Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Open to Public

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.

Department of the Treasury Internal Revenue Service

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

Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates	st information.	Inspection				
Α	For the	e 2020 calend	dar year, or tax year beginning , 2020, and endi	ng	, 20				
в	Check if	f applicable:	C Name of organization Blue Ridge Humane Society, Inc		D Emplo	oyer identification number			
	Address	s change	Doing business as		56-60	048726			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Initial re	turn	1214 Greenville Highway		(828)	692-4367			
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Hendersonville, NC 28792			receipts \$1,973,632.			
	Applicat	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🛛 No			
			Angela Prodrick, 1214 Greenville Highway, Hendersonville, NC 2	8792 H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No			
I	Tax-exe	empt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No," a	attach a lis	st. See instructions			
		-	IDGEHUMANE.ORG	H(c) Group e	xemption	number 🕨			
1		organization: 🗙	Corporation ☐ Trust	nation: 1950	M State	of legal domicile: NC			
P	art I	Summa							
	1		cribe the organization's mission or most significant activities: The Blue						
lce		for ani	mals in Henderson County and our neighboring	communities	s thro	ough adoption			
nar			h and education.						
ver	2		box \blacktriangleright if the organization discontinued its operations or dispose		25% of	its net assets.			
ő	3				3	12			
ک ہ	4		b)	4	12				
itie	5		per of individuals employed in calendar year 2020 (Part V, line 2a)		5	47			
Activities & Governance	6		per of volunteers (estimate if necessary)		6	302			
Ă	7a		,		7a	0.			
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Yea	r	Current Year			
е	8		ons and grants (Part VIII, line 1h)		130.	1,914,508.			
Revenue	9	-	ervice revenue (Part VIII, line 2g)	207,	960.	45,381.			
Rev	10		income (Part VIII, column (A), lines 3, 4, and 7d)		648.	4,548.			
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	783,	643.	-3,282.			
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,864,	381.	1,961,155.			
	13		I similar amounts paid (Part IX, column (A), lines 1–3)						
	14		aid to or for members (Part IX, column (A), line 4)						
ses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	1,060,	009.	1,009,586.			
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)						
ц.	b		aising expenses (Part IX, column (D), line 25) ► 149,467.	(= 0	0.7.4	100 150			
	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		074.	498,456.			
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,739,		1,508,042.			
	19	Revenue le	ess expenses. Subtract line 18 from line 12		298.	453,113.			
Net Assets or Fund Balances	00	Tatal		Beginning of Curr		End of Year			
Bala	20		s (Part X, line 16)	4,625,		5,072,356.			
let A Ind I	21		ties (Part X, line 26)		75,465. 69,31				
-	22 xrt II		or fund balances. Subtract line 21 from line 20	4,549,	926.	5,003,039.			

Signature Block Part II

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

			09	9/17/2021							
Sign	Signature of officer	Date	e								
Here	Tom Marshall, Board Chair										
	Type or print name and title										
Paid	Print/Type preparer's name	Preparer's signature	Date Check		PTIN						
Preparer	Stephen C Corliss	Stephen C Corliss	09/21/2021	self-employed	P01333317						
Use Only	Firm's name CORLISS & SOLOM	Firm	Firm's EIN ► 20-2571677								
	Firm's address ► 242 CHARLOTTE ST SUITE #1, ASHEVILLE, NC 28801 Phone no. (828)236-0206										
May the IRS discuss this return with the preparer shown above? See instructions											
For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 09/08/21 PRO Form 990 (2020)											

orm 99	0 (2020) Page 2							
Part								
4	Check if Schedule O contains a response or note to any line in this Part III							
1	Briefly describe the organization's mission: The Blue Ridge Humane Society is dedicated to ensuring the highest quality of life							
	for animals in Henderson County and our neighboring communities through adoption							
	outreach and education.							
2	Did the organization undertake any significant program services during the year which were not listed on the							
	prior Form 990 or 990-EZ?							
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program							
3	services?							
	If "Yes," describe these changes on Schedule O.							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b							
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.							
4a	(Code:) (Expenses \$ 1,214,666. including grants of \$0.) (Revenue \$ 45,381.)							
	Blue Ridge Humane Society is a nonprofit, limited admission animal welfare organization							
	dedicated to ensuring the highest quality of life for animals in Henderson County and							
	our neighboring communities through adoption, outreach, and education. In 2020, 776							
	animals were adopted from our shelter. With the Covid-19 pandemic, Blue Ridge							
	Humane Society pivoted to a foster-centric model to keep two-thirds of our animals							
	in foster homes and not at our shelter. 561 of the animals adopted stayed in foster homes before their adoption. Despite the circumstances of 2020, the average							
	length of stay for pets in our care before adoption remained at only 10 days.							
	rengen or beay for peep in our care before adoption remained de only to dayp.							
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)							
	Blue Ridge Humane Society partnered with local food banks helping them to supply litter, pet food, or treats to their clients. By making pet food more							
	to supply litter, pet food, or treats to their clients. By making pet food more							
	accessible, we hope that members of the community will no longer have to worry about feeding their furry family members. In 2020, 30,723 pounds of pet							
	worry about feeding their furry family members. In 2020, 30,723 pounds of pet food were delivered to local food pantries. This number includes food delivered							
	to clients through the Meals-on-Wheels Pets Pals program. The							
	program provides pet food, essential socialization, flea and tick prevention,							
	litter, and spay/neuter services to the pets living with Meals-on-Wheels							
	recipients. Blue Ridge Humane Society also began pet food giveaways to assist							
	those affected by the Covid-19 pandemic. 2,873 pet owners received pet food							
	through the pet food drives.							
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)							
40	Blue Ridge Humane Society provides several community programs to keep animals in							
	homes and out of the shelter system. We provide financial assistance for the medical							
	treatment of animals to the general public. Individuals who qualify, receive financial							
	assistance for heartworm, flea and tick medicine, wellness check-ups, required vaccinations,							
	and emergency surgeries. 113 animals received vaccines through the low-cost vaccine clinic,							
	141 pet owners received vet assistance, and 88 pets were reunited with their							
	owners as part of the Lost & Found reunion program. Due to the Covid-19 pandemic,							
	spay/neuter surgeries were suspended nationwide for six months. Despite the puase							
	in programming, Blue Ridge Humane Society was able to alter 754 public animals through							
	our Spay/Neuter Incentive Program.							
4d	Other program services (Describe on Schedule O.)							
	(Expenses \$ including grants of \$) (Revenue \$)							
4e								
	REV 09/08/21 PRO Form 990 (2020							

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1a and 8a2 <i>If "Yes," complete Schedule G. Part II</i> .	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 19	×	~
20a	If "Yes," complete Schedule G, Part III	19 20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		×
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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	25a		×
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? <i>If "Yes," complete Schedule L, Part I</i> .	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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 related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Ve-	
4.0	Enter the number reported in Poy 2 of Form 1006 Enter 0 if not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the examination comply with backup withbalding rules for reportable payments. 1a 8			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
				(2020)
				()

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 47								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×						
	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?	3a		×					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×					
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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
5	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
a	and services provided to the payor?	7a		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10							
С	required to file Form 8282?	7c		×					
d	If "Yes," indicate the number of Forms 8282 filed during the year	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	76 7f		×					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		~					
		711		×					
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?	8							
9	Sponsoring organization have excess business holdings at any time during the year?	0							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
		90							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
10-	against amounts due or received from them.)	10-							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		×					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×					
	If "Yes," complete Form 4720, Schedule O.								

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		×
Secti	on A. Governing Body and Management			
10	Enter the number of voting members of the governing body at the and of the tay year 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a <u>1</u> ; If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 1.	2		
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	×	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Centi	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Co	Vae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Tes	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
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	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (Sec	tion t	501(c)
10	Describe on Schedule Q whether (and if so, how) the organization made its governing documents, conflict	of into	roet n	

- **19** Describe on 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► David Setzer, 110-B Chadwick Square Court, Hendersonville, NC 28739 (828)692-2639

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					C)						
(A)	(B)	(do r	not cł		ition more	e than o	one	(D)	(E)	(F)	
Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation	Estimated amount of other	
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Thomas Marshall	7.00										
President		×		×				0.	0.	0.	
(2) Michael Gordon	7.00										
Vice-President		×		×				0.	0.	0.	
(3)Genien Carlson	7.00										
Secretary		×		×				0.	0.	0.	
(4) Ann Marie Calloway	7.00	1									
Treasurer		×		×				0.	0.	0.	
(5) Gail Buzby	5.00										
Director		×						0.	0.	0.	
(6) Tonya Moore	5.00										
Director		×						0.	0.	0.	
(7) Joy Edwards	5.00										
Director		×						0.	0.	0.	
(8) Jean Greeson	5.00										
Director		×						0.	0.	0.	
(9) Dalleen Jackson-McClasky	5.00										
Director		×						0.	0.	0.	
(10) Lynde Mickey	5.00										
Director		×						0.	0.	0.	
(11) Sandy Rezai	5.00	×									
Director		^						0.	0.	0.	
(12) Charolotte Sheppard Director	5.00	×						0.	0.	0.	
(13) Angela Prodrick	40.00										
Executive Director				×				67,495.	0.	8,774.	
(14)		-									

Part	VII Section A. Officers, Directors, I	rustees,	Key I	=mj	ploy	yee	s, an	d H	lighest Compe	nsated	Employ	yees (C	ontinued)
	(A) Name and title	(B) Average hours	box, office	(C) Position (do not check more than box, unless person is bot officer and a director/trus					Reportable compensation	(E) Report compen	table sation	Estimate of	(F) ed amount other
		per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	ations	fro organiz	ensation m the ation and ganizations
		dotted line)	æ	stee			nsated						
(15)			-										
(16)			-										
(17)			-										
(18)			-										
(19)			-										
(20)			-										
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal					 			67,495.		0.		8,774.
d 2	Total (add lines 1b and 1c)								67,495.	than \$1	0.	of	8,774.
	reportable compensation from the organi										00,000		Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>							mpl 	oyee, or highes	t compe	ensated	3	×
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>											4	×
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or ind		5	×
Secti	on B. Independent Contractors	,	,						1				I
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	ices	c	(C) Compensa	tion

2	Total number	of	independent	contractors	(including	but	not	limited	to	those	listed	above)	who
	received more	tha	an \$100,000 of	f compensatio	on from the	orga	aniza	tion 🕨					

Part VIII Statement of Revenue Check if Schedule O contain

Par	i VIII	Statement of Revenue	e enviline in this D	a.ut. \ /111		—
		Check if Schedule O contains a response or note to				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a				
unt	b	Membership dues 1b				
۵, ۴	с	Fundraising events 1c 71,82	24.			
ifts ır A	d	Related organizations 1d				
nila, G	е	Government grants (contributions) 1e 45,38	31.			
ons Sir	f	All other contributions, gifts, grants,				
her		and similar amounts not included above 1f 1, 797, 30)3.			
Q I	g	Noncash contributions included in				
Contributions, Gifts, Grants and Other Similar Amounts	b	lines 1a-1f 1g 395,50 Total Additions 1a, 1f 1 1				
0	n	Total. Add lines 1a–1f	▶ 1,914,508.			
Ö	2a	Adoption Food	18,229.	18,229.	0	0
vio	b	SNTD Incomo 960027	23,298.		0.	0.
Sei	c	SNIP Income803327Community Programs869927	3,854.		0.	0.
Program Service Revenue	d		5,051.	5,051.	0.	<u> </u>
Be	e					
Pro	f	All other program service revenue				
	g	Total. Add lines 2a–2f	▶ 45,381.			
	3	Investment income (including dividends, interest, a	and			
		other similar amounts)	▶ 4,548.	0.	0.	4,548.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	▶			
		(i) Real (ii) Persona	l			
	6a	Gross rents 6a				
	b c	Less: rental expenses 6b Rental income or (loss) 6c				
	d		•			
	7a	(i) Securities (ii) Other				
	/a	sales of assets				
		other than inventory 7a				
Pe	b	Less: cost or other basis				
venue		and sales expenses . 7b				
	1	Gain or (loss) 7c				
erF		Net gain or (loss)	►			
Other Re	8a	Gross income from fundraising				
0		events (not including \$_71,824. of contributions reported on line				
		1c). See Part IV, line 18 8a	0.			
	b	Less: direct expenses 8b 12,47				
	c	Net income or (loss) from fundraising events	 ► -12,477. 		0.	-12,477.
	_	Gross income from gaming				12/1///
		activities. See Part IV, line 19 . 9a 4, 42	25.			
	b	Less: direct expenses 9b				
	с	Net income or (loss) from gaming activities	▶ 4,425.	0.	0.	4,425.
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b	N			
	С	Net income or (loss) from sales of inventory				
SNC	11a	Other Income 900099				4 550
scellaneo Revenue	b		4,770.	0.	0.	4,770.
ella ver	C D					
Miscellaneous Revenue	d	All other revenue				
Σ	e	Total. Add lines 11a–11d	▶ 4,770.			
	12	Total revenue. See instructions	▶ 1,961,155.	45,381.	0.	1,266.

Form **990** (2020)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX . . (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1 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 60,345. 7,849. 7,540. 75,734. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 766,224. 654,686. 76,622. 34,916. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,429. 9,131. 2,686. 1,612. Other employee benefits 10,409. 9 86,743. 68,527. 7,807. 10 Payroll taxes 67,456. 50,592. 4,047. 12,817. 11 Fees for services (nonemployees): Management а Legal b С Accounting 22,403. 11,426 2,912. 8,065. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 0. 0. 0. 0. 12 Advertising and promotion 14,954. 1,436. Ο. 13,518. 13 Office expenses 66,471. 27,510. 8,063. 30,898. 14 3,530. Information technology 14,121. 7,061. 3,530. 15 Royalties Occupancy 8,784. 16 77,502. 57,034. 11,684. Travel 9,578. 17 9,819. 0. 241. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 79,167. 60,959. 6,333. 11,875. 22 Depreciation, depletion, and amortization . 23 26,625. 22,062. 2,727. 1,836. Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) 55,708. Veterinary Services 55,708. 0. Ο. а SNIP Program 44,683. 44,683. 0. Ο. b 44,479. С Adoption Center Expense 44,479. 0. 0. Community Programs 20,229. 17,216. 3,013. Ο. d All other expenses 22,295. 12,233. е 4,034. 6,028. 25 Total functional expenses. Add lines 1 through 24e 1,508,042. 1,214,666. 143,909. 149,467. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2020)

Part X Balance Sheet Check if Schedule C contains a response or note to any line in this Part X (h) (h) <th>_</th> <th>n 990 (2</th> <th>,</th> <th></th> <th></th> <th>Page 11</th>	_	n 990 (2	,			Page 11
Here Here <t< th=""><th>Ρ</th><th>art X</th><th></th><th></th><th></th><th>_</th></t<>	Ρ	art X				_
1 Cash-mon-interest-bearing 374,264 1 331,644. 2 Savings and temporay cash investments 1,848,671. 2 2,339,553. 3 Piedges and grants receivable, net 13,884. 4 19,104. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator of ounder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(8). 6 7 Notes and loans receivable, net 57,635. 8 34,871. 9 Prepaid expenses and deferred charges 9 9 9 10a 3,075,493. 9 9 11 10c 2,287,184. 11 Investments – other securities. See Part IV, line 11 12 13 14 14 12 Investments – other securities. See Part IV, line 11 13 14 14 13 Investments – other securities. See Part IV, line 11 12 13 14 14 Other assets. See Part IV, line 11 12 13 14 14			Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
2 Savings and temporary cash investments 1, 848, 671. 2 2, 399, 553. 3 Pledges and grants receivable, net 3 3 9 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0(3)(B)) 6 7 Notes and loans receivable, net 57, 635. 8 9 Prepaid expenses and deferred charges 57, 635. 9 10 Loast, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 12 11 Investmentspublicly traded securities. 11 11 12 11 Investmentspublicly traded securities. 11 13 14 15 Other assets. See Part IV, line 11 13 14 15 16 Other assets. See Part IV, line 11. 12 12 12 12		1	Cash-non-interest-bearing	374,264.	1	331,644.
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 13,884. 4 19,104. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956(0/11)), and persons described in section 4956(c)(3)(B). 6 7 Notes and loans receivable, net 57, 635. 8 34, 871. 9 Prepaid expenses and deferred charges 9 10a 10a, 0.97, 4.93. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3, 0.79, 4.93. 9 11 Investments—other securities. See Part IV, line 11 112 114 114 13 Investments—other securities. See Part IV, line 11 13 13 14 14 11 113 114 13 114 13 14 Intangible assets. 11 13 14 14 14 14 15 16 5, 0.72, 3.56. 17 6.9, 3.17. 1						
4 Accounts receivable, net 13,884. 4 19,104. 5 Loans and other receivables from any current or former officer of ruteste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivable, net mother disqualified persons (as defined under section 4958(f(1), and persons described in section 4958(c)(3)(6). 6 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 9 9 Loans and other receivable, net 57,635. 10a Land, building, and queiyoment: cost or other 10a 11 Investments—publicly traded securities 10b 792,309. 11 Investments—propram-related. See Part IV, line 11 12 11 13 Investments—organ-related. See Part IV, line 11 13 14 14 Intangible assets 16 5,072,356. 17 69,317. 16 Total assets. Add lines 1 through 15 (must equal line 33) 4,625,391. 16 5,072,356. 17 Accourts payable and accrured expenses 75,465. 17 69,317. 18 Grants payable and accrured expenses		3		, ,	3	, ,
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B). 6 7 Notes and loans receivable, net 57, 635. 8 9 Prepaid expenses and deferred charges 57, 635. 8 34, 871. 9 Prepaid expenses and deferred charges 57, 635. 8 34, 871. 10a Land, buildings, and equipment: cost or other bascurites. See Part IV, line 11 11 12 11 Investments-publicly traded securites 11 12 11 11 Investments-program-related. See Part IV, line 11 13 14 14 16 Total assets. See Part IV, line 11 13 14 14 69, 317. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 19 Deferred revenue 19 23 24 20 21 Escorew or custodial account liability. Complete Part IV of Schedule D 23 24 20 Deferred revenue <		4		13,884.	4	19,104.
get trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1), and persons described in section 4958(n)(1)), and persons described in section 4958(n)(1)), and persons described in section 4958(n)(1)). 6 10a Land, buildings, and equipment it cost or other basis. Complete Part VI of Schedule D 10a 3, 079, 493. 11 Investmentspublicly traded securities 10a 3, 079, 493. 11 Investmentspublicly traded securities 111 12 12 Investmentspublicly traded securities 114 113 14 Intangible assets 14 113 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 3) 4, 625, 391. 16 16 Total assets. Add lines 1 through 15 (must equal line 3) 20 21 21 Econow or custofial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator o		5				
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get under section 4958(n)(1), and persons described in section 4958(n)(3)(B). 6 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 10a 3,079,493. 9 11 Investments-publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-other securities. See Part IV, line 11 13 14 Intargible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 11 through 15 (must equal line 3) 4, 625, 391. 16 5, 072, 356. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 18 Grants payable and accrued expenses 20 21 22 21 Escrow or custodial account itability. Complete Part IV of Schedule D 21 22 22 Loans and other payable to any current of ormer officer, director, trus					5	
general 7 Notes and loans receivable, net 7 8 Inventories for sale or use 57,635. 8 34,871. 9 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,079,493. 9 11 Investmentspublicly traded securities 111 10b 792,309. 2,330,937. 10c 2,287,184. 12 Investmentsother securities. See Part IV, line 11 12 11 11 11 13 Investmentsother securities. See Part IV, line 11 13 13 14 16 5,072,355. 16 Total assets. Add lines 1 through 15 (must equal line 33) 4,625,391. 16 5,072,355. 17 Accounts payable and accrued expenses 75,465. 17 69,317. 19 Deferred revenue 19 20 21 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D 22 23 24 24 Unsecured notes and loans payable to unrelated third parties 23 24 24 25 25		6	Loans and other receivables from other disqualified persons (as defined			
88 Inventories for sale or use 57,635. 8 34,871. 9 Prepaid expenses and deferred charges 9 9 10a 10a 3,079,493. 9 11 Investments-publicly traded securities 11 10b 792,309. 2,330,937. 10c 2,287,184. 11 Investments-other securities. See Part IV, line 11 12 11			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
10e Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ts	7	Notes and loans receivable, net		7	
10e Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	sse	8	Inventories for sale or use	57,635.	8	34,871.
basis. Complete Part VI of Schedule D 10a 3, 079, 493. 10b 792, 309. 2, 330, 937. 10c 2, 287, 184. 11 Investments-publicly traded securities 11 11 112 11 12 Investments-other securities. See Part IV, line 11 112 113 114 13 Investments-program-related. See Part IV, line 11 113 114 14 Intangible assets 114 115 15 Other assets. See Part IV, line 11 13 114 16 Total assets. Add lines 1 through 15 (must equal line 33) 4, 625, 391. 16 5, 072, 356. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 19 Deferred revenue 19 20 21 20 Tax-exempt bond liabilities 20 21 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Secured mortagaes and notes payable to unrelated third parties 24 24 22 Secured mortagaes and notes payable to unrelated third parties 24 25 23 Secur	¥	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation 10b 792,309. 2,330,937. 10c 2,287,184. 11 Investments-publicly traded securities 11 12 11 12 Investments-other securities. See Part IV, line 11 12 12 13 Investments-other securities. See Part IV, line 11 13 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 4,625,391. 16 5,072,356. 17 Accounts payable and accrued expenses 75,465. 17 69,317. 19 Deferred revenue 19 20 21 Escrow or custodial account liabilities 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 75,465. 26 69,317. 27 Net assets with donor re		10a				
11 Investments – publicity traded securities 11 12 Investments – other securities. See Part IV, line 11 12 13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 4, 625, 391. 16 5, 072, 356. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 25 26 Total liabilities. Add lines 17 through 25 <						
12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 4, 625, 391. 16 5, 072, 356. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 18 Grants payable and accrued expenses 20 21 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (noluding federal income tax, payables to related third parties 25 26 Total liabilities. Add lines 17 through 25 75, 465. 26 69, 317. 28 Net assets with donor restrictions 4, 054, 466. 27 4		b	Less: accumulated depreciation 10b 792,309.	2,330,937.	10c	2,287,184.
13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 4, 625, 391. 16 5, 072, 356. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17–24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 75, 465. 26 69, 317. 28 Vet assets with donor restrictions 4, 054, 466. 27 4, 515, 862. 27 <td></td> <td>11</td> <td></td> <td></td> <td></td> <td></td>		11				
14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 4, 625, 391. 16 5, 072, 356. 17 Accounts payable and accrued expenses 75, 465. 17 69, 317. 18 Grants payable 19 20 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and complete lines 27, 28, 32, and 33. 75, 465. 26 69, 317. 26 Total liabilities Add lines 17 through 25 75, 465. 26 69, 317. 27 Net assets without donor restrictions 4, 054, 466. 27 4, 515, 862. 28 Net assets with dono						
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S Total net assets or fund balancesS C<	ets				-	
32 Total net assets or fund balances	SS					
Ž 33 Total liabilities and net assets/fund balances	žΑ			4,549,926.		5,003,039.
	Š					

REV 09/08/21 PRO

Form **990** (2020)

Form 9	90 (2020)			Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,9	61,1	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,5	08,0	42.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	53,1	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,5	49,9	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,0	03,0	39.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b			2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		×
	If the organization changed either its oversight process or selection process during the tax year, e	xplain c	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th			
	Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		
	REV 09/08/21 PRO		For	m 990	(2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Open to Public

Increation

Department of the Treasury
Internal Povenue Service

(D)

(E) Total Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

N

Name	of the organization					Employer identification	number
Blue	e Ridge Humane Society,					56-6048726	
Par	t I Reason for Public Cha	r ity Status. (All	l organizations mus	t comple	ete this p	oart.) See instructio	ons.
The o	organization is not a private founda					,	
1	A church, convention of churc						
2	A school described in section						
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	n a goveri	nmental unit or from	the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	on 509(a)(4).	
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
	of one or more publicly support of one or more publicly support of the box in lines 12a through the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box is a support of the box in lines 12a through the box in lines 12	ugh 12d that des	scribes the type of sup	porting c	organizatio	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting organization or management of organization(s). You must	the supporting o	rganization vested in	the same			
с	Type III functionally integ its supported organization	rated. A support	ting organization oper	rated in c			Ily integrated with,
d	Type III non-functionally integration that is not functionally integration requirement (see instruction)	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement and	
е	Check this box if the organ functionally integrated, or						II, Type III
f	Enter the number of supported of	•					
g	Provide the following information	n about the supp	ported organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing support (see other support (see			other support (see
				Yes	No		
(A)							
(B)							
(C)							

Part IISupport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 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						
	on B. Total Support			1	1	1	
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	s first, second	l, third, fourth,	or fifth tax ye	12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6	-		11, column (f))		14	%
15	Public support percentage from 2019 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2020. If the organi			,		,	
b	box and stop here. The organization qual 33 ¹ / ₃ % support test - 2019. If the organization this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a							
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization of instructions						

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

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

Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	762,831.	627,346.	1,226,735.	857,130.	1,914,508.	5,388,550.	
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	74,023.	107,262.	110,684.	207,950.	45,381.	545,300.	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513	652,783.	757,227.	841,253.	817,428.	4,425.	3,073,116.	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,489,637.	1,491,835.	2,178,672.	1,882,508.	1,964,314.	9,006,966.	
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 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)						9,006,966.	
Secti	on B. Total Support	1					, ,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	1,489,637.	1,491,835.	2,178,672.	1,882,508.	1,964,314.	9,006,966.	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
_	royalties, and income from similar sources .	4,151.	2,529.	4,532.	15,648.	4,548.	31,408.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	4,151.	2,529.	4,532.	15,648.	4,548.	31,408.	
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.)	1 402 500	1 404 264	0 100 004	1 000 150	1 0 0 0 0 0	0.000.004	
14	First 5 years. If the Form 990 is for the	11,493,788. organization'	<u> ⊥,494,364.</u> s first. second	12, 183, 204.	11,898,156. or fifth tax ve	11,968,862.	9,038,374.	
	organization, check this box and stop he	•						
Secti	on C. Computation of Public Support						<u> </u>	
15	Public support percentage for 2020 (line	-		13, column (f))		15	99.65 %	
16	Public support percentage from 2019 Scl	nedule A, Part	III, line 15 .				99.68 %	
Secti	on D. Computation of Investment In	come Perce	ntage					
17	Investment income percentage for 2020 (0.35 %	
18	Investment income percentage from 2019						0.32 %	
19a	33 ¹ / ₃ % support tests-2020. If the organ							
-	17 is not more than $33^{1/3}$ %, check this box		-			-		
b	33 ¹ / ₃ % support tests - 2019. If the organiz line 18 is not more than 33 ¹ / ₃ %, check this							
20	Private foundation. If the organization di	-		•				
20			/ 09/08/21 PRO	, 190, 01 190, 0			0 or 990-EZ) 2020	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Yes No
 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*By reason of the relationship described in line 2, above, did the organization's supported organizations have a cignificant value in the organization's in the arganization's in the arganization's integration's integration's provided in directing the use of the arganization's directin
- a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in *Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

Yes No

11a

11b

11c

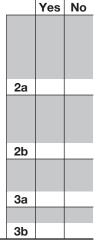
1

2

1

3

Yes No



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		-	· · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

	le A (Form 990 or 990-EZ) 2020				Page 1
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	d) _	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	h th		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)		Supplementa	al Financial Statements		OMB No. 1545-0047
		Complete if the org	2020		
		Part IV, line 6, 7, 8, 9, 10	Open to Public		
	ent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informati	Inspection	
	of the organization	-			identification number
Blu	e Ridqe Hur	mane Society, Inc	5	6-6048	3726
Par			sed Funds or Other Similar Funds	or Acc	counts.
	Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1		at end of year			
2		ue of contributions to (during year) .			
3		ue of grants from (during year)			
4		ue at end of year			
5			advisors in writing that the assets held organization's exclusive legal control?		
6			nd donor advisors in writing that grant fi		
U	0	o	t of the donor or donor advisor, or for a		
Par	till Conse	rvation Easements.			
T GI		ete if the organization answered "	Yes" on Form 990. Part IV. line 7.		
1		conservation easements held by the c			
	1 ()	of land for public use (for example, recre		historio	ally important land area
		of natural habitat	,		d historic structure
	Preservatio	on of open space			
2			d a qualified conservation contribution in	n the for	m of a conservation
	easement on t	he last day of the tax year.			Held at the End of the Tax Year
а	Total number	of conservation easements		. 2a	
b	-	-			
c			storic structure included in (a)		
d		onservation easements included in (
•		ure listed in the National Register .	· · · · · · · · · · · · · · · · ·	· 2d	
3	tax year ►	nservation easements modified, trans	ferred, released, extinguished, or termin	lated by	r the organization during the
4		tes where property subject to conserv	vation easement is located		
5			arding the periodic monitoring, inspec	tion, h	andling of
		I enforcement of the conservation eas			· · · · 🗌 Yes 🗌 No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservat	
	•				
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	nservatio	on easements during the year
	▶\$				
8			2(d) above satisfy the requirements of se		
9		5 1	onservation easements in its revenue an		
		, and include, if applicable, the text of accounting for conservation easemer	the footnote to the organization's finance	cial state	ements that describes the
	5				
Par		ete if the organization answered "	of Art, Historical Treasures, or Ot	ner Sir	nilar Assets.
10			B ASC 958, not to report in its revenue	ototomo	nt and balance aboat works
Ia			held for public exhibition, education, c		
			o its financial statements that describes		
b			B ASC 958, to report in its revenue sta		
			for public exhibition, education, or resea		
	provide the fol	llowing amounts relating to these item	IS:		-
	(i) Revenue in	cluded on Form 990. Part VIII. line 1			▶ \$
	(ii) Assets inclu	uded in Form 990, Part X			▶ \$
2	If the organization	ation received or held works of art,	historical treasures, or other similar as	sets for	financial gain, provide the
	following amo	unts required to be reported under FA	SB ASC 958 relating to these items:		
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .			▶ \$
b	Assets include	ed in Form 990, Part X			► \$

Schedu	le D (Form 990) 2020						Page 2
Part	t III Organizations Maintaining	Collections of	Art, Hist	orical Tre	asures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	ther record	ds, check a	any of the follow	ving that make sig	nificant use of its
а	Public exhibition		d	Loan or	exchange prog	ram	
b	Scholarly research						
с	Preservation for future generations						
4	Provide a description of the organizat XIII.		and expla	in how they	/ further the org	ganization's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	naements.			-		
	Complete if the organization 990, Part X, line 21.	-	" on Forr	n 990, Par	rt IV, line 9, or	reported an amo	ount on Form
1 a							□ Yes □ No
b	If "Yes," explain the arrangement in Pa						
-				ie in ig taoi		Am	ount
с	Beginning balance				10	;	
d	Additions during the year					k	
е	Distributions during the year					•	
f	Ending balance					F	
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21, for esci	row or custodia	I account liability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa						
Par	t V Endowment Funds.						
	Complete if the organization	answered "Yes	" on Forr	n 990, Par	rt IV, line 10.		
		(a) Current year	(b) Prio	r year (o	c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year er	nd balance	e (line 1g, c	olumn (a)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨	%				
b	Permanent endowment	%					
С	Term endowment ►%						
	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of th	ne organiz	ation that a	are held and ac	Iministered for the	
	organization by:						Yes No
	(i) Unrelated organizations						3a(i)
	· · ·						3a(ii)
b	If "Yes" on line 3a(ii), are the related of	-	-				3b
4	Describe in Part XIII the intended uses	v	on's endo	wment fund	ds.		
Part			" .	- 000 D-	+ 1) / 15	0	
	Complete if the organization						
	Description of property	(a) Cost or of (investm		(b) Cost or ot (other		Accumulated epreciation	(d) Book value
1 a	Land		8,700.				1,018,700.
b	Buildings		7,768.			456,536.	821,232.
С	Leasehold improvements		4,071.			254,727.	329,344.
d	Equipment		0,658.			45,565.	25,093.
e	Other		8,296.			35,481.	92,815.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X	, column (E	3), line 10c.) .	🕨	2,287,184.

Schedule D (Form 990) 2020 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (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 derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) 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 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) .

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2020				Page 4
Part				Returr	າ.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements	s		1	1,980,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
а	Net unrealized gains (losses) on investments	2 a			
b	Donated services and use of facilities		7,097.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		12,477.		
е	Add lines 2a through 2d			2e	19,574.
3	Subtract line 2e from line 1	· ·		3	1,961,155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	-			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,961,155.
Part	XII Reconciliation of Expenses per Audited Financial State			er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	• •		1	1,527,616.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	7,097.	-	
b	Prior year adjustments			-	
c	Other losses			-	
d	Other (Describe in Part XIII.)		12,477.	0	
e	Add lines 2a through 2d			2e	19,574.
3	Subtract line 2e from line 1	· ·	 I	3	1,508,042.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a L	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)			4.	
C F	Add lines 4a and 4b			4c	1 500 040
5 Part	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, lin</i> XIII Supplemental Information.	ne 16.)		5	1,508,042.
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par 	t to pro	ovide any additional in	iformati	on.
	II, Line 2d: Fundraising Expenses \$12,477				
РС А 					

Schedule D (Fo	m 990) 2020 Page 5
Part XIII	
· -	

(Form	EDULE G 1 990 or 990-EZ)		the organization an organization ente	swered "Yes	" on Form 990 n \$15,000 on	paising or Gam), Part IV, line 17, 18, Form 990-EZ, line 6a	or 19, or if the	OMB No. 1545-0047
	ment of the Treasury Revenue Service					nd the latest informa		Open to Public Inspection
	of the organization						Employer identif	
	-	ane Society,					56-604872	-
Par		sing Activities. 0-EZ filers are r				vered "Yes" on	Form 990, Part IV	, line 17.
1 b c d 2a	Indicate wheth Indicate wheth Indicate wheth Indicate wheth Internet an Internet an Internet solid In-person solid	er the organizatic ations d email solicitatio citations solicitations	n raised funds t	hrough any e f g	of the follo Solicitati Solicitati Special f	on of non-govern on of governmen fundraising events	t grants	
b	lf "Yes," list th		individuals or e	ntities (fund			fundraising services nents under which t	S? Yes No he fundraiser is to be
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3		in which the orga			ensed to s	olicit contributior	ns or has been noti	fied it is exempt from
							·	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Backyard Party	(b) Event #2 Strut Your Mutt	(c) Other events NONE	(d) Total events
			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Jue						
Revenue	1	Gross receipts	41,594.	6,315.		47,909.
Œ	2	Less: Contributions	41,594.	6,315.		47,909.
	3	Gross income (line 1 minus				_
		line 2)	0.	0.		0.
	4	Cash prizes				
	5	Noncash prizes				
(0		Noncash phzes				
ensea	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
_	9	Other direct expenses .	7,467.	1,517.		8,984.
	10					
	10 11	Direct expense summary. Ac Net income summary. Subtra				8,984.
Pa	rt III	Gaming. Complete if th	e organization answe			or reported more than
		\$15,000 on Form 990-E	Z, line 6a.	(h) Dull tobo (instant		(d) Total coming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	│	□ Yes % □ No	□ Yes % □ No	
	7		Id lines 2 through 5 in co	olumn (d) . . .		
		Direct expense summary. Ac	-			
	7		-			
9	8 Er	Direct expense summary. Ac Net gaming income summar nter the state(s) in which the or	y. Subtract line 7 from li rganization conducts ga	ne 1, column (d)	>	
	8 Er a Is	Direct expense summary. Ac Net gaming income summar nter the state(s) in which the or the organization licensed to co	y. Subtract line 7 from li rganization conducts ga onduct gaming activities	ne 1, column (d) ming activities: s in each of these states	· · · · · · · ►	🗌 Yes 🗌 No
	8 Er a Is	Direct expense summary. Ac Net gaming income summar nter the state(s) in which the or the organization licensed to co "No," explain:	y. Subtract line 7 from li rganization conducts ga onduct gaming activities	ne 1, column (d)	<u></u> ▶	🗌 Yes 🗌 No
	8 Er a Is b If	Direct expense summary. Ac Net gaming income summar nter the state(s) in which the or the organization licensed to co "No," explain:	y. Subtract line 7 from li rganization conducts ga onduct gaming activities	ne 1, column (d) ming activities:s in each of these states	<u></u> ►	UYes UNo
	8 a Is b If 	Direct expense summary. Ac Net gaming income summar nter the state(s) in which the or the organization licensed to co "No," explain: //ere any of the organization's g	y. Subtract line 7 from li rganization conducts ga onduct gaming activities	ne 1, column (d) ming activities:s in each of these states		Yes No ?

Schedu	ule G (Form 990 or 990-EZ) 2020	Р	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes □] No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility 13a		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
		Yes	No
b			
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided ►		
	Director/officer		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	🗌 Yes 🗌] No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
Blue Ridge Hum	ane Society, Inc	56-6048726
Pt VI, Line 11	b: The Chairperson of the Board of Directors forwards	to all members
of the Board o	f Directors the Form 990 for review and discussion pr	ior to its
being submitte	d by the organization	
Pt VI, Line 12	c: In accordance with the conflict of interest policy	, all board
members & staf	f are obligated to disclose all potential conflicting	interests
they identify	during service to the organization a perceived confli	ct of interest
may require a	Board member to be excluded during a vote on a matter	in which
he or she may	have a significant personal or professional interest	in all matters
regarding conf	licts of interest and the action to be taken, the find	al authority
will be the Bo	ard of Directors	
Pt VI, Line 15	a: The compensation of the Executive Director is revi	ewed and
approved by th	e Board of Directors	
Pt VI, Line 15	b: The compensation of the key employees is reviewed	and approved
by the Board o	f Directors	
Pt VI, Line 18	: Governing documents, conflict of interest policy, Fo	orm 990,
and financial	statements are available to the public at the busines	s office of
the organizati	on during regular business hours. The Form 990 is also	o available
on the organiz	ation's website as well as Charity Navigator.	
Pt III, Line 3	: The adoption center has been closed to the public s	ince March
2020, operatin	g by appointment only with contactless adoptions.	
Pt VI, Line 4:	The Bylaws were updated in March 2020.	

Form 8879-E0	IRS e-file Signature Authorization		I
Form OO/J-EU	for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending	, 20	
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information 	on.	2020
Name of exempt organization	on or person subject to tax	Taxpayer identificat	ion number
Blue Ridge Huma Name and title of officer or	ane Society, Inc	56-6048726	
Tom Marshall, 1 Part I Type of	Return and Return Information (Whole Dollars Only)		
Check the box for the check the box on line blank, then leave line	e return for which you are using this Form 8879-EO and enter the applicate 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not explore the applicable line below. Do not complete more than one line in Part	the return being fi enter -0-). But, if y	led with this form was
1a Form 990 check	here 🕨 🗵 🛛 b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12)	1b 1,961,155.
2a Form 990-EZ che	eck here ► □ b Total revenue, if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL	check here ► □ b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF che		. ,	4b
5a Form 8868 check			5b
6a Form 990-T chec			6b
7a Form 4720 check			7b
	tion and Signature Authorization of Officer or Person Subject		
	rjury, I declare that 🗵 I am an officer of the above organization or \Box I am	n a person subject	to tax with respect to
(name of organization), (EIN), to the best o	and that I h	ave examined a copy
true, correct, and corr I consent to allow my to receive from the IR processing the return Agent to initiate an el software for payment a payment, I must co (settlement) date. I als confidential information	nplete. I further declare that the amount in Part I above is the amount sho intermediate service provider, transmitter, or electronic return originator (S (a) an acknowledgement of receipt or reason for rejection of the transmitter, or refund, and (c) the date of any refund. If applicable, I authorize the U. ectronic funds withdrawal (direct debit) entry to the financial institution action of the federal taxes owed on this return, and the financial institution to d ntact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 so authorize the financial institutions involved in the processing of the ele on necessary to answer inquiries and resolve issues related to the payme (PIN) as my signature for the electronic return and, if applicable, the const	own on the copy of (ERO) to send the mission, (b) the real S. Treasury and its coount indicated in ebit the entry to the 2 business days pro- cortonic payment of ent. I have selected	f the electronic return. return to the IRS and ason for any delay in a designated Financial the tax preparation his account. To revoke rior to the payment of taxes to receive a personal
PIN: check one box	only		-
I authorize <u>CO</u>	RLISS & SOLOMON, PLLC to enter my PIN ERO firm name	48726Enter five numbers, do not enter all zero	
state agency(ies	2020 electronically filed return. If I have indicated within this return that a s) regulating charities as part of the IRS Fed/State program, I also authori: n's disclosure consent screen.		
electronically file	person subject to tax with respect to the organization, I will enter my PIN ed return. If I have indicated within this return that a copy of the return is l ties as part of the IRS Fed/State program, I will enter my PIN on the return	being filed with a s	state agency(ies)
Signature of officer or perso		Date ► 9/17/20	021
	ation and Aumentication		
	ter your six-digit electronic filing identification ed by your five-digit self-selected PIN.	5 6 1 9 1 Do not en	3 7 1 6 7 7 iter all zeros
	e numeric entry is my PIN, which is my signature on the 2020 electronica his return in accordance with the requirements of Pub. 4163, Modernized or Business Returns.		
ERO's signature	Date ►		

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