# EXTENDED TO MAY 15, 2023

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A F</u>	or th	e 2021 calendar year, or tax year beginning JUL I, ZUZI and	enaing J	UN 30, 2022	
<b>B</b> c	heck if pplicab	C Name of organization		D Employer identifie	cation number
	Addre chang Name				
	chang	Doing business as		**-***69	91
	Initial return Final return	106 TSTAND FARM LANE	Room/suite	E Telephone number 540-837-	
_	termir ated			G Gross receipts \$	1,934,747.
	∏Amen			H(a) Is this a group re	
	_lreturn ∏Applio	,		for subordinates	
	⊥tion pendi	SAME AS C ABOVE			·····= =
				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	1 ′	list. See instructions
		te: HTTP: //WWW.BLUERIDGEWILDLIFECTR.ORG	T	H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2000  N	1 State of legal domicile: VA
Po	art I	Summary	ADD 00	D MARITUR LITT	DITTE DV
ø	1	Briefly describe the organization's mission or most significant activities: TO CI			
Activities & Governance		INTEGRATING VETERINARY MEDICINE, REHABILI			
ern	2	Check this box  if the organization discontinued its operations or dispos			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			9
Ĕ	6	Total number of volunteers (estimate if necessary)		6	44
₽ct	I			7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	7b	0.
		+ 60		Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,504,839.	1,545,806.
Revenue	9	Program service revenue (Part VIII, line 2g)		15,196.	17,760.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,118.	116,542.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,756.	8,198.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,573,909.	1,688,306.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		318,442.	410,380.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)   48,31	<u> </u>		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		311,542.	344,866.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		629,984.	755,246.
	19	Revenue less expenses. Subtract line 18 from line 12		943,925.	933,060.
Net Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,076,748.	4,356,775.
L As	21	Total liabilities (Part X, line 26)		114,838.	132,269.
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		2,961,910.	4,224,506.
Pa	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Mark Merrill		03/01/2	2023
Sigi	n	Signature of officer		Date	
Her	е	MARK MERRILL, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON	1, CP 0	2/21/23 self-employ	P00964688
Prep	arer	Firm's name VOUNT, HYDE & BARBOUR, P.C.	•		**-***9263
	Only	Firm's address P.O. BOX 2560			
	-	WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417
May	the I	RS discuss this return with the preparer shown above? See instructions		· · · · · · · · · · · · · · · · · · ·	X Yes No

Form 990 (2021)

d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
е_	Total program service expenses	616,183.		

Total program service expenses

\*\*-\*\*<u>6991</u>

Form 990 (2021) BLUE RIDGE WILDLIFE CENTER
Part IV 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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) BLUE RIDGE WILDLIFE CENTER
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
32		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<del></del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<del></del> -
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		L_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
P-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\perp$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c		(2021)

Form 990 (2021) BLUE RIDGE WILDLIFE CENTER

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 9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	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		X		
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		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a	Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b	X			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8				
sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12  Organ respirate included on Form 200 Ret VIII line 10 for public years follow facilities.					
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Gross income from members or shareholders					
a h	Gross income from other sources. (Do not net amounts due or paid to other sources against					
b	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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		X		
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		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 11										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11										
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		х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
7a		7-		х							
	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			x							
_	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:		v								
a	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٠,,							
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Г							
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on 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		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►VA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	ANNIE BRADFIELD - 540-837-9000										
	106 ISLAND FARM LANE, BOYCE, VA 22620										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more	ነ than e	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		Cer an	la a a	recio	or/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		99	npeu		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		oldr	yee y	_	1039-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) ANNIE BRADFIELD	40.00									
EXECUTIVE DIRECTOR				Х				69,518.	0.	0.
(2) TRESSA BORLAND	1.00					1	1			
SECRETARY		Х		X				0.	0.	0.
(3) ANDREW FERRARI	1.00									
DIRECTOR		X						0.	0.	0.
(4) BEATRICE VON GONTARD	1.00									
DIRECTOR	1 00	X				_		0.	0.	0.
(5) J. CARTER WILEY DIRECTOR	1.00	x						0.	0	•
(6) PATRICIA CARTER	1.00	A				-		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(7) RUSSELL MCKELWAY	1.00	22						· ·	•	
CHAIR	2.00	х		x				0.	0.	0.
(8) SUSAN GALBRAITH	1.00							-	-	
VICE-CHAIR		Х		Х				0.	0.	0.
(9) MARK MERRILL	1.00								_	_
TREASURER		Х		Х		_		0.	0.	0.
(10) BRUCE ANDERSON	1.00	٠,								0
(11) JOSHUA KINCAID	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) HEATHER SHANK-GIVENS	1.00	22						· ·	0.	<u>.                                </u>
DIRECTOR		х						0.	0.	0.
						$oxed{oxed}$				
		-								
						1		l		

132007 12-09-21 Form **990** (2021)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	it C	ompensated Employee	s (continued)	—			
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do		Posi heck r		<b>1</b> than d	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unles	ss per	son i	is both	n an	compensation	compensatio	n	an	nount o	of
		week		cer an	a a a	recic	or/trus	iee)	from	from related	- 1		other	
		(list any hours for	irecto						the	organization			pensat	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
		organizations	ruste	l trus		99	neu		1099-NEC)	1099-1120)		_	d relate	
		below	dual t	rtio na		nploy	st cor	-	·		organizations			
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			_	_			-"				$\neg$			
											$\dashv$			
											$\dashv$			
									3.6	9				
											$\dashv$			
									29		$\dashv$			
									$\bigcirc$					
	Cubintal					6	5		69,518.		0.			0.
	Subtotal Total from continuation sheets to Part VI	L Saction A					/		0.		0.			0.
	Total (add lines 1b and 1c)								69,518.		0.			0.
2	Total number of individuals (including but n			liste	d ab	ove	 a) wh	o re		000 of reportable				
_	compensation from the organization	ot invited to the	•	lioto	u u.	,000	, <b>v</b> v	010	ocived more than \$100,	ooo or reportable				0
	compensation from the enganization	***	)										Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	lovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150								•	-		4		Х
5	Did any person listed on line 1a receive or a			•							····· [			
	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for	tne calendar ye	ear e	nain	ig w	itn c	or wi	tnin T		ear. T				
	(A) Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	C	(C ompe	<b>小</b> nsatior	1
			TAC	7141					2 55511/241511 61 5					•
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nitec	to t	thos )	se lis )	ted	above) who received mo	ore than				
	+ . 25,000 or componential from the organiz						_						000 -	

\*\*-\*\*\*6991

		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
				function revenue	business revenue	sections 512 - 514
S S	1 :	a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b				
جَ ۾		Fundraising events 1c 15,357.				
fts, r A		d Related organizations 1d				
ig je						
Sin						
e Hi	1	All other contributions, gifts, grants, and similar amounts not included above 1f 1,530,449.				
들됨						
o d			1 545 006			
Og			1,545,806.			
		Business Code	17 760	17 760		
Se	2	PROGRAM FEES 611600	17,760.	17,760.		
Program Service Revenue	ı	·				
Score	(	·				
ar eve	(	d				
eg H	(	·		10		
<u> </u>	1	All other program service revenue				
		Total. Add lines 2a-2f	17,760.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	41,426.			41,426.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6	a Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		d Net rental income or (loss)				
		a Gross amount from sales of (i) Securities (ii) Other				
	,	205 520				
4		Less: cost or other basis				
ng		and sales expenses				
her Revenue		Gain or (loss) 7c 75,116.	75 116			75 116
æ		Net gain or (loss)	75,116.			75,116.
je	8	Gross income from fundraising events (not				
₹		including \$15,357. of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 4 , 018 .				
	١	Less: direct expenses 8b 5,900.				
	(	Net income or (loss) from fundraising events	-1,882.			-1,882.
	9 :	a Gross income from gaming activities. See				
		Part IV, line 19 9a				
	ı	Less: direct expenses9b				
		Net income or (loss) from gaming activities				
	10 :	Gross sales of inventory, less returns				
		and allowances 10a 19,199.				
		Less: cost of goods sold 10b 9,119.				
		Net income or (loss) from sales of inventory	10,080.	10,080.		
		Business Code				
Sno	11 :					
nec Me	_					
Miscellaneous Revenue						
See		d All other revenue				
Ξ		Total. Add lines 11a-11d				
	12	Total rayanua Saa instructions	1.688.306.	27.840.	0	114.660.

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#### Part IX Statement of Functional Expenses

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

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			ірієїє соіштіп (А).	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<b>55</b> 00 5	22 -2-	10 000	40.000
	trustees, and key employees	77,236.	39,725.	18,202.	19,309.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	287,918.	286,988.	.(/ <sub>1</sub>	930.
8	Pension plan accruals and contributions (include			<b>(</b> )	
	section 401(k) and 403(b) employer contributions)		10.00		
9	Other employee benefits	20,001.	12,033.	7,968.	
10	Payroll taxes	25,225.	22,364.	1,553.	1,308.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	.=		.=	
С	Accounting	17,905.		17,905.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,197.	,	10,197.	
g	, ,		22 - 22	2 /	
	column (A), amount, list line 11g expenses on Sch O.)	25,046.	22,593.	2,453.	4 4==
12	Advertising and promotion	1,969.		312.	1,657. 7,254.
13	Office expenses	17,680.	5,770.	4,656.	7,254.
14	Information technology				
15	Royalties	22 2=2	10.010	2 222	
16	Occupancy	22,070.	19,040.	3,030.	
17	Travel	8,696.	8,696.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 225		2 22	
20	Interest	3,027.		3,027.	
21	Payments to affiliates	72 011	72 011		
22	Depreciation, depletion, and amortization	73,211.	73,211.	6 005	
23	Insurance	7,668.	843.	6,825.	
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 0.)	60 104	60 000	100	
a	PROGRAM EXPENSES	69,184.	68,992.	192. 4,570.	
b	REPAIRS & MAINTENANCE	34,477.	29,907.		6 050
C	PRINTING THE EDUCATE AND COMMUNICA	16,550.	10,304.	194.	6,052. 244.
d	TELEPHONE AND COMMUNICA	11,624.	3,468.	7,912.	
	All other expenses	25,562.	12,249.	1,757.	11,556.
25	Total functional expenses. Add lines 1 through 24e	755,246.	616,183.	90,753.	48,310.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			82,904.	1	524,051.
	2	Savings and temporary cash investments			713,913.	2	738,034.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4,421.	4	105,609.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		·		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		10,741.	8	9,475.	
As	9				5,648.	9	9,505.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,239,237.			
	b	Less: accumulated depreciation		2,239,237.	1,367,874.	10c	1,757,397.
	11	Investments - publicly traded securities	886,258.	11	1,208,357.		
	12	Investments - other securities. See Part IV, line	4,989.	12	4,347.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			3,076,748.	16	4,356,775.
	17	Accounts payable and accrued expenses			33,828.	17	47,435.
	18	Grants payable		18			
	19	Deferred revenue	7,500.	19	25,210.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
Ø	22	Loans and other payables to any current or for	mer office	r, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
abi		controlled entity or family member of any of the	ese persor	าร ้		22	
=	23	Secured mortgages and notes payable to unrel	lated third	parties	73,510.	23	59,624.
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			114,838.	26	132,269.
		Organizations that follow FASB ASC 958, ch	eck here	ightharpoonup X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			2,873,570.	27	3,666,116.
Ba	28	Net assets with donor restrictions			88,340.	28	558,390.
pur		Organizations that do not follow FASB ASC 9	958, chec	k here 🕨 🔙			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Red	32	Total net assets or fund balances			2,961,910.	32	4,224,506.
	33	Total liabilities and net assets/fund balances			3,076,748.	33	4,356,775.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,96		
5	Net unrealized gains (losses) on investments	5		0,0	<u>79.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	40	9,6	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,22	<u>4,5</u>	<u>06.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	L	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)
	*				

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization \*\*-\*\*\*6991 BLUE RIDGE WILDLIFE CENTER Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	364,499.	349,718.	613,567.	1504839.	1545806.	4378429.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	254 422	242 542	640 565	4504000	1515006	4050400
	Total. Add lines 1 through 3	364,499.	349,718.	613,567.	1504839.	1545806.	4378429.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				4 (/)		
	on line 1 that exceeds 2% of the				.(0		
	amount shown on line 11,						1060600
	column (f)						1069632.
	Public support. Subtract line 5 from line 4.						3308797.
	• • • • • • • • • • • • • • • • • • • •	( ) 2047	(1) 0040	A) 0240	( 1) 0000	( ) 2004	(6) T
	ndar year (or fiscal year beginning in)	(a) 2017 364, 499.	(b) 2018 349,718.	(c) 2019 613, 567.	(d) 2020 1504839.	(e) 2021 1545806.	(f) Total 4378429.
	Amounts from line 4	304,499.	349,710.	013,367.	1304639.	1343606.	43/0429.
8	Gross income from interest,						
	dividends, payments received on		+, C				
	securities loans, rents, royalties,	144.	1,981.	2,788.	27,320.	41,426.	73,659.
•	and income from similar sources	144.	1,301	2,700.	27,320.	41,420.	13,039.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on  Other income. Do not include gain	•	•				
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,322.	1,772.	548.			5,642.
11	Total support. Add lines 7 through 10	3,322.	<b>1</b> ,772	340.			4457730.
	Gross receipts from related activities,	etc (see instruction	l ne)			12	660,841.
	First 5 years. If the Form 990 is for the			fourth or fifth tax v			000,011
10	organization, check this box and stor	_					
Sec	ction C. Computation of Publi		_				············ <b>/</b>
	Public support percentage for 2021 (li			column (f))		14	74.23 %
	Public support percentage from 2020					15	75.23 %
	33 1/3% support test - 2021. If the o						•
	stop here. The organization qualifies	-				,	. 57
b	33 1/3% support test - 2020. If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te						\
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu		,		•		<b>&gt;</b>
18	Private foundation. If the organization				•		

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

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

Se	quality under the tests listed by	now, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not					, ,	,,
2	include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge				160		
	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons				2		
ł	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			90			
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				T	<b>r</b>	T
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	NII.	O T				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi		<u>_</u>				
15	Public support percentage for 2021 (li			column (f))		15	%
16						16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2021. If the						/ is not
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	-	-	•			Ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						. $\Box$

# 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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		
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J		
7		
8		
9a		
9b		
9с		
40		
10a		
10h		
10b		

Part W   Supporting Organizations (continued)   Ves   No	Sche	dule A (Form 990) 2021 BLUE RIDGE WILDLIFE CENTER **-	***699	1 Pa	age <b>5</b>
11 Has the organization accepted a gift or contribution from any of the following persone?  a A person who directly or includely controls, either ainse or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A 35% controlled entity of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a above?  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 of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of elective power in the supported organization, describe how the supported organization of section and organization, describe how the supported organization of section and organization, describe how the supported organization of organizations and what conditions or restrictions, if any specified power is apported organization of the section of the supported organization of the section of the supported organization of the section or the supported organization of the section of the section of the supported organization of the section of the sectio	Par	t IV   Supporting Organizations (continued)			
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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.					
these activities but for the organization's involvement.					
these seather the eigenestical and eigen			2h		
	3		2.5		

**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.

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	UJJI rago
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e 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	integra	ated Type III supporting orga	enization (see

Schedule A (Form 990) 2021

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2021 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021				
_1_	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-		401					
	able cause required - explain in Part VI). See instructions.		10					
3	Excess distributions carryover, if any, to 2021							
<u>a</u>	From 2016							
b	From 2017							
<u> </u>	From 2018							
	From 2019							
	From 2020							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years	+.63						
	Applied to 2021 distributable amount							
<u> </u>	Carryover from 2016 not applied (see instructions)							
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in							
	•							
	Part VI. See instructions.  Excess distributions carryover to 2022. Add lines 3							
7	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							

Schedule A (Form 990) 2021

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.)
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Schedule A (Form 990) 2021

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BLUE RIDGE WILDLIFE CENTER

**Employer identification number** \*\*-\*\*\*6991

		(a) Donor advised funds	(b)	Funds an	d other accou	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's exc	clusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be	e used only	/		
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	conferrin	9		
					Yes	No
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990,	Part IV, li	ne 7.		
2	Purpose(s) of conservation easements held by the organization  Preservation of land for public use (for example, recreation  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified	n or education) Preservation o	of a certifie	ed historic	structure asement on t	he last
	day of the tax year.		-		at the End of t	ne lax year
а				2a		
b	Total acreage restricted by conservation easements		·····	2b		
С	Number of conservation easements on a certified historic struct			2c		
d	Number of conservation easements included in (c) acquired after					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	e organiza	tion during	the tax	
	year					
	Number of states where property subject to conservation easen	•	-			
5	Does the organization have a written policy regarding the period					<b>—</b>
	violations, and enforcement of the conservation easements it ho				Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cor	servation	easements	s during the y	ear
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation ease	ments duri	ng the year	
	<b>\</b> \$		V( ) ( 4) ( ( ) ( )			
_	Does each conservation easement reported on line 2(d) above s		)(h)(4)(B)(i)			
8		•				No
	and section 170(h)(4)(B)(ii)?				Yes	
	In Part XIII, describe how the organization reports conservation $\label{eq:conservation}$	easements in its revenue and expense	e statemer	nt and		
	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote	easements in its revenue and expense	e statemer	nt and		
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.	easements in its revenue and expense to the organization's financial staten	e statemer nents that	nt and describes	the	
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  t III Organizations Maintaining Collections of A	easements in its revenue and expense to the organization's financial staten	e statemer nents that	nt and describes	the	
9 Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 99	easements in its revenue and expense to the organization's financial statement, Historical Treasures, or Oo, Part IV, line 8.	e statemer nents that other Sin	nt and describes nilar Ass	the sets.	
9 Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 95.  If the organization elected, as permitted under FASB ASC 958,	easements in its revenue and expense to the organization's financial statement, <b>Historical Treasures, or O</b> 00, Part IV, line 8.  not to report in its revenue statement	e statemer nents that ther Sin	nt and describes nilar Ass ce sheet w	the sets.	
9 Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 99 of the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public	easements in its revenue and expense to the organization's financial statement, <b>Historical Treasures, or O</b> OO, Part IV, line 8. not to report in its revenue statement exhibition, education, or research in f	e statemer nents that ther Sin and balan furtherance	nt and describes nilar Ass ce sheet w	the sets.	
9 Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98  If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial	easements in its revenue and expense to the organization's financial statem of the transfer of	e statemer nents that ther Sin and balan furtherance	nt and describes nilar Ass ce sheet we of public	sets.	
9 Par	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial if the organization elected, as permitted under FASB ASC 958, of the organization elected, as permitted under FASB ASC 958, of the organization elected, as permitted under FASB ASC 958, of the organization elected, as permitted under FASB ASC 958, of the organization elected, as permitted under FASB ASC 958, of the organization elected, as permitted under FASB ASC 958, or the organization elected of the organization elected.	easements in its revenue and expense to the organization's financial statement, Historical Treasures, or Oo, Part IV, line 8.  not to report in its revenue statement exhibition, education, or research in fall statements that describes these iter to report in its revenue statement and	e statemer nents that ther Sin and balan furtherance ms. balance s	nt and describes nilar Ass ce sheet we of public	sets.	
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Par 1a b	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.  III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its financial fithe organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public exprovide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	easements in its revenue and expense to the organization's financial statement.  Int, Historical Treasures, or Opport IV, line 8.  Into to report in its revenue statement exhibition, education, or research in fall statements that describes these iter to report in its revenue statement and chibition, education, or research in further than the control of the control	e statemer ments that ther Sin and balan furtherance ms. balance s therance o	nilar Ass ce sheet we of public set public set set works for public set set set set set works for public set	rorks s of rvice,	

	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following tha	t make siç	gnificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how the	ey further th	ne organizatio	on's exem	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be mai								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	ontribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						ty?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization an	swered '	"Yes" on Fo	rm 990, Parl	: IV, line 1	0.			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	<b>(d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	4,989.		3,662.		3,823.		3,789.		3,496.
b	Contributions									
С	Net investment earnings, gains, and losses	-642.		1,327.		-161.		34.		293.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	4,347.		4,989.		3,662.		3,823.		3,789.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment ► 69.000	<u>%</u>								
С	Term endowment ▶31.0000 %	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion that	are held ar	nd administe	red for the	e organiza	ation	_	
	by:								Y	'es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value
		basis (investr	nent)		(other)	dep	reciation			
1a	Land				9,665.				399	<u>,665.</u>
	Buildings			1,36	6,402.	2	204,96	50.	1,161	<u>,442.</u>
С	Leasehold improvements									
d	Equipment				8,578.	2	273,16			<u>,409.</u>
е	Other			1	4,592.		3,71			,881.
Γotal	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colum	n (B), line 1	0c.)			<b>&gt;</b>	1,757	<u>,397.</u>

Schedule B (Form 550) 2021 BEG 111201			UJJ = Tage 4
Part VII Investments - Other Securities.	5 000 B + 11/1	141 0 5 000 5 177 5 40	
Complete if the organization answered "Yes" o			d af a a a a a l a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(2)		10	
(3)			
(4)			
(5)			
(6)		~?	
(7)	<b>(</b>		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	. (		
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	<b>&gt;</b>	
Part X Other Liabilities.	5 000 B . N. II		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	I
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 ....

Par	rt XI Reconciliation of Revenue	e per Audited Financi	al Statement	s With F	Revenue per Re	turn.	
	Complete if the organization answ	rered "Yes" on Form 990, Pa	art IV, line 12a.				
1	Total revenue, gains, and other support p	er audited financial stateme	ents			1	1,615,080.
2	Amounts included on line 1 but not on Fo	orm 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investme	ents		2a	-80,079. 17,050.		
b	Donated services and use of facilities			2b	17,050.		
С				2c			
d				2d			
е						2e	-63,029. 1,678,109.
3	Subtract line 2e from line 1					3	1,678,109.
4	Amounts included on Form 990, Part VIII						
а	Investment expenses not included on Fo	rm 990, Part VIII, line 7b		4a	10,197.		
b	Other (Describe in Part XIII.)			4b			
С	Add lines 4a and 4b					4c	10,197. 1,688,306.
5	Total revenue. Add lines 3 and 4c. (This I	must equal Form 990, Part I,	line 12.)		<u></u>	5	1,688,306.
Pai	rt XII Reconciliation of Expense	es per Audited Financ	cial Statemen	ts With	Expenses per F	Return	l <b>.</b>
	Complete if the organization answ	rered "Yes" on Form 990, Pa	art IV, line 12a.				
1	Total expenses and losses per audited fir	nancial statements				1	762,099.
2	Amounts included on line 1 but not on Fo	orm 990, Part IX, line 25:					
а	Donated services and use of facilities			2a	17,050.		
b	Prior year adjustments			2b			
С	Other losses			2c			
d	Other (Describe in Part XIII.)			2d			
е						2e	17,050. 745,049.
3	Subtract line 2e from line 1			)		3	745,049.
4	Amounts included on Form 990, Part IX,				40 405		
а	1			4a	10,197.		
	/			4b			10 100
С	Add lines 4a and 4b					4c	10,197.
5	Total expenses. Add lines 3 and 4c. (This	s must equal Form 990, Part	1. line 18.)			5	755,246.
	ride the descriptions required for Part II, line		1a and 4; Part IV	, lines 1b a	and 2b; Part V, line 4	; Part X	, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. A	Also complete this part to pr	ovide any addition	nal inform	ation.		
		<del>(()</del>					

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BLUE RIDGE WILDLIFE CENTER

Employer identification number \*\* - \* \* \* 6 9 9 1

	DOD WIDDDIID CONID	11			<i></i>					
Part I Fundraising Activities. required to complete this part	Complete if the organization answit.	ered "Yes" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not					
1 Indicate whether the organization rais		na activities	Check all that apply							
a Mail solicitations			overnment grants							
b Internet and email solicitations f Solicitation of government grants										
c Phone solicitations	g L Specia	I fundraising	events							
d In-person solicitations										
2 a Did the organization have a written of										
key employees listed in Form 990, P	•				<del></del>					
<b>b</b> If "Yes," list the 10 highest paid indiv		uant to agree	ments under which t	he fundraiser is to be	9					
compensated at least \$5,000 by the	organization.									
		(iii) Did		(v) Amount paid						
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)					
or entity (fundraiser)	(ii) Activity	or control of contributions?	from activity	fundraiser listed in col. (i)	organization					
				listed in col. (i)	-					
		Yes No								
			6							
	<b>*</b> . (									
		<b>\</b>								
	70,									
X	•									
"otal										
Total  3 List all states in which the organization	n is registered or licensed to solicit	contributions	s or has been notified	lit is exempt from re	ı gistration					
or licensing.			, c. riao boor riotillet	. I. IO OXOMPL HOM TO	9.0.14.1011					

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 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 19,375. 19,375. 1 Gross receipts ..... 15,357. 15,357. 2 Less: Contributions 4,018. 4,018. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs \_\_\_\_\_ 7 Food and beverages 8 Entertainment 5,900. 5,900 9 Other direct expenses 5,900 10 Direct expense summary. Add lines 4 through 9 in column (d) -1,882 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo 🔷 (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2021 BLUE RIDGE WILDLIFE CENTER	<u> </u>	991	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	O 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
	Indicate the percentage of gaming activity conducted in:	1		
	The organization's facility	13a		%
	An outside facility	13b	<u></u>	%
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 revenue?	. 🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the 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 Employee Independent contractor			
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	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year ▶ \$  rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	+ III - Iio	200 0	9h 10h
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	103 0, 1	55, 105,

132083 10-21-21 Schedule G (Form 990) 2021

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization BLUE RIDGE WILDLIFE CENTER Employer identification number \*\*-\*\*\*6991

Par	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method of de			
		applicable		Form 990, Part VIII, line 1g	nond	cash contribi	ution ar	nounts	3
1	Art - Works of art			, ,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	3	308,621	FAIR	VALUE			
10	Securities - Closely held stock			300,022		· · · · · · · · · · · · · · · · · · ·			
11	Securities - Partnership, LLC, or								
••									
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -			-69					
13				. 0					
14	Qualified conservation contribution - Other			10	+				
	***				+				
15	Real estate - Residential			$\cup$	+				
16	Real estate - Commercial		+, 6						
17	Real estate - Other			/					
18	Collectibles								
19	Food inventory	X	74	3,957.	ENTD	777 T TTE			
20	Drugs and medical supplies	Λ	/4	3,957	FAIR	VALUE			
21	Taxidermy		•		_				
22	Historical artifacts	111			+				
23	Scientific specimens				+				
24	Archeological artifacts	17	1.40	41 011	DATE	773 T TTD			
25	Other (ANIMAL CARE S)	X	149	41,911.					
26	Other (RENT)	X	1	9,950.					
27	Other (OTHER)	<u>X</u>	6	4,300.					
<u>28</u>	Other	X	21	1,300.	FAIR	VALUE			
29	Number of Forms 8283 received by the organiz	=	•						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>					
								Yes	No
30a	During the year, did the organization receive by					t it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	ised for				
	exempt purposes for the entire holding period?						30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31		<u>X</u>
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		<u>X</u>
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	ecked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule I	И (Forn	n 990)	2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
REPAIRS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.
(D) METHOD OF DETERMINING REVENUE: FAIR VALUE
.01

# **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

132211 11-11-21

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

BLUE RIDGE WILDLIFE CENTER

Employer identification number \*\*-\*\*\*6991

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESEARCH.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPORTANCE OF PRESERVING NATIVE WILDLIFE SPECIES.
FORM 990, PART VI, SECTION A, LINE 4:
ARTICLE II
ADDED TO THE MISSION STATEMENT: (4) PROVIDING WILDLIFE MEDICAL TRAINING TO
HEALTHCARE PROFESSIONALS INCLUDING VETERINARIANS, INTERNS, AND REHABBERS;
AND
(5) CREATING PARTNERSHIPS WITH OTHER ORGANIZATIONS TO OPTIMIZE THE HEALTH
OF PEOPLE, ANIMALS, AND ECOSYSTEMS, AND TO PROMOTE PRESERVATION OF WILDLIFE
HABITAT
ARTICLE IV
ADDED: INCOMING DIRECTORS SHALL BE ASSIGNED TO A CLASS (CLASS ONE (1), TWO
(2), OR THREE (3)) BASED ON THE YEAR THEIR TERM ENDS SO THAT THE CLASSES
ARE OF EQUAL SIZE TO THE EXTENT POSSIBLE.
THE TERM OF A DIRECTOR SHALL BE BASED ON A CALENDAR YEAR, WITH THE FIRST
YEAR OF A TERM STARTING ON JANUARY 1 AND THE THIRD YEAR OF A TERM ENDING ON
DECEMBER 31. DIRECTORS MAY BE ELECTED TO SERVE A SECOND CONSECUTIVE TERM OF
THREE (3) YEARS, AND A THIRD CONSECUTIVE TERM OF THREE (3) YEARS, BUT
THEREAFTER MAY NOT SERVE AS A DIRECTOR WITHOUT AT LEAST A ONE-YEAR BREAK IN
SERVICE AS A DIRECTOR. EACH DIRECTOR SHALL HOLD OFFICE UNTIL THE EXPIRATION
OF THE TERM FOR WHICH THE DIRECTOR WAS ELECTED AND UNTIL THE DIRECTOR'S
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization

BLUE RIDGE WILDLIFE CENTER

Employer identification number \*\*-\*\*6991

SUCCESSOR HAS BEEN DULY ELECTED AND QUALIFIED, OR UNTIL THE DIRECTOR'S

PRIOR RESIGNATION OR REMOVAL AS HEREAFTER PROVIDED. DIRECTORS WHO ARE

ELECTED TO COMPLETE A PARTIAL TERM WILL BE CONSIDERED TO BEGIN THEIR FIRST

TERM OF SERVICE AT THE COMPLETION OF THIS PARTIAL TERM AND SHALL BE

ELIGIBLE TO SERVE ON THE BOARD FOR THREE (3) FULL TERMS.

#### ARTICLE V

SECTION 5.1 CHANGED TO: COMMITTEES OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS, BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS IN OFFICE,

MAY DESIGNATE AND APPOINT THE FOLLOWING STANDING COMMITTEES: (I) THE

EXECUTIVE COMMITTEE; (II) THE FINANCE COMMITTEE; AND (III) THE GOVERNANCE

COMMITTEE. EACH STANDING COMMITTEE SHALL HAVE A MINIMUM OF THREE (3)

MEMBERS OF WHOM THREE (3) SHALL BE DIRECTORS.

ADDED: THE MAJORITY OF MEMBERS OF THE FINANCE COMMITTEE MUST BE DIRECTORS.

ALL MEMBERS OF THE GOVERNANCE COMMITTEE MUST BE DIRECTORS

#### ARTICLE VI

ADDED CHAIR AND VICE CHAIR TO THE LIST OF OFFICERS

CHANGED TERM YEAR TO JANUARTY 1 THROUGH DECEMBER 31

ADDED: 3. THE VICE-CHAIR MAY ASSUME THE DUTIES OF THE BOARD CHAIR WHEN

NECESSARY EITHER BY APPOINTMENT BY THE BOARD CHAIR OR BY A MAJORITY VOTE OF

THE BOARD OF DIRECTORS.

#### ARTICLE VII

SECTION 7.2 CHANGED TO: ALL OTHER STAFF SHALL BE SUPERVISED BY AND

ACCOUNTABLE AS SPECIFIED IN THE ORGANIZATION CHART SUBMITTED BY THE

EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS.

Schedule O (Form 990) 2021 Page 2

Name of the organization

BLUE RIDGE WILDLIFE CENTER

Employer identification number

\*\*-\*\*\*6991

ARTICLE VIII

SECTION 8.3

CHECKS, DRAFTS, AND WIRE TRANSFERS. ALL CHECKS, DRAFTS, WIRE TRANSFERS OR
OTHER ORDERS FOR THE PAYMENT OF MONEY, NOTES OR OTHER EVIDENCES OF

INDEBTEDNESS (ISSUED IN THE NAME OF THE CORPORATION) SHALL BE SIGNED BY

SUCH OFFICERS OR AGENTS OF THE CORPORATION AS SHALL FROM TIME TO TIME BE

DETERMINED BY THE BOARD OF DIRECTORS. IN THE ABSENCE OF SUCH DETERMINATION

BY THE BOARD, SUCH INSTRUMENTS SHALL BE SIGNED BY THE TREASURER, AND SHALL

BE COUNTERSIGNED BY THE BOARD CHAIR OR OTHER OFFICER DESIGNATED BY THE

BOARD CHAIR WHEN COUNTERSIGNATURE IS REQUIRED.

ARTICLE IX

SECTION 9.2

THE FISCAL YEAR OF THE CORPORATION SHALL BEGIN ON THE FIRST DAY OF JULY IN EACH YEAR, AND END ON THE LAST DAY OF JUNE OF THE FOLLOWING CALENDAR YEAR.

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

THE BOARD OF DIRECTORS REVIEWS A COPY OF THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS ANY INTEREST WHICH MAY GIVE RISE TO CONFLICTS OF AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE POLICY FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CHIEF EMPLOYED EXECUTIVE INCLUDES 1) REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS 2) USE OF DATA AS TO COMPARABLE COMPENSATION AND 3)

CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  BLUE RIDGE WILDLIFE CENTER	Employer identification number  **-***6991
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE PREPARED AND SUBMITTED AS PART O	F THE BOARD
MEETINGS. CONFLICT OF INTEREST STATEMENTS ARE COMPLETED B	Y BOARD AND STAFF
ANNUALLY. COPIES ARE ON FILE AND WOULD BE MADE AVAILABLE	AS REQUESTED.
	)
*.C1	