Form **990-PF**

For calendar year 2021 or tax year beginning

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

, and ending

 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Department of the Treasury Internal Revenue Service

Na	me of	foundation				A Employer identification	number
	CRITTER CREEK FARM SANCTUARY INC 83-2914563						
_		nd street (or P.O. box number if mail is not delivered to street at			Room/suite	B Telephone number	
	12626 NW CR 231 813-313-9720						
_	City or town, state or province, country, and ZIP or foreign postal code						
G	AI	NESVILLE, FL 32609					
G (Check	all that apply: Initial return	Initial return of a fo	ormer public o	charity	D 1. Foreign organizations	, check here
		Final return	Amended return			2 Foreign organizations med	eting the 85% test
		Address change	Name change			Foreign organizations mee check here and attach cor	nputation
H (_	type of organization: X Section 501(c)(3) ex				E If private foundation stat	
			Other taxable private founda		1	under section 507(b)(1)	
		arket value of all assets at end of year J Accounting	ng method: X Cash her (specify)	Accr	uai	F If the foundation is in a 6	
	•\$	Part II, col. (c), line 16) Ot	ner (specny) nn (d) must be on cash basi	is)		under section 507(b)(1)	(B), check here
_	art I	Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	inco		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	366,809.				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
		Gross rents					
		Net rental income or (loss)	_				
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
e Ve	7	Capital gain net income (from Part IV, line 2)			0.		
ď	8	Net short-term capital gain				0.	
	9	Income modifications					
	10a	Gross sales less returns and allowances 3,000.					STATEMENT 1
	b	Less: Cost of goods sold 9,561.	C F.C1			6 561	
		Gross profit or (loss)	-6,561.			-6,561.	
		Other income	360,248.		0.	-6,561.	
	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	0.		0.	-0,501.	0.
	13 14	Other employee salaries and wages	121,561.		0.	0.	121,561.
		Pension plans, employee benefits	121,301.			•	121,501.
Sec							
_	b	Legal fees Accounting fees STMT 2	11,100.		0.	0.	11,100.
X	C	Other professional fees	•				•
Ę.	17	Interest					
<u>÷</u>	18	Taxes					
10.	19	Depreciation and depletion	197.		0.	0.	
<u>.</u>	20	Occupancy	8,400.		0.	0.	8,400.
A	21	Travel, conferences, and meetings					
מם	22	Printing and publications					
2	23	Other expenses STMT 3	202,211.		0.	0.	202,211.
<u>5</u>	24	Total operating and administrative	242 460		0	_	242 070
to Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Occupancy 27 Total operating and administrative 28 STMT 3 202,211.					0.	0.	343,272.
_	20	Contributions, gifts, grants paid	0.				0.
	26	Total expenses and disbursements.	343,469.		0.	0.	343,272.
	27	Add lines 24 and 25 Subtract line 26 from line 12:	343,403.		0.	0.	J=J, 4/4•
	l	Excess of revenue over expenses and disbursements	16,779.				
		Net investment income (if negative, enter -0-)	20,775		0.		
_		Adjusted net income (if negative, enter -0-)				0.	

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. Attached schedules and amounts in the description column should be for end-of-year amounts only. Attached schedules and amounts in the description (a) Book Value (b) Book Value 1	(c) Fair Market Value 8,051.
1 Cach - non-interset-hearing 8 780. 8 051.	1 8 051
1 Gash - non-interest-bearing 6,700 6,051.	0,031.
2 Savings and temporary cash investments	
3 Accounts receivable ▶	
Less: allowance for doubtful accounts	
4 Pledges receivable ▶	
Less: allowance for doubtful accounts	
5 Grants receivable	
6 Receivables due from officers, directors, trustees, and other	
disqualified persons	
7 Other notes and loans receivable	
Less: allowance for doubtful accounts	
g 8 Inventories for sale or use	
9 Prepaid expenses and deferred charges	
10a Investments - U.S. and state government obligations	
b Investments - corporate stock	
c Investments - corporate bonds	
11 Investments - land, buildings, and equipment: basis	
Less: accumulated depreciation	
12 Investments - mortgage loans	
13 Investments - other	
14 Land, buildings, and equipment: basis ► 17,705.	
Less: accumulated depreciation STMT 4 197. 0. 17,508.	17,508.
15 Other assets (describe ▶)	
16 Total assets (to be completed by all filers - see the	
instructions. Also, see page 1, item I) 8,780. 25,559.	25,559.
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable Other liabilities (describe	
21 Mortgages and other notes payable	
□ 22 Other liabilities (describe ►)	
23 Total liabilities (add lines 17 through 22) 0 •	
and complete lines 04 OF 00 and 20	
and complete lines 24, 25, 29, and 30. Net assets without donor restrictions 8,780.	
24 Net assets without donor restrictions 8,780. 25,559. 25 Net assets with donor restrictions	
Foundations that do not follow FASB ASC 958, check here	
and complete lines 26 through 30.	
And complete lines 24, 25, 25, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances 8,780. 25,559.	
27 Paid-in or capital surplus, or land, bldg., and equipment fund	
28 Retained earnings, accumulated income, endowment, or other funds	
29 Total net assets or fund balances 8,780. 25,559.	
2	
30 Total liabilities and net assets/fund balances 8,780. 25,559.	
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29	
(must agree with end-of-year figure reported on prior year's return)	8,780.
2 Enter amount from Part I, line 27a	16,779.
3 Other increases not included in line 2 (itemize) 3	0.
4 Add lines 1, 2, and 3	25,559.
5 Decreases not included in line 2 (itemize) 5 Total not exacts as fined belonges at and of year (line 4 minus line 5). Part II solume (b) line 20.	25,559.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	Form 990-PF (2021)

Part IV	Capital Gains a	and Losses for Tax on In	vestment Income				·
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				w acquired Purchase Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
_b	NO	NE					
C							
<u>d</u>							
e	1	(O.D. and a lating all and d	(a) Ocal an alban bas			(1) 0-1	.
(e) G	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			(h) Gain or (loss ((e) plus (f) minus	
		(0. 4.10.1.4.5.5)	prae expense er eare			((0) p.us (1)	(9//
_ <u>a</u> 							
C							
d							
e							
Complet	te only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69.		(I) Gains (Col. (h) gain	minus
(i) FN	IV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		co	l. (k), but not less that Losses (from col. (n -0-) or h))
<u> </u>							
C							
d							
е							
2 Capital ga	ain net income or (net ca		in Part I, line 7 in Part I, line 7		2		
		ss) as defined in sections 1222(5) an					
		column (c). See instructions. If (loss	s), enter -0- in				
Part I, lin		ed on Investment Incom	e (Section 4940(a)		3 or 4948 =	see instructio	ne)
					-		113)
		described in section 4940(d)(2), che					0.
	ruling or determination	letter: (att enter 1.39% (0.0139) of line 27b. Ex		iry - see iii	structions)) 1	<u> </u>
		2, col. (b)					
		ic section 4947(a)(1) trusts and taxa) 2	0.
		ic section 4947 (a)(1) it usis and taxa					0.
		tic section 4947(a)(1) trusts and tax					0.
		me . Subtract line 4 from line 3. If ze					0.
	/Payments:	nor Subtract line Them line of the					
		nd 2020 overpayment credited to 20	21 6a		0).	
		tax withheld at source				.	
		tension of time to file (Form 8868)			0	.	
d Backup withholding erroneously withheld 6d 0.							
7 Total credits and payments. Add lines 6a through 6d						0.	
						0.	
						0.	
		e: Credited to 2022 estimated tax			Refunded	▶ 11	
							orm 990-PF (2021)

Р с	II L VI-A	Statements negarating Activities			
1a	During the	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	_
		al campaign?	1a		X
b	Did it spen	d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answ	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
		by the foundation in connection with the activities.			
		ındation file Form 1120-POL for this year?	1c		X
d		mount (if any) of tax on political expenditures (section 4955) imposed during the year:			
		e foundation. > \$0 . (2) On foundation managers. > \$0 .			
е		eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
		▶ \$0.			
2		undation engaged in any activities that have not previously been reported to the IRS?	2		X
		ach a detailed description of the activities.			
3		undation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	-	other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
		indation have unrelated business gross income of \$1,000 or more during the year?	4a		X
		s it filed a tax return on Form 990-T for this year? N/A	4b		
5		a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
		ach the statement required by General Instruction T.			
6		uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
		age in the governing instrument, or			
	-	legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		37	
_		he governing instrument?	6	X	
7	Did the fou	indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
_	F				
8a		tates to which the foundation reports or with which it is registered. See instructions.			
	FL				
b		ver is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		v	
_		te as required by General Instruction G? If "No," attach explanation	8b	Х	
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		v	
40		or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9	X	├─
10		rsons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 5	10	^	
11		e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			x
40		2(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12		Indation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	4.0		- V
40		ach statement. See instructions	12	Х	<u> </u>
13		Indation comply with the public inspection requirements for its annual returns and exemption application? Idress CRITTERCREEKFARMSANCTUARY • ORG	13	Λ	<u> </u>
4.4		are in care of ► CHRISTOPHER AMERMAN Telephone no. ►813-31	3_0	720	
14		► 12626 NW CR 231, GAINESVILLE, FL ZIP+4 ► 32		720	
15				_	$\overline{}$
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		/A	
16		he amount of tax-exempt interest received or accrued during the year		Yes	No
16	-	e during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,	16	1 53	X
		or other financial account in a foreign country? tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
	foreign cou		m 991)-PF	(2021)
		ΓU	550		(4041)

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Tare 11 B Ctatemente riegaranig /teatrace for trinoin form 1720 may be riegared				
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year, did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?		1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(5) Transfer any income or assets to a disqualified person (or make any of either available				
for the benefit or use of a disqualified person)?				
(6) Agree to pay money or property to a government official? (Exception. Check "No"		1a(5)		X
if the foundation agreed to make a grant to or to employ the official for a period after				
termination of government service, if terminating within 90 days.)		1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
c Organizations relying on a current notice regarding disaster assistance, check here				
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the first day of the tax year beginning in 2021?		1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2021?		2a		Х
If "Yes," list the years 🛌 ,,,,,,,				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a		X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after				
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	se			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,				
Schedule C, to determine if the foundation had excess business holdings in 2021.)		3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that				
had not been removed from jeopardy before the first day of the tax year beginning in 2021?		4b		X
	Fο	rm 990)-PF	(2021)

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Form 990-PF (2021) CRITTER CREEK FARM SANCTIPART VI-B Statements Regarding Activities for Which F			83-2914	563	F	Page 6
5a During the year, did the foundation pay or incur any amount to:	om may be n	equiled (contin	uea)		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)) ?			5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); o				55(1)		
any voter registration drive?		• •		5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization			•••••			
4945(d)(4)(A)? See instructions				5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		` 1		
the prevention of cruelty to children or animals?				5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uno	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check h	nere		▶□			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it maintai	ined				
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?				6a		_X_
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b		X
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7a		<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					
excess parachute payment(s) during the year?		11.11		8		X
Part VII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly				
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plan and deferred	0	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	" a	ccount, allowar	other
DR. CHRISTOPHER AMERMAN	TREASURER					
12626 NW CR 231						
GAINESVILLE, FL 32609	1.00	0.	0			0.
DR. ERIN AMERMAN	PRESIDENT					
12626 NW CR 231						
GAINESVILLE, FL 32609	1.00	0.	0	•		0.
JAMIE WOODRUM	VICE PRESIDEN	忙				
12626 NW CR 231						
GAINESVILLE, FL 32609	1.00	0.	0	•		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions t	<u>, T</u>	(a) Eve	0000
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	ns a	(e) Exp ccount,	other
	devoted to position		compensation	-	allowar	nces
NONE	-					
				+		
	1					
				+		
	1					
				+		
	1					
				+		
	1					
Total number of other employees paid over \$50,000	•	•		·		0

Part VII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference on the conference of the conference	luced, etc.	Expenses
1		
SEE STATEMENT 6		288,568.
2		20073001
3		
4		
	/	
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

P	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	I I	10,968.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)		10,968.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d		10,968.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	165.
5			10,803.
6	Minimum investment return. Enter 5% (0.05) of line 5		540.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations, check here ► X and do not complete this part.)	ns and certain	
1	Minimum investment return from Part IX, line 6	1	
' 2а	Tax on investment income for 2021 from Part V, line 5		
b	Income tax for 2021. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	
6			
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1		
P	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		343,272.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4		343,272.

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Part XII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2020	2020	2021
1 Distributable amount for 2021 from Part X,				
line 7				
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
4 Qualifying distributions for 2021 from				
Part XI, line 4: \$				
a Applied to 2020, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2021 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below;				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2022.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

Part XIII Private Operating Fo	oundations (see ins			05 25.	L 4 3 0 3 raye r
1 a If the foundation has received a ruling of	,		,		
foundation, and the ruling is effective for			▶ 12/	20/18	
b Check box to indicate whether the found					42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	y roundation document	Prior 3 years	10 12()/(0) 01 10	.=(j)(=)
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
investment return from Part IX for	. ,	()	()	,	
each year listed	0.	0.	0.	0.	0.
b 85% (0.85) of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XI,			0.1		
line 4, for each year listed	343,272.	205,442.	174,830.	0.	723,544.
d Amounts included in line 2c not	0 10 7 1 1 1				0 , 0
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly	9 -			9 1	
for active conduct of exempt activities.					
Subtract line 2d from line 2c	343,272.	205,442.	174,830.	0.	723,544.
3 Complete 3a, b, or c for the	,	,	,	-	- , -
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets	8,051.	8,780.	26,277.	1.	43,109.
(2) Value of assets qualifying	,	,			- ,
under section 4942(j)(3)(B)(i)	8,051.	8,780.	26,277.	1.	43,109.
b "Endowment" alternative test - enter	,			_	•
2/3 of minimum investment return					
shown in Part IX, line 6, for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section			,		
512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XIV Supplementary Info			the foundation h	ad \$5,000 or more	e in assets
at any time during tl	ne year-see instru	ictions.)			
1 Information Regarding Foundation					
a List any managers of the foundation who			butions received by the fo	oundation before the close	of any tax
year (but only if they have contributed m	iore than \$5,000). (See se	ction 507(d)(2).)			
SEE STATEMENT 7					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	of the ownership of a par	tnership or
-,	s a 10 % of greater filterest				
NONE	0 1000				
2 Information Regarding Contribution Check here ► X if the foundation o				*	ata fau funda 16
the foundation makes gifts, grants, etc.,					Sts for fullus. If
a The name, address, and telephone number	JEI OI EIIIAII AUULESS OI UIE	person to whom applica	auuresse	u.	
b The form in which applications should b	e submitted and information	on and materials they sho	only include.		
2 is it is it is it is applications official b	5 555 miles and mornial	on and materials tries sin	ca.a morado.		
c Any submission deadlines:					
•					

Form **990-PF** (2021)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

orm 990-PF (2021) CRITTER CRI Part XIV Supplementary Informat	EEK FARM SANCTUAR	Y INC	83-291	4563 Page 11
3 Grants and Contributions Paid During th		Pavment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oonanbaaon	
a Paid during the year				
NONE				
Total			> 3a	0
b Approved for future payment				
- Approved for fatare payment				
NONE	•			
	1	1	1	

123611 12-10-21

Total

Form **990-PF** (2021)

▶ 3b

Part XV-A Analysis of Income-Producing Activities	Part XV-A	Analysis of Income-Producing Activities
---	-----------	---

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)		
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue:	code	Amount	code	Amount	Tunction income		
a							
b							
c							
<u> </u>							
e							
T							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property				_			
b Not debt-financed property							
6 Net rental income or (loss) from personal			4				
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory							
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory			01	-6,561.			
11 Other revenue:							
a							
b							
c							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0.		-6,561.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	-6,561.		
(See worksheet in line 13 instructions to verify calculations.)							

Relationship of Activities to the Accomplishment of Exempt Purposes Part XV-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVI **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)												
	•		•	-	to political organizations?							
а		from the reporting foundate										
								1a(1)		<u>X</u>		
								1a(2)		<u>X</u>		
b	Other tran							41.44		v		
								1b(1)		<u> </u>		
								1b(2)		X		
								1b(3)		X		
								1b(4)		X		
	(5) Luans (6) Dorfo	rmanco of corvious or mor	mborchin or fundraic	ina colicitatio	ne			1b(5) 1b(6)		X		
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees												
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other												
u							or sharing arrangement, sho		,			
		i) the value of the goods, o			ou 1000 than han marriet raid		or onaring arrangement, en					
(a)∟		(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, and sh	aring arra	ıngemen	ts		
		. ,	. ,	N/A								
				•								
							7					
			*									
2a		•			or more tax-exempt organi			٦	77	1		
_				ction 527?			L	Yes	X	No		
b	If "Yes," co	omplete the following sche			(b) Type of organization	T	(c) Description of relationsh	in				
		(a) Name of orga N/A	anization		(b) Type of organization		(c) Description of relationsh	ıμ				
		N/A										
	Under	penalties of perjury, I declare th	nat I have examined this	return, including	accompanying schedules and st	atements, and to the be	st of my knowledge	the IDC o	i	ia		
Sig	gn and be	elief, it is true, correct, and comp	olete. Declaration of prep	parer (other than	taxpayer) is based on all informa-	tion of which preparer h	as any knowledge.	the IRS on with the control of the c	prepare	r		
He	re					DIRECT		Yes		No		
	Sign	nature of officer or trustee			Date	Title						
		Print/Type preparer's nar	me	Preparer's si	ignature	Date	Check if PTIN					
							self- employed					
Pa		KEVIN GOLDE	EN	KEVIN	GOLDEN		540					
	eparer	Firm's name ► JAMI	ES MOORE	ω CO.,	P.L.							
Us	e Only											
		Firm's address ▶ 59:										
		GA:	INESVILLE	, FL 3	2607-2063		Phone no. 352-37					
							For	m 99 0)-PF	2021)		

123622 12-10-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2021

CRITTER CREEK FARM SANCTUARY INC 83-2914563 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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** X 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CRITTER CREEK FARM SANCTUARY INC

83-2914563

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	EXPLORING A & P, LLC		Person X Payroll
	20042 NW 27TH TERRACE	\$ 128,674.	Noncash (Complete Part II for
	BROOKER, FL 32622-5196		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHRISTOPHER AND ERIN AMERMAN		Person X Payroll
	26118 NW COUNTY RD 239	\$ 20,314.	Noncash (Complete Part II for
	ALACHUA, FL 32615		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VIKAS GARG		Person X Payroll
	120 ROBINSON ROAD, SUITE 1215	\$14,050.	Noncash (Complete Part II for
	SINGAPORE 068913		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CRITTER CREEK FARM		Person X
	26118 NW COUNTY RD 239	\$30,174.	Payroll X
	ALACHUA, FL 32615		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash (Complete Port II for
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

CRITTER CREEK FARM SANCTUARY INC

83-2914563

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	HAY DONATIONS		
		\$15,875.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-11-	-21	\$	Schedule B (Form 990) (2021

Schedule B (Form 990) (2021) Name of organization **Employer identification number** CRITTER CREEK FARM SANCTUARY INC 83-2914563 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

ORM 990-PF	STATEMENT 1			
NCOME				
1. GROSS RECEIPTS 2. RETURNS AND ALLOWA 3. LINE 1 LESS LINE 2	ANCES	3,000	3,000	
4. COST OF GOODS SOLE 5. GROSS PROFIT (LINE	O (LINE 15)	9,561	-6,561	
6. OTHER INCOME		·		
7. GROSS INCOME (ADD	LINES 5 AND 6)		-6,561	
OST OF GOODS SOLD		=		
8. INVENTORY AT BEGIN 9. MERCHANDISE PURCHA 0. COST OF LABOR 1. MATERIALS AND SUPE	ASED	9,561		
2. OTHER COSTS 3. ADD LINES 8 THROUGH	gh 12		9,561	
4. INVENTORY AT END C 5. COST OF GOODS SOLI	OF YEAR	-	9,561	

FORM 990-PF	ACCOUNTI	Si	STATEMENT 2			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING	11,100.	0.	0.	11,100.		
TO FORM 990-PF, PG 1, LN 16B	11,100.	0.	0.	11,100.		
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FARM FEED & SUPPLIES GAS VETERINARY CARE MISCELLANEOUS EXPENSE INSURANCE	142,565. 2,260. 46,754. 3,494. 7,138.	0. 0. 0. 0. 0.	0. 0. 0. 0.	142,565. 2,260. 46,754. 3,494. 7,138.		
TO FORM 990-PF, PG 1, LN 23	202,211.	0.	0.	202,211.		

FORM 990-PF	DEPRECIATION	OF ASSETS NO	T HELD FOR IN	VESTMENT	STATEMENT 4
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
LAND IMPROVEMEN	NT	17,705.	197.	17,508.	17,508.
TO 990-PF, PAR	T II, LN 14	17,705.	197.	17,508.	17,508.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VI-A, LINE 10

NAME OF CONTRIBUTOR

EXPLORING A & P, LLC

20042 NW 27TH TERRACE
BROOKER, FL 32622-5196

CHRISTOPHER & ERIN AMERMAN

26118 NW COUNTY RD 239
ALACHUA, FL 32615

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 6

ACTIVITY ONE

THE MISSION OF CRITTER CREEK FARM SANCTUARY IS TO HELP FARM ANIMALS THROUGH RESCUE, ADVOCACY, AND EDUCATION. ANOTHER CORE PART OF OUR MISSION IS SUPPORTING OTHER FARM SANCTUARIES—WE BELIEVE STRONGLY THAT WE ARE ALL IN THIS TOGETHER FOR THE ANIMALS. AT PRESENT, WE FOCUS PRIMARLY ON THE RESCUE OF INJURED, NEGLECTED, AND/OR ABANDONED COWS. WE HAVE OVER 70 COWS WHICH MAKES US ONE OF THE LARGEST COW SANCTUARIES IN THE COUNTRY.

TO FORM 990-PF, PART VIII-A, LINE 1

EXPENSES

288,568.

FORM 990-PF

PART XIV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 7

NAME OF MANAGER

DR. CHRISTOPHER AMERMAN

DR. ERIN AMERMAN

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND IMPROVEMENTS	11/15/21	SL	15.00	:	16	17,705.				17,705.			197.	197.
	* TOTAL 990-PF PG 1 DEPR						17,705.				17,705.	0.		197.	197.
									. •						
											,				
									X						
								V							

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

990-PF

Identifying number

CRI Pa r	TTER CREEK FARM SANG				M 990-PE				83-2914563
		/ Under Section 1/8	y Note. II yo	ou nave any is	sted property, c	ompiete Part			
	Maximum amount (see instructions)							1	1,050,000.
	otal cost of section 179 property placed	•	•					2	2 622 222
	hreshold cost of section 179 property b		3	2,620,000.					
	Reduction in limitation. Subtract line 3 fr						—	4	
5 D	ollar limitation for tax year. Subtract line 4 from line 1		If married filing					5	
6	(a) Description of prop	erty		(b) Cost (busin	ess use only)	(c) Elected of	ost	-	
					+			-	
								-	
								_	
								_	
	isted property. Enter the amount from I							_	
	otal elected cost of section 179 proper						··· —	8	
	entative deduction. Enter the smaller of						4	9	
10 C	Carryover of disallowed deduction from	ine 13 of your 202	20 Form 456	62			1	10	
11 B	Business income limitation. Enter the sm	aller of business	income (not	less than zer	o) or line 5		1	11	
12 S	section 179 expense deduction. Add line	es 9 and 10, but o	don't enter r	more than line	11		1	12	
13 C	Carryover of disallowed deduction to 20	22. Add lines 9 an	nd 10, less li	ne 12	13				
Note	Don't use Part II or Part III below for lis	sted property. Ins	tead, use Pa	art V.					
Par	TII Special Depreciation Allowan	ce and Other De	preciation ((Don't includ	e listed property	y.)			
14 S	special depreciation allowance for qualif	ied property (other	er than listed	d property) pla	aced in service o	during			
tl	ne tax year						. 1	14	
15 P	Property subject to section 168(f)(1) elec	tion					. 1	15	
16 C	Other depreciation (including ACRS)						1	16	197.
	t III MACRS Depreciation (Don't	nclude listed prop	erty. See in	structions.)					
			Se	ection A					
17 N	MACRS deductions for assets placed in	service in tax vea	rs beginning	a before 2021			1	17	
	you are electing to group any assets placed in service	•				▶ □	ï		
	Section B - Assets I					ral Deprecia	ion Sy	stem	1
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property							\neg	
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				25 yrs.		S/L	\dashv	
9	20 year property	,			27.5 yrs.	MM	S/L		
h	Residential rental property	',			27.5 yrs.	MM	S/L		
		<u>'</u> ,			-	MM	S/L	-	
i	Nonresidential real property	', '			39 yrs.	MM	S/L		
	Section C - Assets Pl	aced in Service [During 2021	I Tay Vear I Is	ing the Alterna			_	m
00 -		JCed III Sel Vice L	Juling 202	i lax leal O				Ť	· · · · · · · · · · · · · · · · · · ·
<u>20a</u>	Class life				10		S/L		
<u>b</u>	12-year	,			12 yrs.	NANA	S/L	-	
<u> </u>	30-year	/			30 yrs.	MM	S/L	_	
Dar	40-year	/			40 yrs.	MM	S/L	<u> </u>	
	Summary (See instructions.)								
	isted property. Enter amount from line						2	21	
	otal. Add amounts from line 12, lines 1	•			•				4.0-
	inter here and on the appropriate lines of				ions - s <u>ee instr.</u>		2	22	197.
23 F	or assets shown above and placed in s	ervice during the	current year	r, enter the					
n	ortion of the basis attributable to section	n 263A costs			23				

Form 4562 (2021)

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

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	on and Other Ir	nforma	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	oasseng	er autom	nobiles.))	
24a	Do you have evidence to	support the bu	siness/investmen	t use cla	imed?	Y	es 🗌	No	24b If "Y	es," is th	ne evide	nce writte	en?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	e ot	(d) Cost or her basis	l (bu	(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	h) ciation iction	Elec sectio co	n 179
<u></u>	Special depreciation all	owance for q	ualified listed p	roperty	placed i	in servic	e during	the ta	x year and	<u>, </u>					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that	ın 50% in a q	ualified busines	s use:											
		: :	%	,											
		: :	%	,											
		1 1	%	,											
<u>27</u>	Property used 50% or le	ess in a quali	fied business us	se:					1			1			
		: :	%							S/L -					
		: :	%	<u> </u>						S/L -					
		1 1	96							S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	n (i), line 26. E											29		
			_		B - Infor										
	mplete this section for verous for verous first ans													Terricles	
				-	a)	1	b)		(c)	1	d)	(e)		(f)	
	Total business/investment miles driven during the			Veh	nicle	Vel	nicle	V	/ehicle	Ver	nicle	Veh	icle	Vehicle	
	year (don't include commu														
	Total commuting miles														
32	Total other personal (no														
	driven		·····			X									
	Total miles driven durin														
	Add lines 30 through 32			W.		. V.	N				NI.		NI.		
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
25	during off-duty hours?		more												
33	Was the vehicle used p than 5% owner or relate														
26	Is another vehicle availa														
30		·-													
	use?		- Questions fo	r Empl	overs M	/ho Prov	rida Vah	iclos f	for Uso by	, Thoir E	mployo	05			
۸nc	swer these questions to												on't		
	re than 5% owners or rel			Seption	to comp	Jietii ig C	ection L) IOI VE	illoles use	d by em	pioyees	wild ai	CIT		
	Do you maintain a writte			hihite a	II nerson	al usa o	f vehicle	e incli	udina com	mutina	hy your			Yes	No
31					•				_	-				163	140
38	Do you maintain a writte														
-	employees? See the ins		-	-				-							
39	Do you treat all use of v				•										
	Do you provide more th	,	. , .												
	the use of the vehicles,				_										
	Do you meet the require														
	Note: If your answer to														
Pa	art VI Amortization	0., 00, 00, .	<u> </u>	,			<u> </u>								
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	of costs		mortization egins		Amortizat amount	ole :		Code section		Amortiza period or per		Ar fo	nortization or this year	
42	Amortization of costs th	nat begins du			r:									-	
		<u> </u>		:											
43	Amortization of costs th	nat began be	•		r ,							43			
	Total. Add amounts in											44			
	252 12-21-21					-							F	orm 4562	(2021)