

FOR TAX YEAR 2023

HAPPY TRAILS FARM ANIMAL SANCTUARY

ADVANTAGE TAX GROUP LLC - NPH

316 W HIGH AVENUE

NEW PHILADELPHIA, OH 44663

(330) 343-6525

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

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of filer **HAPPY TRAILS FARM ANIMAL SANCTUARY** EIN or SSN **34-1968434**

Name and title of officer or person subject to tax **Laurie D Jackson, Executive Director**

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.

Table with 3 columns: Line number, Description, and Amount. Line 5a is checked with amount 0.

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

2023 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

[x] I authorize **ADVANTAGE TAX GROUP LLC - N** to enter my PIN **68434** as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the tax year 2023 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 2023 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 **07-02-2024**

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.

340355 89691

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 _____ Date **07-10-2024**

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

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

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of filer

EIN or SSN

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

Name and title of officer or person subject to tax

Laurie D Jackson, Executive Director

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 <u>756,705</u>
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

2023 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 ADVANTAGE TAX GROUP LLC - N to enter my PIN 68434 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2023 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 2023 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 07-02-2024

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.

340355 89691

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 _____

Date 07-10-2024

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

990EF

EF Transmission Status

2023

(Keep for your records)

Name(s) as shown on return

EIN number

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

The following will be transmitted to the IRS.

- 990 990-T Amended 990 Amended 990-T
- 8868 4720 FinCEN 114

The following state returns will be transmitted:

The following returns have been suppressed or are not eligible and will NOT be transmitted.

EF Notes

Require 'Ready for EF' is checked in EF Setup but not on the return.

Return of Organization Exempt From Income Tax

2023

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: C Name of organization HAPPY TRAILS FARM ANIMAL SANCTUARY D Employer identification number 34-1968434 E Telephone number (330) 296-5914 G Gross receipts \$ 764,927 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: 501(c)(3) 501(c) 4947(a)(1) or 527 J Website: WWW.HAPPYTRAILSFARM.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 2001 M State of legal domicile: OH

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 LAURIE D JACKSON Signature of officer Date LAURIE D JACKSON, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed TAONIE L STEAD EA 07-10-2024 P00920766 Firm's name Firm's EIN Firm's address Phone no. ADVANTAGE TAX GROUP LLC - NPH 330-343-6525 NEW PHILADELPHIA OH 44663

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:
SEE SCHEDULE O

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 \$ **634,066** including grants of \$) (Revenue \$ **756,705**)
TO RESCUE, REHABILITATE AND RE-HOME CRIMINALLY ABUSED, NEGLECTED AND ABANDONED FARM ANIMALS AND HORSES .

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **634,066**

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 4, 11, 12, and 14. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

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 include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Column 1, Column 2, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Column 1, Column 2, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Ohio
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.
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.
LAURIE D JACKSON (330)296-5914, 5623 NEW MILFORD ROAD, RAVENNA, OH 44266

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, box 6 of 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 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			
(1) LAURIE D JACKSON EXECUTIVE DIRECTOR	40.00	X			X			55,455	0	0
(2) TOM KAUFMAN BD MEMBER	10.00 2.00	X						0	0	0
(3) LEIGHANN FINK BD MEMBER	10.00 2.00	X						0	0	0
(4) BOB MOSSING BD MEMBER	10.00 2.00	X						0	0	0
(5) GINA FORTUNATO BD MEMBER	10.00 2.00	X						0	0	0
(6) JENNIFER L HIGHFIELD SECRETARY	10.00 2.00			X				0	0	0
(7) JESS RIST PRESIDENT	10.00 2.00			X				0	0	0
(8) JEFF BRIGGS TREASURER	40.00 40.00			X				0	0	0
(9) PETE GRASSO VICE PRESIDENT	10.00 2.00			X				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

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			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							55,455	0	0	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	589,850				
	1g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		589,850			
Program Service Revenue			Business Code				
	2a	ADOPTION FEE	110000	45,143	45,143		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		45,143				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		62,857	62,857		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		146	146		
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	6c	Rental income or (loss)					
	6d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			7b				
	7c	Gain or (loss)					
	7d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	64,158					
8b	Less: direct expenses	5,434					
	Net income or (loss) from fundraising events		58,724		58,724		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	2,773					
10b	Less: cost of goods sold	2,788					
	Net income or (loss) from sales of inventory		(15)	(15)			
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		756,705	108,131	0	58,724	

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	55,455	55,455		
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	289,778	289,778		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	28,286	28,286		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,906	5,906		
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.)	2,197	2,197		
12 Advertising and promotion	6,913	6,913		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	41,905	41,905		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,577	2,577		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,775	52,775		
23 Insurance	34,125	34,125		
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	21	21		
b DUES & SUBSCRIPTIONS	4,549	4,549		
c LICENSES & PERMITS	1,405	1,405		
d PROFESSIONAL FEES	20,051	20,051		
e All other expenses	88,123	88,123		
25 Total functional expenses. Add lines 1 through 24e	634,066	634,066	0	0
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	1,172,434	1	1,171,299
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	25	4	40
	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	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 946,667		
	b Less: accumulated depreciation	10b 359,755	491,881	10c 586,912
	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
	15 Other assets. See Part IV, line 11		953,395	15 1,063,070
16 Total assets. Add lines 1 through 15 (must equal line 33)		2,617,735	16 2,821,321	
Liabilities	17 Accounts payable and accrued expenses	6,127	17	13,515
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		6,127	26 13,515
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	1,865,762	27	2,061,960
	28 Net assets with donor restrictions	745,846	28	745,846
	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	2,611,608	32	2,807,806
33 Total liabilities and net assets/fund balances	2,617,735	33	2,821,321	

Part XI Reconciliation of Net Assets

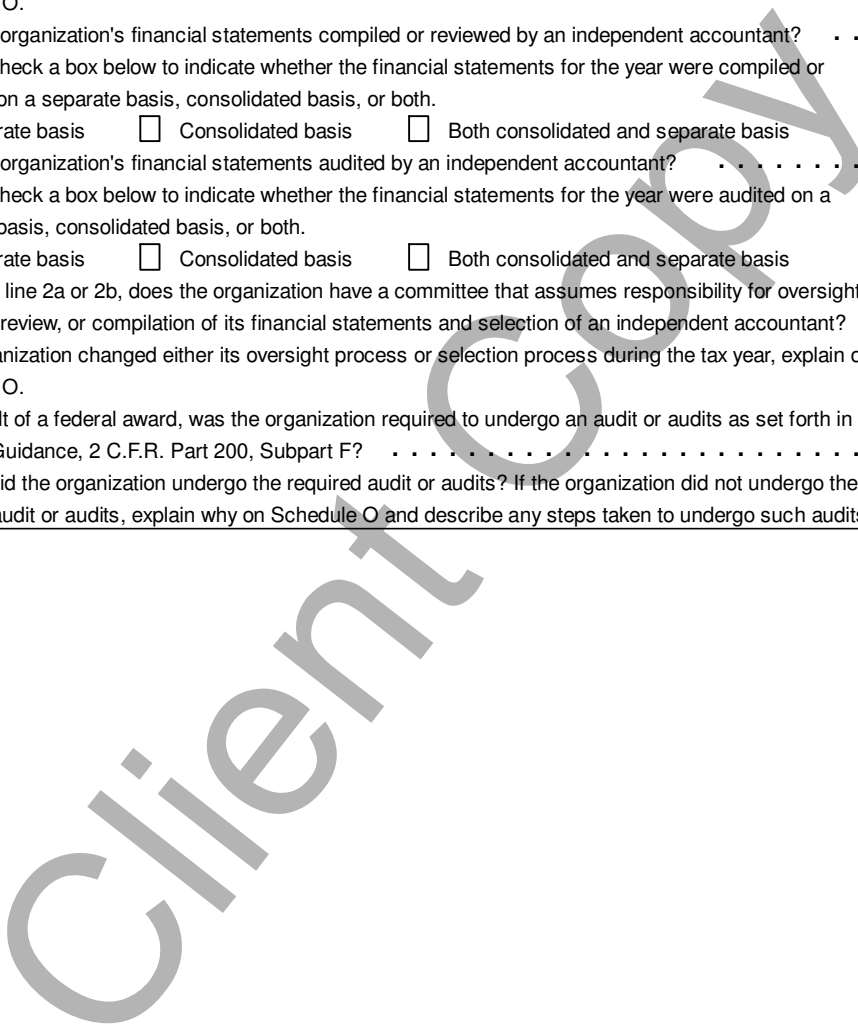
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	756,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	634,066
3	Revenue less expenses. Subtract line 2 from line 1	3	122,639
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,611,608
5	Net unrealized gains (losses) on investments	5	76,827
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(3,268)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,807,806

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
b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		x
b	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		



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return (HAPPY TRAILS FARM ANIMAL SANCTUA), Business or activity to which this form relates (FORM 990 - 1), and Identifying number (34-1968434).

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.

Table with 5 rows for calculations (1-5) and 13 rows for property details (6-13) including columns for description, cost, and elected cost.

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.)

Table with 3 rows (14-16) for special depreciation allowance and other depreciation, including a total of 11,889.

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

Section A

Table with 2 rows (17-18) for MACRS deductions, including a total of 22,894.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 10 rows (19a-i) detailing asset classification, month/year, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns (a-g) and 4 rows (20a-d) detailing alternative depreciation system assets.

Part IV Summary (See instructions.)

Table with 3 rows (21-23) for summary calculations, including a total of 52,775.

For Paperwork Reduction Act Notice, see separate instructions.

**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

2023

**Open to Public
Inspection**

Name of the organization HAPPY TRAILS FARM ANIMAL SANCTUARY	Employer identification number 34-1968434
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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							

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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

Table with 3 columns: Description, Line Number, Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	419,801	1,192,401	952,823	1,247,087	572,024	4,384,136
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	34,787	95,736	50,645	34,453	62,954	278,575
3 Gross receipts from activities that are not an unrelated trade or business under section 513	47,984	8,651	27,155	65,537	58,725	208,052
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	502,572	1,296,788	1,030,623	1,347,077	693,703	4,870,763
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	134,435	760,855	262,894	768,391	207,246	2,133,821
c Add lines 7a and 7b	134,435	760,855	262,894	768,391	207,246	2,133,821
8 Public support. (Subtract line 7c from line 6.)						2,736,942

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	502,572	1,296,788	1,030,623	1,347,077	693,703	4,870,763
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	478	3,921	30,367	38,786	64,622	138,174
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	478	3,921	30,367	38,786	64,622	138,174
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.)	503,050	1,300,709	1,060,990	1,385,863	758,325	5,008,937
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	54.64 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	54.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . .	17	3.00 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	2.00 %
19a 33 1/3% support tests - 2023. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year.	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization

Employer identification number

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

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

Name of organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

Employer identification number

34-1968434**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	HASLINGER FOUNDATION 2524 IRA ROAD AKRON OH 44333	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OHIO COALITION FOR ANIMALS INC 2280 HENDERSON RD STE 207 COLUMBUS OH 43220	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BRENNAN EQUINE WELFARE FUND 7301 BURMAN MEADOW DR CINCINNATI OH 45243	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JAMES & JANE GRISWOLD 21210 COLBY RD BEACHWOOD OH 44122	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GLENN & JEAN HARNETT PRIV CHAR FDN PO BOX 8621 WARREN OH 44481	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	REMINGTON FAMILY FUND 4517 CARTER DR MEDINA OH 44256	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

Employer identification number

34-1968434**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	MICHAEL FRANK 1940 E HINES HILL RD HUDSON OH 44236	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JEFF & MELISSA WERT 4521 CARTER DR MEDINA OH 44256	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	EVELYN COLEVILLE VALIC RETIREMENT SVCS POB 3206 HOUSTON TX 77253	\$ 36,188	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARY SPICER 3555 HEMPHILL RD BARBERTON OH 44203	\$ 11,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SOLVIEG JENTNER 272 DELAWARE PL AKRON OH 44303	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	RICHARD GOIST 1045 COTTAGE GATE DR KENT OH 44240	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

Employer identification number

34-1968434**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
13	FUND 4 HABITATS C/O BESSEMER TRUST NEW YORK NY 10020	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DALTON FAMILY FOUNDATION 1808 E HINES HILL RD HUDSON OH 44236	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MARCIA ADAIR 4666 DUSTY'S CIR AKRON OH 44319	\$ 5,005	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	STANDARD BRED TRANSITION ALLIANCE POB 377 LAURELVILLE OH 43135	\$ 19,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NANCY G DICKINSON 35 TANO ALTO SANTA FE NM 87506	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	RICHARD EDWARDS 4666 DUSTY'S CIR AKRON OH 44319	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

Employer identification number

34-1968434**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
19	SUMMERLEE FOUNDATION 5556 CARUTH HAVEN LN DALLAS TX 75225	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CAROL HETZEL 11974 CHAMBERLAIN RD AURORA OH 44202	\$ 10,040	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	KIMBERLY HOOKWAY 4517 CARTER DR MEDINA OH 44256	\$ 6,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	EMBRACE PET INSURANCE 4530 RICHMOND RD STE 150 CLEVELAND OH 44128	\$ 6,617	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	HUMANE SOCIETY OF USA 1255 23RD ST NW STE 450 WASHINGTON DC 20037	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	THE MARJORIE HARTMAN FAMILY FDTN 100 EAST FEDERAL ST STE 600 YOUNGSTOWN OH 44503	\$ 19,130	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

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
25	CARLA PIVCEVICH 22500 LAKE RD APT 202 ROCKY RIVER OH 44116	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JOEL & MARLA ROBINS 7568 TIBER CT MACEDONIA OH 44056	\$ 8,999	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	LINDA W SMITH 13275 OBERLIN RD OBERLIN OH 44074	\$ 5,567	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MARLENE VENTURE 7501 GREENLAWN DR NORTH RIDGEVILLE OH 44039	\$ 71,000	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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

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: 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 2d 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: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. 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. 1b 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

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?	3b	
 - 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		112,307		112,307
b Buildings		467,713	163,881	303,832
c Leasehold improvements		134,547	32,197	102,350
d Equipment		232,100	163,677	68,423
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				586,912

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACF ENDOWMENT FUND	38,012
(2) STIFEL SHARES	251
(3) RAYMOND JAMES BROKERAGE	1,024,807
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	1,063,070

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . . .		

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

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	
		ANNUAL EVENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	64,158		64,158	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	64,158		64,158	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	5,434		5,434	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				5,434
	11	Net income summary. Subtract line 10 from line 3, column (d)				58,724

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))
		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: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Name of the organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

Employer identification number

34-1968434

01. Form 990 governing body review (Part VI, line 11)

THE DRAFT FORM 990 IS PROVIDED AT THE MONTHLY BOARD MEETING CLOSEST TO THE FILING DATE AND
DISCUSSED IN THE MEETING PRIOR TO FILING.

02. Conflict of interest policy compliance (Part VI, line 12c)

OFFICERS AND BOARD MEMBERS ARE RESPONSIBLE FOR BRINGING POTENTIAL CONFLICTS OF INTEREST TO
THE ATTENTION OF THE BOARD DURING THE MONTHLY MEETINGS. THERE IS NO WRITTEN POLICY BUT ANY
POTENTIAL ISSUES ARE DISCUSSED VERBALLY DURING THE MEETINGS IN WHICH THEY ARISE AND AT
SUBSEQUENT MEETINGS UNTIL THE ISSUE IS RESOLVED.

03. Governing documents, etc, available to public (Part VI, line 19)

ARTICLES OF INCORPORATION, BYLAWS, IRS ACCEPTANCE LETTER AND THE FEDERAL FORM 990 ARE
AVAILABLE ON THE WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST BY THE PUBLIC.

04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

ROUNDING

05. List of other expenses (Part IX, line 24e)

ANIMAL CARE - \$88,123

06. General explanation attachment

PART III, ITEM 1 - BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION

HAPPY TRAILS FARM ANIMAL SANCTUARY INC. IS A NON-PROFIT ORGANIZATION UNDER 501(C)3 OF THE
INTERNAL REVENUE CODE THAT RESCUES, REHABILITATES, AND PROVIDES AN ADOPTION PROGRAM FOR
ABUSED, ABANDONED AND NEGLECTED FARM ANIMALS SUCH AS HORSES, PONIES, POT BELLY PIGS, FARM

Name of the organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

Employer identification number

34-1968434

PIGS, CHICKENS, DUCKS, TURKEYS, SHEEP, GOATS AND CATTLE. HAPPY TRAILS SERVES THE ENTIRE
 STATE OF OHIO, AND WORKS IN COOPERATION WITH COUNTY HUMANE SOCIETIES, ANIMAL PROTECTIVE
 LEAGUES AND LOCAL AND STATE LAW ENFORCEMENT OFFICERS. THE CRITERIA FOR ACCEPTING A FARM
 ANIMAL INTO THE RESCUE PROGRAM IS THAT THE ANIMAL HAS BEEN REMOVED FROM ITS CURRENT
 SITUATION BY A COUNTY HUMANE OFFICER, SHERIFF OR OTHER LAW ENFORCEMENT REPRESENTATIVE.

Client Copy

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

FORM 4562 - LINE 19D

Statement #567

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
25,750	10	HY	200 DB	2,575
13,926	10	HY	200 DB	<u>1,393</u>
TOTAL				<u><u>3,968</u></u>

Client Copy

990

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

OTHER

Description	Amount
SPONSORSHIPS	\$ 51,665
GENERAL CONTRIBUTIONS	259,885
GRANTS & FOUNDATIONS	153,286
SANCTUARY TOURS	11,443
WILLS & ESTATES	107,188
GIFT CARDS	642
RESTITUTION	2,972
UNRELATED INCOME	1,842
VOLUNTEER FEE	927
Total:	\$ 589,850

INVESTMENT INCOME

Description	Amount
INTEREST	\$ 64,476
REALIZED GAINS/LOSSES	(1,619)
Total:	\$ 62,857

ROYALTIES

Description	Amount
ROYALTIES	\$ 146
Total:	\$ 146

GROSS SALE OF INVENTORY - COST OF GOODS SOLD

Description	Amount
PROMOTIONAL ITEMS	\$ 2,788
Total:	\$ 2,788

OFFICER COMPENSATION

Description	Amount
DIRECTOR SALARY	\$ 55,455
Total:	\$ 55,455

990

Overflow Statement

2023

Page 2

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

HAPPY TRAILS FARM ANIMAL SANCTUARY

34-1968434

PAYROLL TAXES

Description	Amount
CO MATCH	\$ 26,333
SUTA	1,953
Total:	\$ 28,286

ACCOUNTING FEES

Description	Amount
PAYROLL PROCESSING FEES	\$ 5,906
Total:	\$ 5,906

OTHER

Description	Amount
ADMINISTRATIVE SUPPLIES	\$ 2,099
CONTRACTED SERVICES	98
Total:	\$ 2,197

ADVERTISING

Description	Amount
POSTAGE & MAILING	\$ 2,404
PRINTING & REPRODUCTION	4,234
ADS & LISTINGS	275
Total:	\$ 6,913

OCCUPANCY COSTS

Description	Amount
UTILITIES	\$ 13,816
REPAIRS AND MAINTENANCE - GENERAL	28,071
PROPERTY TAXES	18
Total:	\$ 41,905

CONVENTIONS & CONFERENCES

Description	Amount
STAFF VOLUNTEER EDUCATION ETC	\$ 2,577
Total:	\$ 2,577

990

Overflow Statement

2023

Page 3

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

HAPPY TRAILS FARM ANIMAL SANCTUARY

FEIN

34-1968434

INSURANCE

Description	Amount
GENERAL INSURANCE	\$ 17,930
WORKERS COMPENSATION	16,195
Total:	\$ <u>34,125</u>

OTHER EXPENSES

Description	Amount
TOTAL ANIMAL CARE	\$ 88,123
Total:	\$ <u>88,123</u>

Client Copy

ADVANTAGE TAX GROUP LLC - NPH

316 W HIGH AVENUE
NEW PHILADELPHIA, OH 44663
newphiladelphia@atgtax.com
Phone: (330)343-6525 | Fax: (330)339-6261

July 10, 2024

Happy Trails Farm Animal Sanctuary
5623 New Milford Road
Ravenna, OH 44266

Happy Trails Farm Animal Sanctuary:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Happy Trails Farm Animal Sanctuary from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (330)343-6525.

Sincerely,

Taonie L Stead EA
ADVANTAGE TAX GROUP LLC - NPH

ADVANTAGE TAX GROUP LLC - NPH

316 W HIGH AVENUE
 NEW PHILADELPHIA, OH 44663
 newphiladelphia@atgtax.com
 Phone: (330)343-6525 | Fax: (330)339-6261

Customer Name	Customer Information	
Happy Trails Farm Animal Sanctuary 5623 New Milford Road Ravenna, OH 44266	Invoice #:	
	Date:	July 10, 2024
	Phone:	(330)296-5914
	E-mail:	

2023 Tax Year Statement

Description	Fee
Federal And Supplemental Forms	
Form 990	Return of Org Exempt from Income Tax, page 1
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8
Schedule B	Schedule of Contributors, page 1
Schedule B pg 2	Schedule of Contributors, page 2
Schedule B pg 2	Schedule of Contributors, page 2
Schedule B pg 2	Schedule of Contributors, page 2
Schedule B pg 2	Schedule of Contributors, page 2
Schedule B pg 2	Schedule of Contributors, page 2
Schedule D	Supplemental Financial Statement, page 1
Schedule D pg 2	Supplemental Financial Statement, page 2
Schedule D pg 3	Supplemental Financial Statement, page 3
Schedule D pg 4	Supplemental Financial Statement, page 4
Schedule G	Fundraising and Gaming Activities, page 1
Schedule G pg 2	Fundraising and Gaming Activities, page 2
Schedule O	Supplemental Information, page 1
Schedule O pg 2	Supplemental Information, page 2

Form 4562	Depreciation and Amortization	
Form 8868	Application for Extension	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Statement 4562	Form 4562 Statement	
Statement ELEC	Election Statement	
EF Notice	General Information for Electronic Filing	
DEPR - Fixed Asset Report	Fixed Asset Manager Report	
DEPR - Fixed Asset Report	Fixed Asset Manager Report	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Fed Schedule	Federal Depreciation Schedule	
DEPR - Next Year	Next Year Depreciation Schedule	
DEPR - Next Year	Next Year Depreciation Schedule	
Overflow	Itemized Listing Attachment	
Overflow	Itemized Listing Attachment	
Overflow	Itemized Listing Attachment	

Total Forms	50	Forms Subtotal	2,023.00
Adjustments			
Donated Services			-461.00
		Subtotal	1,562.00
		Total Balance Due	1,562.00

Payment due upon receipt. Thank you for your business!

ADVANTAGE TAX GROUP LLC - NPH

316 W HIGH AVENUE
NEW PHILADELPHIA, OH 44663
newphiladelphia@atgtax.com
Phone: (330)343-6525 | Fax: (330)339-6261

July 10, 2024

Happy Trails Farm Animal Sanctuary
5623 New Milford Road
Ravenna, OH 44266

Subject: Preparation of 2023 Tax Returns

Happy Trails Farm Animal Sanctuary:

Thank you for choosing ADVANTAGE TAX GROUP LLC - NPH to assist with the 2023 taxes for Happy Trails Farm Animal Sanctuary. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for Happy Trails Farm Animal Sanctuary. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Happy Trails Farm Animal Sanctuary, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (330)343-6525.

Sincerely,

Taonie L Stead EA
ADVANTAGE TAX GROUP LLC - NPH

Accepted By:

Officer

Date

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2023

Name(s) as shown on return

HAPPY TRAILS FARM ANIMAL SANCTUARY

Tax ID Number

****--***8434**

Entity address

5623 NEW MILFORD ROAD

RAVENNA, OH 44266

Thank you for participating in IRS e-file.

1. 2023 **8868-01** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **ADVANTAGE TAX GROUP LLC - NPH**.
2. **8868-01** income tax return was accepted on **03-21-2024** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **3403552024081any2wmj**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Client Copy

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2023 PG01

Name(s) as shown on return

HAPPY TRAILS FARM ANIMAL SANCTUARY

Tax ID Number

34-1968434

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: HAPPY TRAILS FARM ANIMAL SANCTUARY
ADDRESS: 5623 NEW MILFORD ROAD, RAVENNA, OH 44266
SSN/EIN: 34-1968434

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: BUILDING
GIFT SHOP BUILDING
GIFT SHOP INTERIOR

Client Copy

ADVANTAGE TAX GROUP LLC - NPH
316 W HIGH AVENUE
NEW PHILADELPHIA, OH 44663

HAPPY TRAILS FARM ANIMAL SANCTUARY
5623 NEW MILFORD ROAD
RAVENNA, OH 44266

HAPPY TRAILS FARM ANIMAL SANCTUARY
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Asset Category: 100 - Vehicles

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
APPALACHIAN TRAILER	08-02-2004	11,235	11,235		7	0	11,235
CHEVY SILVERADO	12-31-2009	25,848	25,848		5	0	25,848
2015 SUNDOWNER STOCK TRAILER	09-05-2014	10,000	10,000		7	0	10,000
INTL 2500 TRACTOR	10-14-2014	1,039	1,039		7	0	1,039
LIVESTOCK TRAILER	03-17-2015	7,644	7,644		7	0	7,644
1991 FORD DUMP TRUCK	04-19-2017	14,500	14,500		5	0	14,499
2019 16FT SUNDOWNER TRLR	02-09-2019	13,842	13,842	200 DBHY	5	1,595	13,045
2021 F-250 SUPER DUTY XL	03-24-2021	46,530	46,530	200 DBHY	5	8,934	33,130
INTL TRACTOR CLUTCH RPR	11-01-2022	3,568	3,568	200 DBMQ	7	983	1,110
1991 FORD LTL 9000 - TURBO	12-28-2022	2,560	2,560	200 DBMQ	5	973	1,101
2023 FORD TRANSIT XL VAN	01-13-2023	54,635	54,635	200 DBHY	5	10,927	10,927
Total		191,401	191,401			23,412	129,578

HAPPY TRAILS FARM ANIMAL SANCTUARY
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Asset Category: 300 - Machinery & Equipment

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
HAY ELEVATOR	03-23-2004	849	849		7	0	849
ROUND PEN	08-15-2004	400	400		7	0	400
SKID SHEER FORKS	03-14-2007	650	650		7	0	650
BOBCAT	12-31-2010	12,650	12,650		7	0	12,650
MINI EXCAVATOR	10-17-2014	3,000	3,000		7	0	3,000
HAY ELEVATOR	12-18-2014	1,411	1,411		7	0	1,411
LAWN TRACTOR	11-23-2015	1,576	1,576		7	0	1,576
2017 KAWASAKI MULE 4010 4X4	06-04-2018	10,199	10,199	SL HY	7	1,457	8,013
HEMATOLOGY & CHEMISTRY ANALYZER	09-07-2021	4,352	4,352	200 DBHY	7	761	2,449
KAWASAKI MULE 4010 FRONT DIFFERENTIAL	06-01-2023	2,930	2,930	200 DBHY	7	419	419
Total		38,017	38,017			2,637	31,417

HAPPY TRAILS FARM ANIMAL SANCTUARY
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Asset Category: 303 - Office Equipment

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
OFFICE EQUIPMENT 2010	12-31-2010	2,204	2,204		5	0	2,204
OFFICE EQUIPMENT 2011	12-31-2011	250	250		5	0	250
OFFICE EQUIPMENT 2012	12-31-2012	228	228		5	0	228
Total		2,682	2,682			0	2,682

HAPPY TRAILS FARM ANIMAL SANCTUARY
 BOOK DEPRECIATION SCHEDULE
 Tax Year End : 12-31-2023
 ID Number : 34-1968434
 Asset Category: 401 - Buildings

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
CHICKEN BARN	12-15-2007	8,110	8,110	SL MQ	20	405	6,685
GIFT SHOP BUILDING	12-21-2007	5,853	5,853	SL MM	31.5	186	3,136
GIFT SHOP INTERIOR BUILDING	12-31-2009	3,345	3,345	SL MM	31.5	106	1,538
FARM BUILDING	10-17-2011	56,748	56,748	SL MM	27.5	2,063	27,427
FARM BUILDING	12-17-2012	9,000	9,000	SL MQ	20	450	5,175
FARM BUILDING	06-30-2013	20,842	20,842	SL HY	20	1,042	10,941
GOAT AND SHEEP BARN	10-24-2014	15,005	15,005	SL MQ	20	750	6,844
HORSE BARN - ROOF	11-17-2014	4,207	4,207	SL MQ	20	210	1,916
RIDING ARENA	11-17-2014	67,970	67,970	SL MQ	20	3,398	31,007
PIG BARN	12-10-2014	38,874	38,874	SL MQ	20	1,944	17,739
MULTIPURPOSE BUILDING	12-29-2014	32,313	32,313	SL MQ	20	1,616	14,746
CORRAL PANELS	02-27-2015	552	552		7	0	552
MED CENTER	07-01-2015	8,039	8,039	150 DBHY	20	359	3,915
PAVILION	06-03-2016	8,782	8,782	150 DBHY	20	397	3,883
HAY STORAGE BLDG - TARP	07-03-2018	2,500	2,500	150 DBMQ	15	158	1,079
FARM PIG BARN 2.0	07-01-2019	14,816	14,816	200 DBHY	10	1,366	9,356
PIGGERTON BLDG 2.0	07-23-2019	18,831	18,831	200 DBHY	10	1,736	11,890
NEIGH-VIARY	10-01-2020	7,435	7,435	150 DBMQ	15	595	2,084
ISS EDGERTON BLDG	12-31-2021	98,110	98,110	150 DB	39	0	0
WELCOME CENTER BLDG	12-31-2021	6,705	6,705	150 DB	31.5	0	0
HAY STORAGE BLDG	04-03-2023	25,750	25,750	200 DBHY	10	2,575	2,575
ROOSTER BARN REMODEL	12-01-2023	13,926	13,926	200 DBHY	10	1,393	1,393
Total		467,713	467,713			20,749	163,881

HAPPY TRAILS FARM ANIMAL SANCTUARY
 BOOK DEPRECIATION SCHEDULE
 Tax Year End : 12-31-2023
 ID Number : 34-1968434
 Asset Category: 403 - Land

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
LAND	10-17-2011	79,540	79,540			0	0
LAND - 5661 NEW MILFORD KEPT	12-18-2014	19,707	19,707			0	0
LAND - ISS EDGERTON	12-31-2021	13,060	13,060			0	0
Total		112,307	112,307			0	0

HAPPY TRAILS FARM ANIMAL SANCTUARY
 BOOK DEPRECIATION SCHEDULE
 Tax Year End : 12-31-2023
 ID Number : 34-1968434
 Asset Category: 404 - Land Improvements

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
LAND IMPROVEMENTS 2010	12-31-2010	2,275	2,275	SL MQ	15	152	2,051
LAND IMPROVEMENTS 2011	12-31-2011	2,600	2,600	SL MQ	15	173	2,163
LAND IMP INCL FENCING	07-27-2015	7,700	7,700	150 DBHY	15	455	4,744
PERIMETER FENCING	05-01-2016	33,050	33,050	150 DBHY	20	1,495	14,618

SOUTH PASTURE FENCING	12-14-2018	11,265	11,265	150 DBMQ	20	613	3,708
MP BLDG FENCING	08-13-2019	3,198	3,198	150 DBHY	15	222	1,205
EQUIP GARAGE - ROOF	11-01-2019	2,733	2,733	150 DBHY	15	189	1,030
SEPTIC WASTEWATER TREATMENT	12-29-2021	47,203	47,203	150 DBHY	15	2,360	2,360
LOOP RD PROJECT	12-31-2022	16,055	16,055	150 DBHY	15	0	0
PASTURE FENCING	04-01-2023	8,467	8,467	150 DBHY	20	318	318
Total		134,546	134,546			5,977	32,197

HAPPY TRAILS FARM ANIMAL SANCTUARY
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Grand total for all departments

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
Grand Total		946,666	946,666			52,775	359,755

HAPPY TRAILS FARM ANIMAL SANCTUARY
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Asset Category: 100 - Vehicles

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
APPALACHIAN TRAILER	08-02-2004	11,235	11,235		7	0	11,235
CHEVY SILVERADO	12-31-2009	25,848	25,848		5	0	25,848
2015 SUNDOWNER STOCK TRAILER	09-05-2014	10,000	10,000		7	0	10,000
INTL 2500 TRACTOR	10-14-2014	1,039	1,039		7	0	1,039
LIVESTOCK TRAILER	03-17-2015	7,644	7,644		7	0	7,644
1991 FORD DUMP TRUCK	04-19-2017	14,500	14,500		5	0	14,499
2019 16FT SUNDOWNER TRLR	02-09-2019	13,842	13,842	200 DBHY	5	1,595	13,045
2021 F-250 SUPER DUTY XL	03-24-2021	46,530	46,530	200 DBHY	5	8,934	33,130
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1991 FORD LTL 9000 - TURBO	12-28-2022	2,560	2,560	200 DBMQ	5	973	1,101
2023 FORD TRANSIT XL VAN	01-13-2023	54,635	54,635	200 DBHY	5	10,927	10,927
Total		191,401	191,401			23,412	129,578

HAPPY TRAILS FARM ANIMAL SANCTUARY
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Asset Category: 300 - Machinery & Equipment

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
HAY ELEVATOR	03-23-2004	849	849		7	0	849
ROUND PEN	08-15-2004	400	400		7	0	400
SKID SHEER FORKS	03-14-2007	650	650		7	0	650
BOBCAT	12-31-2010	12,650	12,650		7	0	12,650
MINI EXCAVATOR	10-17-2014	3,000	3,000		7	0	3,000
HAY ELEVATOR	12-18-2014	1,411	1,411		7	0	1,411
LAWN TRACTOR	11-23-2015	1,576	1,576		7	0	1,576
2017 KAWASAKI MULE 4010 4X4	06-04-2018	10,199	10,199	SL HY	7	1,457	8,013
HEMATOLOGY & CHEMISTRY ANALYZER	09-07-2021	4,352	4,352	200 DBHY	7	761	2,449
KAWASAKI MULE 4010 FRONT DIFFERENTIAL	06-01-2023	2,930	2,930	200 DBHY	7	419	419
Total		38,017	38,017			2,637	31,417

HAPPY TRAILS FARM ANIMAL SANCTUARY
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Asset Category: 303 - Office Equipment

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
OFFICE EQUIPMENT 2010	12-31-2010	2,204	2,204		5	0	2,204
OFFICE EQUIPMENT 2011	12-31-2011	250	250		5	0	250
OFFICE EQUIPMENT 2012	12-31-2012	228	228		5	0	228
Total		2,682	2,682			0	2,682

HAPPY TRAILS FARM ANIMAL SANCTUARY
 FEDERAL DEPRECIATION SCHEDULE
 Tax Year End : 12-31-2023
 ID Number : 34-1968434
 Asset Category: 401 - Buildings

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
CHICKEN BARN	12-15-2007	8,110	8,110	SL MQ	20	405	6,685
GIFT SHOP BUILDING	12-21-2007	5,853	5,853	SL MM	31.5	186	3,136
GIFT SHOP INTERIOR BUILDING	12-31-2009	3,345	3,345	SL MM	31.5	106	1,538
FARM BUILDING	10-17-2011	56,748	56,748	SL MM	27.5	2,063	27,427
FARM BUILDING	12-17-2012	9,000	9,000	SL MQ	20	450	5,175
FARM BUILDING	06-30-2013	20,842	20,842	SL HY	20	1,042	10,941
GOAT AND SHEEP BARN	10-24-2014	15,005	15,005	SL MQ	20	750	6,844
HORSE BARN - ROOF	11-17-2014	4,207	4,207	SL MQ	20	210	1,916
RIDING ARENA	11-17-2014	67,970	67,970	SL MQ	20	3,398	31,007
PIG BARN	12-10-2014	38,874	38,874	SL MQ	20	1,944	17,739
MULTIPURPOSE BUILDING	12-29-2014	32,313	32,313	SL MQ	20	1,616	14,746
CORRAL PANELS	02-27-2015	552	552		7	0	552
MED CENTER	07-01-2015	8,039	8,039	150 DBHY	20	359	3,915
PAVILION	06-03-2016	8,782	8,782	150 DBHY	20	397	3,883
HAY STORAGE BLDG - TARP	07-03-2018	2,500	2,500	150 DBMQ	15	158	1,079
FARM PIG BARN 2.0	07-01-2019	14,816	14,816	200 DBHY	10	1,366	9,356
PIGGERTON BLDG 2.0	07-23-2019	18,831	18,831	200 DBHY	10	1,736	11,890
NEIGH-VIARY	10-01-2020	7,435	7,435	150 DBMQ	15	595	2,084
ISS EDGERTON BLDG	12-31-2021	98,110	0		39	0	0
WELCOME CENTER BLDG	12-31-2021	6,705	0		31.5	0	0
HAY STORAGE BLDG	04-03-2023	25,750	25,750	200 DBHY	10	2,575	2,575
ROOSTER BARN REMODEL	12-01-2023	13,926	13,926	200 DBHY	10	1,393	1,393
Total		467,713	362,898			20,749	163,881

HAPPY TRAILS FARM ANIMAL SANCTUARY
 FEDERAL DEPRECIATION SCHEDULE
 Tax Year End : 12-31-2023
 ID Number : 34-1968434
 Asset Category: 403 - Land

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
LAND	10-17-2011	79,540	0			0	0
LAND - 5661 NEW MILFORD KEPT	12-18-2014	19,707	0			0	0
LAND - ISS EDGERTON	12-31-2021	13,060	0			0	0
Total		112,307	0			0	0

HAPPY TRAILS FARM ANIMAL SANCTUARY
 FEDERAL DEPRECIATION SCHEDULE
 Tax Year End : 12-31-2023
 ID Number : 34-1968434
 Asset Category: 404 - Land Improvements

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
LAND IMPROVEMENTS 2010	12-31-2010	2,275	2,275	SL MQ	15	152	2,051
LAND IMPROVEMENTS 2011	12-31-2011	2,600	2,600	SL MQ	15	173	2,163
LAND IMP INCL FENCING	07-27-2015	7,700	7,700	150 DBHY	15	455	4,744
PERIMETER FENCING	05-01-2016	33,050	33,050	150 DBHY	20	1,495	14,618

SOUTH PASTURE FENCING	12-14-2018	11,265	11,265	150 DBMQ	20	613	3,708
MP BLDG FENCING	08-13-2019	3,198	3,198	150 DBHY	15	222	1,205
EQUIP GARAGE - ROOF	11-01-2019	2,733	2,733	150 DBHY	15	189	1,030
SEPTIC WASTEWATER TREATMENT	12-29-2021	47,203	47,203	150 DBHY	15	2,360	2,360
LOOP RD PROJECT	12-31-2022	16,055	0		15	0	0
PASTURE FENCING	04-01-2023	8,467	8,467	150 DBHY	20	318	318
Total		134,546	118,491			5,977	32,197

HAPPY TRAILS FARM ANIMAL SANCTUARY
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 34-1968434

Grand total for all departments

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
Grand Total		946,666	713,489			52,775	359,755