

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

2021Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**


A For the 2021 calendar year, or tax year beginning _____, and ending _____																									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2">C Name of organization PUT ON THE BRAKES, INC.</td> <td>D Employer identification number 26-2176362</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 704-720-3806</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) 7148 WEDDINGTON ROAD, SUITE 150</td> <td>Room/suite</td> </tr> <tr> <td colspan="3">City or town, state or province, country, and ZIP or foreign postal code CONCORD NC 28027</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DOUGLAS HERBERT 7148 WEDDINGTON ROAD NW SUITE 150 CONCORD NC 28027</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See Instructions. </td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> E (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>G Gross receipts 2,822,471</td> </tr> <tr> <td colspan="2">J Website: WWW.PUTONTHEBRAKES.ORG</td> <td>H(i) Group exemption number LI</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other LI</td> <td>L Year of formation: 2008 M State of legal domicile: NC</td> </tr> </table>	C Name of organization PUT ON THE BRAKES, INC.		D Employer identification number 26-2176362	Doing business as		E Telephone number 704-720-3806	Number and street (or P.O. box if mail is not delivered to street address) 7148 WEDDINGTON ROAD, SUITE 150		Room/suite	City or town, state or province, country, and ZIP or foreign postal code CONCORD NC 28027			F Name and address of principal officer: DOUGLAS HERBERT 7148 WEDDINGTON ROAD NW SUITE 150 CONCORD NC 28027		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See Instructions.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> E (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts 2,822,471	J Website: WWW.PUTONTHEBRAKES.ORG		H(i) Group exemption number LI	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other LI		L Year of formation: 2008 M State of legal domicile: NC
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PREVENT INJURIES AND SAVE LIVES BY TRAINING AND EDUCATING TEENAGE DRIVERS AND THEIR PARENTS ABOUT THE IMPORTANCE OF SAFE AND RESPONSIBLE DRIVING.		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	899
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,566,131	2,145,336
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	428,580	438,422
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,784	5,944
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,004,928	2,603,171
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	713,487	658,972
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) LI 124,646		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,139,069	1,439,647
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,852,556	2,098,619	
19 Revenue less expenses. Subtract line 18 from line 12	152,372	504,552	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,725,937	2,260,862
	22 Net assets or fund balances. Subtract line 21 from line 20	84,569	114,942
		1,641,368	2,145,920

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		05/11/2022			
	DOUGLAS HERBERT Type or print name and title	PRESIDENT/EXECUTIVE			
Paid Preparer Use Only	Print/Type preparer's name LINDA COLE	Preparer's signature LINDA COLE	Date 05/11/22	Check <input type="checkbox"/> if self-employed	PTIN P01258933
	Firm's name DANIEL RATLIFF & COMPANY	Firm's EIN 56-1982812			
	Firm's address 2815 COLISEUM CENTRE DR STE 200 CHARLOTTE, NC 28217	Phone no. 704-371-5000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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	150,000	150,000		
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	378,412	208,963	105,621	63,828
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,809	12,291	3,354	2,164
9 Other employee benefits	63,521	49,504	8,483	5,534
10 Payroll taxes	49,230	33,869	9,325	6,036
11 Fees for services (nonemployees):				
a Management				
b Legal	5,944	2,972	2,378	594
c Accounting	12,948	6,774	4,917	1,257
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	16,189	11,700	3,829	660
12 Advertising and promotion	102,946	70,930	12,583	19,433
13 Office expenses	10,678	7,925	1,660	1,093
14 Information technology	8,935	5,361	1,787	1,787
15 Royalties				
16 Occupancy	124,439	97,393	13,523	13,523
17 Travel	330,681	328,686	624	1,371
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	12,059	12,059		
23 Insurance	35,512	23,844	8,334	3,334
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 DRIVING INSTRUCTORS	572,398	572,398		
b OTHER SUPPLIES	102,042	102,042		
c REPAIR & MAINTENANCE	38,577	36,477	1,050	1,050
d MEALS	24,712	24,290	293	129
e All other expenses	41,587	37,470	1,264	2,853
25 Total functional expenses. Add lines 1 through 24e	2,098,619	1,794,948	179,025	124,646
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)				