

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 07-01, 2021, and ending 06-30, 2022

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

2021

Department of the Treasury
Internal Revenue Service

Name of filer <u>PIEDMONT FARM ANIMAL REFUGE</u>	EIN or SSN <u>45-4806153</u>
Name and title of officer or person subject to tax <u>DANI MORIN TREASURER</u>	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here.	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	382,383
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here.	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here.	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here.	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b	
9a Form 5330 check here.	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b		

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HRB TAX GROUP INC to enter my PIN 06153 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

563127 27088

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ KENNETH O' BANNON Date ▶ 01-13-2023

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning JULY 01, 2021, and ending JUNE 30, 2022

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

C Name of organization PIEDMONT FARM ANIMAL REFUGE
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7236 NC HWY 87 N
 City or town, state or province, country, and ZIP or foreign postal code
PITTSBORO NC 27312

D Employer identification number
45-4806153

E Telephone number
919-533-4013

G Gross receipts \$ 383,230

F Name and address of principal officer:
SEE ATTACHMENT #1

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

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

J Website: WWW.PIEDMONTREFUGE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2012 **M** State of legal domicile: NC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE LIFELONG CARE TO RESCUED FARM ANIMALS, EDUCATE PEOPLE ABOUT THE REALITIES OF ANIMAL AGRICULTURE, AND PROMOTE VEGANISM BY OFFERING KNOWLEDGE, SUPPORT AND COMMUNITY</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	323,037	360,591
	9 Program service revenue (Part VIII, line 2g)	8,359	11,894
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,500	2,202
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,684	7,696
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,580	382,383
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,070	72,466
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	11,223	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134,093	141,839
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	175,163	214,305	
19 Revenue less expenses. Subtract line 18 from line 12	161,417	168,078	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 510,623	End of Year 659,435
	21 Total liabilities (Part X, line 26)	21,273	2,007
	22 Net assets or fund balances. Subtract line 21 from line 20	489,350	657,428

Part II Signature Block

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

Sign Here

Signature of officer: DANI MORIN Date: _____
 Type or print name and title: TREASURER

Paid Preparer Use Only

Print/Type preparer's name: KENNETH O'BANNON Preparer's signature: KENNETH O'BANNON Date: 01-13-2023 Check if self-employed PTIN: P01565458
 Firm's name: HRB TAX GROUP INC Firm's EIN: 431871840
 Firm's address: 603 HAMPTON POINTE BLVD STE 4 Phone no.: (919) 644-1313
HILLSBOROUGH NC 27278

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE LIFELONG CARE TO RESCUED FARM ANIMALS, EDUCATE PEOPLE ABOUT THE REALITIES OF ANIMAL AGRICULTURE AND PROMOTE VEGANISM BY OFFERING KNOWLEDGE, SUPPORT AND COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 132,702 including grants of \$) (Revenue \$ 235,580)
SEE ATTACHMENT #2

4b (Code:) (Expenses \$ 21,615 including grants of \$) (Revenue \$ 11,997)

4c (Code:) (Expenses \$ 49,333 including grants of \$) (Revenue \$ 100,000)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 203,650

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 9, 10, 11, 12, 14, and 20. Marked 'Yes' (X) in the table include questions 1, 2, 6, 11a, 11d, 11e, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, contributions, and organizational compliance.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SEE ATTACHMENT #3

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE SETTI PRESIDENT	3.00			X				0	0	0
JIM HICKMAN DIRECTOR	3.00	X						0	0	0
RACHEL JORDAN VICE PRESIDENT	3.00			X				0	0	0
DYLAN MUCKERMAN SECRETARY	3.00			X				0	0	0
JENNA QUINN DIRECTOR	3.00	X						0	0	0
DANI MORAN TREASURER	3.00			X				0	0	0
JORDAN MILLS DIRECTOR	3.00	X						0	0	0
HEATHER BELL DIRECTOR	3.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	26,059			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	334,532			
	g Noncash contributions included in lines 1a-1f.	1g \$				
	h Total. Add lines 1a-1f		360,591			
Program Service Revenue	2a EDUCATION PROGRAMS	Business Code	11,873			
	b OUTREACH PROGRAMS		21			
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		11,894			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		202			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)		2,000			
	8a Gross income from fundraising events (not including \$ 26,059 of contributions reported on line 1c). See Part IV, line 18		211			
b Less: direct expenses		8b				
c Net income or (loss) from fundraising events			211			
9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		8,329				
	b Less: cost of goods sold	10b	847			
	c Net income or (loss) from sales of inventory		7,482			
Miscellaneous Revenue	11a ROUNDING ADJUSTMENT	Business Code	3		3	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		3			
12 Total revenue. See instructions		382,383			3	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	66,808	52,920	6,944	6,944
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,658	4,490	584	584
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	527		527	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	21,180	19,493	1,687	
12	Advertising and promotion	937		316	621
13	Office expenses	11,371	3,937	4,693	2,741
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2		2	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,069			
23	Insurance	5,592	4,194	1,398	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	BANK FEES	5,722	5,204	502	16
b	ANIMAL CARE SUPPLIES	40,168	39,693	318	157
c	UTILITIES	4,586	4,586		
d	SMALL EQUIPMENT AND TOOLS	1,442	1,414		28
e	All other expenses	21,243	8,427	12,684	132
25	Total functional expenses. Add lines 1 through 24e	214,305	144,358	29,655	11,223
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash -- non-interest-bearing	77,526	1	171,289
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	1,374
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	568,351		
	10b	Less: accumulated depreciation	130,912		
			433,097	10c	437,439
	11	Investments -- publicly traded securities		11	
	12	Investments -- other securities. See Part IV, line 11		12	
	13	Investments -- program-related. See Part IV, line 11		13	
	14	Intangible assets		14	49,333
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 33)	510,623	16	659,435	
Liabilities	17	Accounts payable and accrued expenses	937	17	1,671
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	20,336	22	336
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,273	26	2,007
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	489,350	27	657,428
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	489,350	32	657,428	
33	Total liabilities and net assets/fund balances.	510,623	33	659,435	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	382,383
2	Total expenses (must equal Part IX, column (A), line 25)	2	214,305
3	Revenue less expenses. Subtract line 2 from line 1	3	168,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	489,350
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	657,428

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A. If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits N/A.		

SCHEDULE A
(Form 990)

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

Name of the organization PIEDMONT FARM ANIMAL REFUGE	Employer identification number 45-4806153
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 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)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81,818	100,837	198,707	294,143	334,531	1,010,036
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,192	9,651	11,964	8,359	11,894	45,060
3 Gross receipts from activities that are not an unrelated trade or business under section 513		36,025	82,916	3,504	105,400	227,845
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.	85,010	146,513	293,587	306,006	451,825	1,282,941
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,282,941

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	85,010	146,513	293,587	306,006	451,825	1,282,941
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46	67	141	153	202	609
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	46	67	141	153	202	609
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	85,056	146,580	293,728	306,159	452,027	1,283,550

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.96 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.05 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.04 %

19a 33 1/3% support tests -- 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests -- 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization
PIEDMONT FARM ANIMAL REFUGE

Employer identification number
45-4806153

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

PIEDMONT FARM ANIMAL REFUGE

Employer identification number

45-4806153

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL SMITH 165 WEST 91ST STREET NEW YORK, NY 10024	\$ 145,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JANET L BRUNES FOUNDATION RAYMOND PO BOX 23559 SAINT PETERSBURG, FL 33742	\$ 5,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ELIZABETH A ONEY 5518 OSPREY ISLE LN ORLANDO, FL 32819	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MICHAEL S SOSABEE 5412 WOOD LEAF DRIVE GREENSBORO, NC 27406	\$ 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOSH BALDWIN 113 BRIGHT ANGEL DRIVE CARY, NC 27513	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PIEDMONT FARM ANIMAL REFUGE

Employer identification number

45-4806153

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BIANCA PASSARELLI 147 MASON TERRACE #3 BROOKLINE, MA 02446	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

Name of the organization

PIEDMONT FARM ANIMAL REFUGE

Employer identification number

45-4806153

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		105,973		105,973
b Buildings		176,971	11,484	165,487
c Leasehold improvements		216,560	73,089	143,471
d Equipment		44,830	35,825	9,005
e Other		24,017	10,514	13,503
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				437,439

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2e, 3, 4a-4c), and final total column.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2e, 3, 4a-4c), and final total column.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Lined area for providing supplemental information.

SCHEDULE G
(Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Name of the organization: **PIEDMONT FARM ANIMAL REFUGE** Employer identification number: **45-4806153**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

Name of the organization **PIEDMONT FARM ANIMAL REFUGE** Employer identification number **45-4806153**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
LENORE BRAFORD	EXECUTIV DIRECTOR	PERSONAL	x		336	336		x		x		x
Total						\$	336					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

CLIENT COPY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PIEDMONT FARM ANIMAL REFUGE

Employer identification number

45-4806153

PART VI, SECTION B, LINE 12C - POLICY IS CIRCULATED BY EMAIL AT THE
SAME TIME AS THE TAX RETURN. BOARD MEMBERS ARE EXPECTED TO RESPOND
WITH ANY RELEVANT CHANGES.

CLIENT COPY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PIEDMONT FARM ANIMAL REFUGE

Employer identification number

45-4806153

PART X LINE 13: - SOFTWARE ISSUE COULD NOT REPORT OTHER ASSET
PROPERLY ON BALANCE SHEET FOR THE COW HABITAT NOT PLACED IN SERVICE.
ENTERED THE NOT PLACED IN SERVICE AMOUNT UNDER INTANGIBLE ASSET. ENTRY
MADE IN D PG 3.

CLIENT COPY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PIEDMONT FARM ANIMAL REFUGE

Employer identification number

45-4806153

PART IX PAGE 10 LINE 24 OTHER EXPENSES - MADE \$9,238 MISC ADJUSTMENT
PROBABLY ATTRIBUTABLE TO THE DEMINIMIS COST OF ASSETS

CLIENT COPY

2021 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2021, or tax period beginning	07-01-2021, and ending	06-30-2022.
Name of Organization	PIEDMONT FARM ANIMAL REFUGE		Employer Identification Number 45-4806153

990, Page 1, Line F

Principal officer name RACHEL JORDAN

Business Name:
PIEDMONT ANIMAL RESCUE

Street Address 7236 NC HWY 87N

U.S. Address:

Zip code 27312 City PITTSBORO State NC

Foreign Address

City

Province or State

Country

Postal code

CLIENT COPY

2021 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION

For calendar year 2021, or tax period beginning 07-01-2021, and ending 06-30-2022.

Name of Organization

PIEDMONT FARM ANIMAL REFUGE

Employer Identification Number

45-4806153

Part III - Statement of Program Service Accomplishments

Code: Expenses: 132,702 including Grants of: Revenue: 235,580

Exempt Purpose Achievements

RESCUE AND PROVIDE SANCTUARY FOR FARM ANIMALS

CLIENT COPY

2021 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC
INSPECTION

For calendar year 2021, or tax period beginning 07-01-2021, and ending 06-30-2022.

Name of Organization

PIEDMONT FARM ANIMAL REFUGE

Employer Identification Number

45-4806153

Part III - Statement of Program Service Accomplishments

Code: Expenses: 21,615 including Grants of: Revenue: 11,997

Exempt Purpose Achievements

EDUCATIONAL TOURS AND CLASSES

CLIENT COPY

2021 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2021, or tax period beginning 07-01-2021, and ending 06-30-2022.

Name of Organization

PIEDMONT FARM ANIMAL REFUGE

Employer Identification Number

45-4806153

Part III - Statement of Program Service Accomplishments

Code: Expenses: 49,333 including Grants of: Revenue: 100,000

Exempt Purpose Achievements

CONSTRUCT COW HABITAT

CLIENT COPY

2021 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2021, or tax period beginning 07-01-2021, and ending 06-30-2022
Name of Organization <u>PIEDMONT FARM ANIMAL REFUGE</u>	Employer Identification Number <u>45-4806153</u>

Part VI - Line 20

Individual Name RACHEL JORDAN
or
Business Name:

Street Address 7236 US HWY 87N

U.S. Address:

Zip code 27312 City PITTSBORO State NC

Foreign Address

City

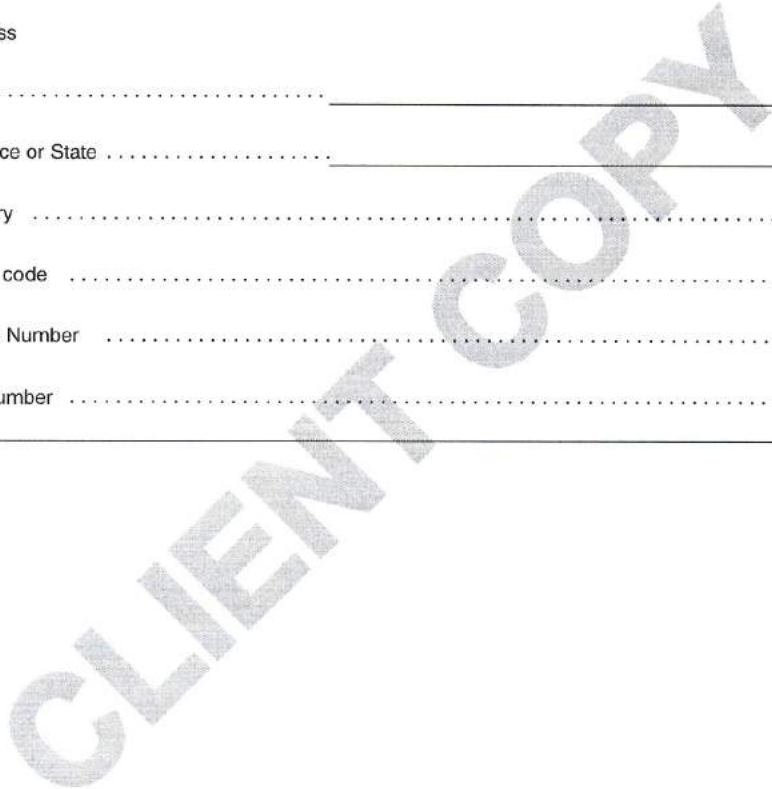
Province or State

Country

Postal code

Phone Number (703) 927-6022

Fax Number



2021 FORM 990 PAGE 10, ALL OTHER EXPENSES

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC
INSPECTION

For calendar year 2021 or tax period beginning 07-01-2021, and ending 06-30-2022.

Name of Organization

Employer Identification Number

PIEDMONT FARM ANIMAL REFUGE

45-4806153

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
REPAIRS AND MAINTENANCE	6,261	6,194	67	
PARKING AND TOLLS	154	154		
MEMBERSHIP FEES	755	393	230	132
SALES TAX	818		818	
ORGANIZATIONAL EXPENSE	235	33	202	
BOARD AND STAFF DEVELOPMENT	1,217		1,217	
OTHER TAXES	1,653	1,653		
VEHICLE EXPENSES	10,150		10,150	
Total:	21,243	8,427	12,684	132

CLIENT COPY

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return PIEDMONT FARM ANIMAL REFUGE	Business or activity to which this form relates FOR FORM 990	Identifying number 45-4806153
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	24,931
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B -- Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property	SEE STATEMENT					1,991
d 10-year property						
e 15-year property	SEE STATEMENT					423
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,724
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	29,069
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25								
26 Property used more than 50% in a qualified business use:								
SEE STATEMENT		%					1,724	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28							1,724	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

Section B — Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2021 tax year (see instructions):					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2021 AUTO EXPENSE WORKSHEET

PIEDMONT FARM ANIMAL REFUGE
45-4806153

Keep for Your Records

VEHICLE INFORMATION

- | | | |
|--|-----------------------------|--|
| 1. Vehicle description | 1. <u>2002 HONDA ACCORD</u> | |
| 2. Carried to form or schedule | 2. <u>FORM 990</u> | |
| 3. Date vehicle was placed in service | 3. <u>03-22-2016</u> | |
| 4. Odometer beginning mileage _____ ending mileage _____ | | |

CALCULATION OF BUSINESS USE PERCENTAGES

- | | | |
|--|---------------------|--|
| 5. Total business mileage driven during the year | 5. <u>100</u> | |
| 6. Total commuting mileage driven during the year | 6. _____ | |
| 7. Total other personal mileage driven during the year | 7. _____ | |
| 8. Total mileage driven during the year | 8. <u>100</u> | |
| 9. Business use percentage (line 5 divided by line 8) | *9. <u>100.00 %</u> | |

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input	Deduction Allowed
10. Parking fees and tolls	_____	10. _____
11. Gasoline and oil	_____ x Line 9	11. _____
12. Repairs	_____ x Line 9	12. _____
13. Licensing fees	_____ x Line 9	13. _____
14. Registration fees	_____ x Line 9	14. _____
15. Insurance	_____ x Line 9	15. _____
16. Other expenses	_____ x Line 9	16. _____
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)	_____	17. _____
18. Property tax (carries to taxes line of form on line 2)	_____ x Line 9	18. _____
19. Interest expense (carries to interest expense line of form on line 2)	_____ x Line 9	19. _____
20. Lease payments	_____ x Line 9	20. _____
21. Inclusion amount	_____ x Line 9	21. _____
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)	_____	22. _____
23. Section 179 expense deduction		*23. _____
24. Special depreciation allowance		**24. _____
25. Current depreciation expense		**25. <u>1</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)		26. <u>1</u>
27. Value of employer-provided vehicle	_____ x Line 9	27. _____
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)		28. <u>1</u>

* Not subject to business use percentage.
** Already adjusted for business use percentage.

2021 AUTO EXPENSE WORKSHEET

PIEDMONT FARM ANIMAL REFUGE
45-4806153

Keep for Your Records

VEHICLE INFORMATION

- | | | |
|--|----------------------------------|--|
| 1. Vehicle description | 1. <u>1987 MITSUBISHI MIGHTY</u> | |
| 2. Carried to form or schedule | 2. <u>FORM 990</u> | |
| 3. Date vehicle was placed in service | 3. <u>02-27-2018</u> | |
| 4. Odometer beginning mileage _____ ending mileage _____ | | |

CALCULATION OF BUSINESS USE PERCENTAGES

- | | | |
|--|-----|-----------------|
| 5. Total business mileage driven during the year | 5. | <u>100</u> |
| 6. Total commuting mileage driven during the year | 6. | _____ |
| 7. Total other personal mileage driven during the year | 7. | _____ |
| 8. Total mileage driven during the year | 8. | <u>100</u> |
| 9. Business use percentage (line 5 divided by line 8) | *9. | <u>100.00 %</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input		Deduction Allowed
10. Parking fees and tolls	_____	10.	_____
11. Gasoline and oil	_____ x Line 9	11.	_____
12. Repairs	_____ x Line 9	12.	_____
13. Licensing fees	_____ x Line 9	13.	_____
14. Registration fees	_____ x Line 9	14.	_____
15. Insurance	_____ x Line 9	15.	_____
16. Other expenses	_____ x Line 9	16.	_____
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)	_____	17.	_____
18. Property tax (carries to taxes line of form on line 2)	_____ x Line 9	18.	_____
19. Interest expense (carries to interest expense line of form on line 2)	_____ x Line 9	19.	_____
20. Lease payments	_____ x Line 9	20.	_____
21. Inclusion amount	_____ x Line 9	21.	_____
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)	_____	22.	_____
23. Section 179 expense deduction		*23.	_____
24. Special depreciation allowance		**24.	_____
25. Current depreciation expense		**25.	<u>169</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)		26.	<u>169</u>
27. Value of employer-provided vehicle	_____ x Line 9	27.	_____
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)		28.	<u>169</u>

* Not subject to business use percentage.
** Already adjusted for business use percentage.

2021 AUTO EXPENSE WORKSHEET

PIEDMONT FARM ANIMAL REFUGE
45-4806153

Keep for Your Records

VEHICLE INFORMATION

- | | | |
|--|-----------------------------|--|
| 1. Vehicle description | 1. <u>1999 TOYOTA CAMRY</u> | |
| 2. Carried to form or schedule | 2. <u>FORM 990</u> | |
| 3. Date vehicle was placed in service | 3. <u>05-08-2018</u> | |
| 4. Odometer beginning mileage _____ ending mileage _____ | | |

CALCULATION OF BUSINESS USE PERCENTAGES

- | | | |
|--|-----|-----------------|
| 5. Total business mileage driven during the year | 5. | <u>100</u> |
| 6. Total commuting mileage driven during the year | 6. | |
| 7. Total other personal mileage driven during the year | 7. | |
| 8. Total mileage driven during the year | 8. | <u>100</u> |
| 9. Business use percentage (line 5 divided by line 8) | *9. | <u>100.00 %</u> |

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input		Deduction Allowed
10. Parking fees and tolls	_____	10.	_____
11. Gasoline and oil	_____ x Line 9	11.	_____
12. Repairs	_____ x Line 9	12.	_____
13. Licensing fees	_____ x Line 9	13.	_____
14. Registration fees	_____ x Line 9	14.	_____
15. Insurance	_____ x Line 9	15.	_____
16. Other expenses	_____ x Line 9	16.	_____
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)	_____	17.	_____
18. Property tax (carries to taxes line of form on line 2)	_____ x Line 9	18.	_____
19. Interest expense (carries to interest expense line of form on line 2)	_____ x Line 9	19.	_____
20. Lease payments	_____ x Line 9	20.	_____
21. Inclusion amount	_____ x Line 9	21.	_____
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)	_____	22.	_____
23. Section 179 expense deduction		*23.	_____
24. Special depreciation allowance		**24.	_____
25. Current depreciation expense		**25.	<u>186</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)		26.	<u>186</u>
27. Value of employer-provided vehicle	_____ x Line 9	27.	_____
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)		28.	<u>186</u>

* Not subject to business use percentage.

** Already adjusted for business use percentage.

2021 AUTO EXPENSE WORKSHEET

PIEDMONT FARM ANIMAL REFUGE
45-4806153

Keep for Your Records

VEHICLE INFORMATION

- | | | |
|--|---------------------------------|--|
| 1. Vehicle description | 1. <u>1995 DODGE RAM PICKUP</u> | |
| 2. Carried to form or schedule | 2. <u>FORM 990</u> | |
| 3. Date vehicle was placed in service | 3. <u>11-18-2018</u> | |
| 4. Odometer beginning mileage _____ ending mileage _____ | | |

CALCULATION OF BUSINESS USE PERCENTAGES

- | | | |
|--|-----------|----------|
| 5. Total business mileage driven during the year | 5. _____ | 100 |
| 6. Total commuting mileage driven during the year | 6. _____ | |
| 7. Total other personal mileage driven during the year | 7. _____ | |
| 8. Total mileage driven during the year | 8. _____ | 100 |
| 9. Business use percentage (line 5 divided by line 8) | *9. _____ | 100.00 % |

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input	Deduction Allowed
10. Parking fees and tolls	_____	10. _____
11. Gasoline and oil	_____ x Line 9	11. _____
12. Repairs	_____ x Line 9	12. _____
13. Licensing fees	_____ x Line 9	13. _____
14. Registration fees	_____ x Line 9	14. _____
15. Insurance	_____ x Line 9	15. _____
16. Other expenses	_____ x Line 9	16. _____
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)	_____	17. _____
18. Property tax (carries to taxes line of form on line 2)	_____ x Line 9	18. _____
19. Interest expense (carries to interest expense line of form on line 2)	_____ x Line 9	19. _____
20. Lease payments	_____ x Line 9	20. _____
21. Inclusion amount	_____ x Line 9	21. _____
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)	_____	22. _____
23. Section 179 expense deduction		*23. _____
24. Special depreciation allowance		**24. _____
25. Current depreciation expense		**25. <u>266</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)		26. <u>266</u>
27. Value of employer-provided vehicle	_____ x Line 9	27. _____
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)		28. <u>266</u>

* Not subject to business use percentage.

** Already adjusted for business use percentage.

2021 AUTO EXPENSE WORKSHEET

PIEDMONT FARM ANIMAL REFUGE
45-4806153

Keep for Your Records

VEHICLE INFORMATION

1. Vehicle description	1. <u>2002 HONDA CRV</u>	
2. Carried to form or schedule	2. <u>FORM 990</u>	
3. Date vehicle was placed in service	3. <u>05-22-2021</u>	
4. Odometer beginning mileage <u>10,000</u> ending mileage <u>11,000</u>		

CALCULATION OF BUSINESS USE PERCENTAGES

5. Total business mileage driven during the year	5.	<u>1,000</u>
6. Total commuting mileage driven during the year	6.	
7. Total other personal mileage driven during the year	7.	
8. Total mileage driven during the year	8.	<u>1,000</u>
9. Business use percentage (line 5 divided by line 8)	*9.	<u>100.00 %</u>

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input	Deduction Allowed
10. Parking fees and tolls		10.
11. Gasoline and oil	<u>3,255</u> x Line 9	11. <u>3,255</u>
12. Repairs	<u>5,290</u> x Line 9	12. <u>5,290</u>
13. Licensing fees	x Line 9	13.
14. Registration fees	<u>935</u> x Line 9	14. <u>935</u>
15. Insurance	<u>670</u> x Line 9	15. <u>670</u>
16. Other expenses	x Line 9	16.
17. Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)		17. <u>10,150</u>
18. Property tax (carries to taxes line of form on line 2)	x Line 9	18.
19. Interest expense (carries to interest expense line of form on line 2)	x Line 9	19.
20. Lease payments	x Line 9	20.
21. Inclusion amount	x Line 9	21.
22. Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)		22.
23. Section 179 expense deduction		*23.
24. Special depreciation allowance		**24.
25. Current depreciation expense		**25. <u>1,102</u>
26. Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)		26. <u>1,102</u>
27. Value of employer-provided vehicle	x Line 9	27.
28. Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)		28. <u>11,252</u>

* Not subject to business use percentage.

** Already adjusted for business use percentage.

2021 DETAIL STATEMENTS

PIEDMONT FARM ANIMAL REFUGE
45-4806153

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

INDIVIDUAL CONTRIBUTIONS.....	52,503
RECURRING CONTRIBUTIONS.....	46,834
CORPORATE CONTRIBUTIONS.....	9,613
SPNSORSHIP CONTRIBUTIONS.....	21,281
MAJOR CONTRIBUTIONS.....	203,598
DONATED GIFTS IN KIND.....	600
DONATED GOODS AND SERVICES.....	103

TOTAL CARRIED TO 990-EO PG 9 LINE 1F..... 334,532

STATEMENT #2 - INVESTMENT INCOME TOTAL REV (990 EO PG 9 LINE 3A)

INTEREST.....	202
---------------	-----

TOTAL CARRIED TO 990 EO PG 9 LINE 3A..... 202

STATEMENT #3 - INC. FROM FUNDRAISING EVENTS (990-EO PG 9 LINE 8A)

FROM OTHER FUNDRAISING ENTITIES.....	209
UNAFFILIATED FUNDRAISING.....	2

TOTAL CARRIED TO 990-EO PG 9 LINE 8A..... 211

STATEMENT #4 - GROSS SALES ON INVENTORY (990-EO PG 9 LINE 10A)

SALES OF MERCHANDISE.....	8,329
SALES OF DONATED INVENTORY.....	

TOTAL CARRIED TO 990-EO PG 9 LINE 10A..... 8,329

STATEMENT #5 - PROG. OTHER SALES/WAGES (990 EO PG 10 LINE 7B)

SANCTUARY.....	39,032
PUBLIC EDUCATION.....	6,944
OUTREACH.....	6,944

TOTAL CARRIED TO 990 EO PG 10 LINE 7B..... 52,920

STATEMENT #6 - MNGMT. OTHER SALES/WAGES (990 EO PG 10 LINE 7C)

SALARIES.....	6,944
---------------	-------

TOTAL CARRIED TO 990 EO PG 10 LINE 7C..... 6,944

2021 DETAIL STATEMENTS

PIEDMONT FARM ANIMAL REFUGE
45-4806153

STATEMENT #7 - FUND. OTHER SALES/WAGE (990 EO PG 10 LINE 7D)

SALARIES.....	6,944
TOTAL CARRIED TO 990 EO PG 10 LINE 7D.....	6,944

STATEMENT #8 - PROG. OFFICE EXPENSES (990 EO PG 10 LINE 13B)

OFFICE SUPPLIES.....	2,227
TELEPHONE.....	1,633
FUNDRAISING EVENTS.....	22
SUPPLIES.....	55
TOTAL CARRIED TO 990 EO PG 10 LINE 13B.....	3,937

STATEMENT #9 - MNGMT, OFFICE EXPENSES (990 EO PG 10 LINE 13C)

OFFICE SUPPLIES.....	2,654
POSTAGE SHIPPING.....	1,015
SUPPLIES.....	360
FUNDRAISING EVENTS.....	120
TELEPHONE.....	544
TOTAL CARRIED TO 990 EO PG 10 LINE 13C.....	4,693

STATEMENT #10 - FUNDRAISING OFFICE EXPENSES (990 EO PG 10 LINE 13D)

OFFICE SUPPLIES.....	336
FUNDRAISING SUPPLIES.....	1,861
TELEPHONE.....	544
TOTAL CARRIED TO 990 EO PG 10 LINE 13D.....	2,741

STATEMENT #11 - TRAVEL (990 EO PG 10 LINE 17A)

TRAVEL.....	2
TOTAL CARRIED TO 990 EO PG 10 LINE 17A.....	2

STATEMENT #12 - PROGRAM INSURANCE (990 EO PG 10 LINE 23B)

LIABILITY.....	4,194
TOTAL CARRIED TO 990 EO PG 10 LINE 23B.....	4,194

2021 DETAIL STATEMENTS

PIEDMONT FARM ANIMAL REFUGE
45-4806153

STATEMENT #13 - PROGRAM OTHER (990 EO PG 10 LINE 11G(B))

VETERINARY AND MEDICAL FEES.....	19,243
OTHER PROFESSIONAL FEES.....	250

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(B)..... 19,493

STATEMENT #14 - MANAGEMENT OTHER (990 EO PG 10 LINE 11G(C))

OTHER PROFESSIONAL FEES.....	1,687
------------------------------	-------

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(C)..... 1,687

STATEMENT #15 - PAYABLE TO OFFICERS ETC BEG YR (990-EO PG 11 LINE 22A)

	BEGINNING	ENDING
MCCORMICK.....	10,000	0
LOAN PAYABLE.....	10,336	336

TOTAL CARRIED TO 990-EO PG 11 LINE 22A..... 20,336 336

STATEMENT #16 - OTHER CHANGES IN NET ASSETS (SCH D, PG 1 LINE 20)

UNAPPLIED CASH PAYMENT
ROUNDING
ACCOUNTING ADJUSTMENT

TOTAL CARRIED TO SCH D, PG 1 LINE 20

STATEMENT #17 - GROSS INCOME FROM FUNDRAISING (990-EZ PG 1 LINE 6B)

FUNDRAISING MERCHANDISE
SPECIAL EVENTS REVENUE

TOTAL CARRIED TO 990-EZ PG 1 LINE 6B

STATEMENT #18 - CASH (990-EZ PG 1 LINE 22)

	BEGINNING	ENDING
CHECKING ACCOUNT		
SAVINGS ACCOUNT		
UNDEPOSITED FUNDS		

TOTAL CARRIED TO 990-EZ PG 1 LINE 22..... 0 0