	1/01/06	14,051			14,051	5 MO S/L	14,051	0
3	QUARANTINE BUILDING	5/19/99	88,128			88,128		39,733	2,260
4	Z MASTER 60" MOWER	9/28/06	7,215			7,215		7,215	0
5	12' X 20' X 10' GABLE STYLE BUILDING		3,210			3,210 609		3,210 609	0 0
6	DELL DIMENSION 2400 SERIES DELL A940 INKJET PRINTER	2/25/04 2/23/04	609 138			138		138	ŏ
8	TECHNIDYNE SCALE	2/25/00	750			750		750	0
) 9	IMPROVEMENTS AARC 1997	8/08/97	4,219			4,219	15 MO S/L	4,219	0
10	AWNING OVER DOG KENNEL	4/23/98	2,787			2,787		2,787	0
11	EXCELON 1/8" WHITE TILE	7/23/98	1,388			1,388		1,388	0
	CAT ENCLOSURE&NEW ROOF DOG RI		1,474 1,996			1,474 1,996		1,229 1,630	98 133
	BUILDING&FENCING MATERIALS APOLLO GAS WATER HEATER	9/30/04 12/09/04	1,239			1,239		1,030	135
	GENERAC VOLTAGE REGULATOR	2/19/05	525			525		525	0
16	FRAMING SIGNS-BLDG.&ROADSIDE	10/12/05	2,192			2,192		2,192	0
	RELOCATION OF CIRCUITS-NEW ADD		600			600		440	40
18	4 PIECE DESK SET	8/03/06	345			345		345 799	0 76
19 20	G. ROBERTS MEM.CONCRETE WALKV FENCING MATERIAL	8/04/06 8/21/06	1,150 456			1,150 456		456	/6 0
20	SOUND SYSTEM-THRIFT STORE	11/30/06	637			637		637	0
	FRENCH DOORS-STORAGE BLDG	12/31/08	2,343			2,343		1,250	156
23	CASES AROUND SINK/DOOR/METAL V		2,671			2,671		1,425	178
	4 POSTS & 2 SUPPORT BEAMS	12/31/08	1,127			1,127		601	75
25 26	INSTALL NEW DOORS DRYER	12/31/08 3/20/09	3,461 663			3,461 663		1,846 663	231
20 27	TOSHIBA SATELLITE PRO L300 COMPI		658			658		658	0 0
28	LAND	1/01/99	37,101			37,101	0 Land	0	0
29	AARC BUILDING-1989	1/01/89	219,438			219,438		195,056	6,966
30	PETLAND MEMORIAL PARK	1/01/98	29,750			29,750		20.040	0
31	OTHER FURNITURE/EQUIPMENT OTHER IMPROVEMENTS-AARC	1/01/89 1/01/98	38,860 57,700			38,860 57,700		38,860 57,700	0 0
32 33	CAMERA	7/12/10	325			325		325	ŏ
34	NEW SHELFING-THRIFT STORE	11/02/10	116			116		116	0
35	CONFERENCE ROOM TABLE&LARGE		350			350		350	0
36	OFFICE FURNITURE	12/14/10	1,900			1,900		1,900	0
37 38	BOOKCASES-TWO NEW 24 STACKABLE CHAIRS	12/22/10 12/28/10	118 120			118 120		118 120	0 0
39	TOPOGRAPHIC SURVEY	12/28/10	2,900			2,900		2,486	414
40	THRIFT STORE SIGN	12/14/10	1,926			1,926	5 MO S/L	1,926	0
41	LAND-THRIFT BUILDING	7/29/10	341,420			341,420	0 Land	0	0
44	THRIFT STORE BUILDING	6/01/11	517,305			517,305		74,059	13,264
45	SIGN-NEW THRIFT STORE	6/01/11	1,926			1,926		1,926	0
46 47	13 WHITE VINYL BLINDS SHELVING-BACK ROOM	6/01/11 6/01/11	822 1,585			822 1,585		822 1,585	0
. ,	40' ROUND FENCE	4/01/11	862			862		862	Ő
49	ADDITIONAL & RELOCATE LIGHTING	6/01/11	701			701	5 MO S/L	701	0
	ALARM SYSTEM	6/01/11	816			816		816	0
51	DISPLAY SHELVING & RACKS NEW FENCING @ AARC	6/01/11 7/01/11	1,080 2,754			1,080 2,754		1,080 2,754	0 0
	PLANS FOR NEW SHELTER	6/30/13	2,734				3 MO S/L 39 MO S/L	2,754	730
	2 OFFICE DESK CHAIRS	1/01/11	549			549		549	0
55	CHAIRS, BRACKETS, TUBING	1/01/11	456			456	5 5 MO S/L	456	0
	CASH REGISTER-THRIFT STORE	12/01/11	675			675		675	0
	DOG SCALE CASH REGISTER (THRIFT STORE)	5/10/12 8/16/12	315 675			315		210 585	45 90
	STAINLESS WALK IN TUB	10/30/12	3,897			3,897		2,320	556
	ARCHITECT FEE S. JENSEN	6/30/12	2,500				39 MO S/L	2,520	64
61	SOIL/SITE TESTS-NEW DRAIN FIELD	6/30/13	1,200			1,200	) 39 MO S/L	108	30
	CONSTRUCTION COSTS-HIGHLANDS		111,346				5 39 MO S/L	9,993	2,855
	STORAGE COSTS-CONSTRUCTION FENCING-DOG RUNS	6/30/13 11/27/12	1,235 15,487			1,235 15,487	5 5 MO S/L 7 MO S/L	864 9,034	247 2,213
	THRIFT STORE-ENCLOSE BACK AREA		15,487				) 15 MO S/L	2,385	2,213
	HYDRAULIC LIFT-THRIFT STORE VAN		3,197			3,197	7 5 MO S/L	2,664	533
67	ADDITIONAL COST ASSETS #5 STORE	3/22/13	1,000			1,000	) 5 MO S/L	750	200
	TELEPHONE WIRING	10/30/13	800			800		507	160
69 70	SIGN GAZEBO	6/13/13 8/14/13	1,426 7,449			1,426 7,449		1,022 5,090	285 1,490
70	SIGN-300" BLUE HELVETICA	10/31/13	1,176			1,176		745	235

# Federal Asset Report Form 990, Page 1

		_			<b>.</b> .			
Accet	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Asset	WATER FEATURE-DANCING WATERS	2/24/14	5,500		5,500	7 MO S/L	2,226	786
72 73	ADDITIONAL DRAIN FIELD WORK	2/24/14 2/20/13	280		280	5 MO S/L	2,220	56
74	CONSTRUCTION COST-HIGHLAND CO	6/30/13	193,155		193,155	39 MO S/L	17,334	4,953
75	HVAC-HORIZON HEAT/COOL	6/30/13	23,265			20 MO S/L 39 MO S/L	4,071 273	1,164 79
	ARCHITECT FFES MISCELLANEOUS COSTS	6/30/13 6/30/13	3,047 8,821		5,047 8,821	5 MO S/L	6,174	1,765
	2000 DODGE VAN (DONATED)	2/15/13	3,200		3,200	3 MO S/L	3,200	0
79	2001 TRUCK	12/02/13	10,000		10,000	5 MO S/L	6,167	2,000
	NEW SEPTIC SYSTEM AARC (G HASKI LANDSCAPE DESIGN PROPOSAL	7/10/14	27,570 1,500		27,570	15 MO S/L 3 MO S/L	4,595 0	1,838 500
		12/22/14	9,000			10 MO S/L	1,800	900
83	QBOOKS POS UPDATES& 2 SWIPERS	11/30/14	1,259		1,259	5 MO S/L	525	252
		11/18/14 9/28/14	515 2,041		515 2,041	5 MO S/L 7 MO S/L	215 656	103 292
	INSTALL 6 CEILING FANS 308 PHONE SYSTEM CONTROL UNIT	9/28/14 7/19/14	1,425		1,425	5 MO S/L	689	285
	7 CEILING FANS	9/02/14	2,803		2,803	5 MO S/L	1,308	561
	WASHER & DRYER-SHELTER	12/04/14	2,875		2,875	3 MO S/L	1,996	879
	CHIP SCANNER DELL I3646 DESKTOP & MONITOR-NIC	11/20/14	674 747		674 747	5 MO S/L 5 MO S/L	281 299	135 149
		12/18/14	406		406	5 MO S/L	162	81
92	VIZIO 32" HDTV	12/18/14	320		320	5 MO S/L	128	64
		12/18/14	4,201		4,201	7 MO S/L 7 MO S/L	1,200 2,084	600 781
	METAL ROOF EAST SIDE KENNEL NEW SHINGLES	5/15/14 5/15/14	5,470 2,860		5,470 2,860	7 MO S/L 7 MO S/L	1,090	408
	INSTALL NEW "BLUE" MASTER RIB M		4,122		4,122		1,374	589
97	CHAIN LINKW/ DOOR ALARM	8/27/14	600		600		280	120
	2 COMPUTERS	2/10/15 4/14/15	1,772		1,772 3,208	5 MO S/L 5 MO S/L	679 1,123	355 641
	ALARM SYSTEM 6' DOOR FURNITURE DISPLAY	4/14/15 9/27/15	3,208 2,400		2,400		600	480
	NEW HVAC EQUIP @ AARC	2/24/15	4,970		4,970	5 MO S/L	1,822	994
	BENCH	8/25/15	2,145		2,145	5 MO S/L	572	429
	WIDEN DRIVEWAY ENTRANCE T/S HANGING SHELVING	1/27/15 8/19/15	7,475 1,500		7,475	5 MO S/L 5 MO S/L	2,865 400	1,495 300
	2 CASH REGISTERS & SOFTWARE	8/09/16	2,299		2,299		192	459
	SHADE STRUCTURES	3/01/16	1,883		1,883	5 MO S/L	314	377
		10/04/16	13,450		13,450	7 MO S/L	480	1,922
	FINISHED METAL WAREHOUSE 40 ACRES-806 S GROVE STREET	10/31/16 10/31/16	80,000 98,625		98,625	20 MO S/L 0 Land	667 0	4,000 0
	1.73 ACRES-804 S GROVE STREET	10/31/16	427,214		427,214		0	0
	SHELVING & SHOWCASE	9/07/17	2,334		2,334	5 MO S/L	0	156
	CAT CAGES	4/19/17 6/07/17	7,415 576		7,415	5 MO S/L 5 MO S/L	0	989 67
	CENTRIFUGE COMPUTER	6/07/17	587		587	5 MO S/L	ŏ	69
115	LAB EQUIP-RING WORM LIGHT	8/17/17	535		535	5 MO S/L	0	36
	NEW CABINETS-MEDICAL ROOM	1/16/17	1,813		1,813		. 0	332
	REZNOR GAS HANGING HEATER 2 AIR SCRUBBERS	1/17/17 3/14/17	2,312 1,700		2,312 1,700	7 MO S/L 7 MO S/L	0	303
	FLOORS	3/21/17	19,950		19,950		Ő	2,138
	MEDICAL ROOM IMPROVEMENTS	10/31/17	4,620		4,620	7 MO S/L	0	110
121	DOORS & WINDOWS	3/23/17	4,837			10 MO S/L 10 MO S/L	0	363
122 123	ELECTRICAL WORK HEATING/AC	7/17/17 8/01/17	2,819 8,644			10 MO S/L	0	360
	ARCHITECTURAL SERVICES	8/11/17	1,875		1,875	10 MO S/L	0	78
125	SECURITY SYSTEM	8/25/17	931		931	5 MO S/L	0	62
126	PLUMBING & SINK S. GROVE- DEMO,DISPOSAL,SITE WOF	12/05/17 8/01/17	6,105 84,590		6,105 84,590	10 MO S/L 0 Land	0	51 0
	RENOVATION & ADDITION	12/31/17	9,635		9,635		0	0
129	2017 NV 200 VAN	5/09/17	19,950		19,950	7 MO S/L	0	1,900
130	2000 USED CHEVROLET VAN	9/05/17	2,500		2,500	•	0	208
	<b>Total Other Depreciation</b>		2,740,215		2,740,215	-	582,392	72,497
	Total ACRS and Other Deprec	iation	2,740,215		2,740,215		582,392	72,497
						•		

56-6048726

# Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service Cost	Bus Sec Basis <u>% 179Bonus</u> for Depr PerConv Meth	Prior	Current
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense	2,740,215 0 0	2,740,215 0 0	582,392 0 0	72,497 0 0
	Net Grand Totals	2,740,215	2,740,215	582,392	72,497

SCHEDULE G			F	vents		0.047		
(Form 990 or					2017			
	990-EZ)	F	or calendar year 2017, or tax year	peginning	, and ending	Employe	Employer Identification Number	
Nan	ne							
E	BLUE RIDGE	HUN	MANE SOCIETY, INC	•		56-6	048726	
			(a) Other event	(b) Other event	(c) Other event			
			GOLF TOURNAMENT				(d) Total other events (add col. (a) through	
രാ	-		(event type)	(event type)	(event type)		col. (c))	
Revenue	1 Gross receipts		25,970				25,970	
œ	2 Less: Charitabl	le						
	contributions 3 Gross income	ŀ						
	(line 1 minus line	2)	25,970				25,970	
	4 Cash prizes	ŀ						
	5 Noncash prizes	s						
uses	6 Rent/facility co	sts		******				
Expe	7 Food/beverage	es				·		
Direct Expenses	8 Entertainment							
	9 Other expense	is i	12,818				12,818	

Form	990
r onn	~~~

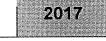
## **Two Year Comparison Report**

2016 & 2017

For colordar year 2017, or toy year boginning	ending
For calendar year 2017, or tax year beginning	, enung

Nar	ne				T	axpayer lo	dentification Number
E	BLU	JE RIDGE HUMANE SOCIETY, INC.			5	56-60	48726
	T			2016	2017	1	Differences
	1.	Contributions, gifts, grants	1.	762,831	589,	566	-173,265
	2.	Membership dues and assessments	2.				
		Government contributions and grants	3.		37,	780	37,780
ø		Program service revenue	4.	74,023	107,	262	33,239
nu		Investment income	5.	2,581	2,	529	-52
۷e	6.	Proceeds from tax exempt bonds	6.				
Re B		Net gain or (loss) from sale of assets other than inventory	7.				
	1	Net income or (loss) from fundraising events	8.	48,420	74,	310	25,890
		Net income or (loss) from gaming	9.				
		Net gain or (loss) on sales of inventory	10.	309,968	333,	260	23,292
		Other revenue	11.	1,600			-1,600
		Total revenue. Add lines 1 through 11	12.	1,199,423	1,144,	707	-54,716
	13.	Grants and similar amounts paid	13.		·		
		Benefits paid to or for members	14.				
s	1	Compensation of officers, directors, trustees, etc.	15.				
s	1	Salaries, other compensation, and employee benefits	16.	458,089	543,	099	85,010
e n		Professional fundraising fees	17.		-		
ġ	18.	Other professional fees	18.	20,300	15,	782	-4,518
ĥ	19.	Occupancy, rent, utilities, and maintenance	19.	57,390	65,	437	8,047
		Depreciation and Depletion	20.	43,065	50,	935	7,870
		Other expenses	21.	272,596	381,	314	108,718
		Total expenses. Add lines 13 through 21	22.	851,440	1,056,	567	205,127
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	347,983	88,	140	-259,843
	24.	Total exempt revenue	24.	1,199,423	1,144,	707	-54,716
	25.	Total unrelated revenue	25.				
on	26.	Total excludable revenue	26.	436,592	517,	361	80,769
nati	27.	Total assets	27.	3,104,147	3,203,	790	99,643
Information		Total liabilities	28.	11,885		388	11,503
Ē	29.	Retained earnings	29.	3,092,262	3,180,	402	88,140
ther	30.	Number of voting members of governing body	30.	13	17		
ō	31.	Number of independent voting members of governing body	31.	13	17		
	32.	Number of employees	32.	37	43		
	33.	Number of volunteers	33.	210	401		

# Tax Return History



Employer Identification Number 56-6048726

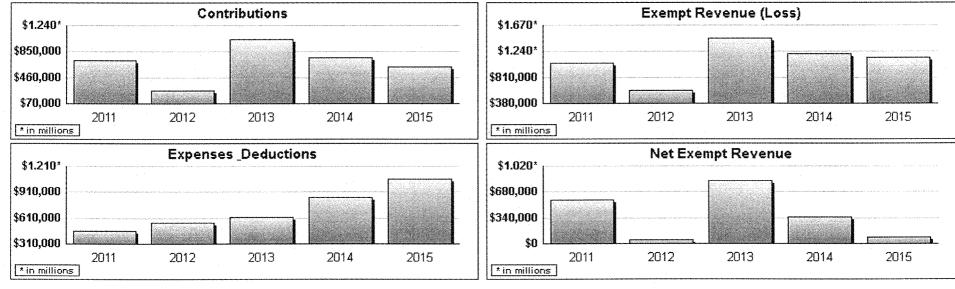
### BLUE RIDGE HUMANE SOCIETY, INC.

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	714,281	263,516	1,030,179	762,831	627,346	
Membership dues						
Program service revenue	49,978	49,979	63,879	74,023	107,262	
Capital gain or loss		4,500	·			
nvestment income	2,623	958	1,411	2,581	2,529	
undraising revenue (income/loss)	57,032	28,953	58,528	48,420	74,310	
Saming revenue (income/loss)						
Other revenue	216,399	250,074	298,532	311,568	333,260	
otal revenue	1,040,313	597,980	1,452,529	1,199,423	1,144,707	
Grants and similar amounts paid						
enefits paid to or for members						***
Compensation of officers, etc.						
Other compensation	263,822	319,475	365,089	458,089	543,099	
Professional fees	20,295	15,415	8,330	20,300	15,782	
Occupancy costs	21,675	29,317	41,408	57,390	65,437	
Depreciation and depletion	27,234	37,270	43,702	43,065	50,935	
Other expenses	130,137	150,639	163,680	272,596	381,314	
fotal expenses	463,163	552,116	622,209	851,440	1,056,567	
Excess or (Deficit)	577,150	45,864	830,320	347,983	88,140	
otal exempt revenue	1,040,313	597,980	1,452,529	1,199,423	1,144,707	
otal unrelated revenue						
otal excludable revenue	326,032	334,464	422,350	436,592	517,361	
otal Assets	2,363,297	1,939,915	2,767,248	3,104,147	3,203,790	
otal Liabilities	495,202	25,956	22,969	11,885	23,388	****
Net Fund Balances	1,868,095	1,913,959	2,744,279	3,092,262	3,180,402	

Form **990** 

Name

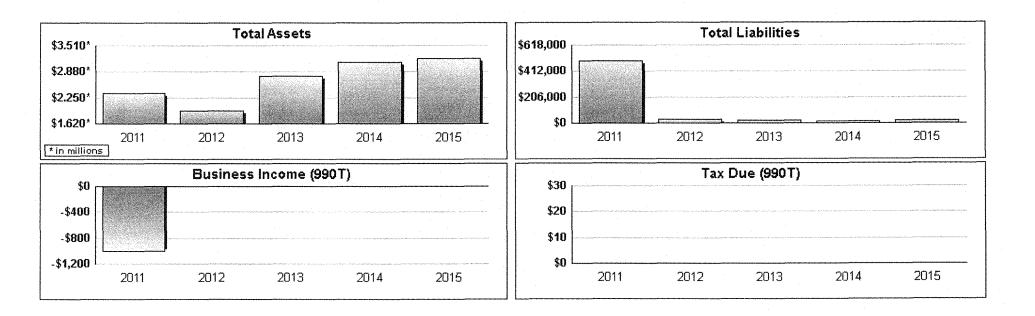
Form <b>990T</b>				2017		
Name BLUE RIDGE		Employer Identification Number 56-6048726				
	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income	1					-
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest				·		
Taxes and licenses			****			·
Charitable contributions					***	
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	Tax Return History					
Name BLUE RID(		loyer Identification Number 6-6048726				
	2013	2014	2015	2016	2017	2018
Other deductions		· · · · · · · · · · · · · · · · · · ·				
Net operating loss deduction						
Specific deduction	1,000	· · ·				·
Income after expense and deductions	-1,000				······································	
Income tax (corporate or trust)		· · · · · · · · · · · · · · · · · · ·				
Other taxes						
Total taxes						
General business credit						
Other credits	1					
Net tax after credits						
Estimated tax payments						
Other payments		-				

\* Income shown net of expenses

**Balance due/Overpayment** 



## Taxable Interest on Investments

	Description						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST							
	\$	2,529		25			
TOTAI	، \$	2,529					

### 56-6048726

# **Federal Statements**

## 11/13/2018 4:06 PM

Description		Total Expenses		Program Service	Management & General		Fund Raising	
CONTRACT TRUCK LABOR SUBCONTRACT	\$	5 5,869	\$	4,402	Ş	510	\$	957
TOTAL	\$	5,874	\$	4,402	\$	510	\$	962
MM/M//////////////////////////////////	Form 990,	Part IX, Line 24	e - All C	ther Expenses	· · · · · · · · · · · · · · · · · · ·			
Description		Total Expenses		Program Service	Management & General		Fund Raising	
DIRECT MAIL NEW HOPE MEDICAL PROGRAM PUBLIC MEDICAL SERVICES SPAY/NEUTER/RABIES SHELTER VET CARE ANIMAL CARE-GOLTZ ESTATE	\$	26,583 24,326 21,801 17,779 13,172 9,383	\$	24,326 21,801 17,779 13,172 9,383	Ş		Ş	26,58
YEHICLE EXPENSE BANK CHARGES RETAIL NIMAL PULL FEES		8,494 7,124 2,043 2,023		8,475 4,984 2,043 2,023		631		1 1,50
OLUNTEER EXPENSE OVITT PET TRUST EXPENSES RANSPORTATION		1,954 1,154 1,039		1,900 1,154 1,039		10		4
DUES, SUBSCRIPTIONS, LICEN FOSTER		959 35		513 35		416		3
TOTAL	s	137,869	Ś	108,627	Ś	1,057	Ś	28,18

# Schedule A, Part III, Line 3(e)

Description	 Amount		
WAGS TO RICHES THRIFT SHOP SALES EVENTS TO BENEFIT GOLF TOURNAMENT	\$ 85,122 619,105 27,030 25,970		
TOTAL	\$ 757,227		