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

Form 8879-TE	
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Department of the Treasury

Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning , 20

, 2023, and ending

2023

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

Name of filer

34-1968434

EIN or SSN

, 20

HAPPY TRAILS FARM ANIMAL SANCTUARY Name and title of officer or person subject to tax

LAURIE D JACKSON, EXECUTIVE DIRECTOR Part I Type of Return and Return Information

Part I	Тур	e of Return a	and Reti	irn Informa	ition				
8038-CF 3a, 4a, 5 3b, 4b, 5	^o and Form 5a, 6a, 7a, 8 5b, 6b, 7b, 8	5330 filers may e 8 a, 9a, or 10a belo 8 b, 9b, or 10b, w	nter dollars ow, and the hichever is a	and cents. For a amount on that applicable, blank	all other forms, ente line for the return b < (do not enter -0-).	r whole dollars only eing filed with this fo	. If you cl orm was b	y, from the return. For heck the box on line 1 a blank, then leave line 1 return, then enter -0-	a, 2a, Ib, 2b,
••		. Do not complet	_	one line in Par	t I.				
1a	Form 990 c	heck here	•• ∐				. ,	e 12)	1b
2a	Form 990-E	EZ check here	• • 🔲			. ,			2b
3a	Form 1120	-POL check here	• • ∐						3b
4a	Form 990-F	PF check here	• • ∐	b Tax based	d on investment in	come (Form 990-P	PF, Part V	, line 5) •••••	4b
5a	Form 8868	check here	• • <u>x</u>			· ·			5b0
6a	Form 990-1	Checkhere	· · Ц						6b
		check here							7b
		check here							8b
		check here							9b
		-CP check here						Part III, line 22)	10b
Part I			r	-		er or Person	-		
		erjury, I declare t	hat L	I am an offic	er of the above enti		a persor	n subject to tax with re	
of entity)						(EIN)		and that I have exam lief, they are true, corr	13
complete intermed acknowle the date (direct d return, a 1-888-32 process the payn electroni PIN: che X 1 a or ac re As fill	e. I further d diate service edgement of of any refur ebit) entry to ind the finan 53-4537 no ing of the el- nent. I have ic funds with eck one bo authorize in the tax yea gency(ies) re- turn's disclo is an officer of ed return. If	leclare that the ar provider, transmi f receipt or reason nd. If applicable, I o the financial insti- ticial institution to later than 2 busin ectronic payment selected a person ndrawal. x only ADVANTAGE ar 2023 electronic egulating charities osure consent sci- or person subject 1 have indicated	mount in Pa tter, or elect in for rejection authorize t titution accord debit the ern ness days p of taxes to nal identific TAX GR TAX GR ally filed ret s as part of reen. t to tax with within this re	rt I above is the ronic return orig n of the transmi he U.S. Treasu bunt indicated in try to this accorior to the paym receive confide ation number (I DUP LLC – ERO firm name urn. If I have in the IRS Fed/St respect to the e	e amount shown on ginator (ERO) to ser ssion, (b) the reaso ry and its designation in the tax preparation unt. To revoke a par- nent (settlement) da ential information ne PIN) as my signatu N dicated within this is ate program, I also entity, I will enter my	the copy of the elected the return to the on for any delay in p ed Financial Agent is n software for payn yment, I must contate. I also authorize acessary to answer re for the electronic to enter n that a copy or authorize the afore y PIN as my signature ing filed with a state	tronic re IRS and i rocessing to initiate hent of th act the U. the finan inquiries return ar hy PIN f the return mentione	turn. I consent to allow turn. I consent to allow to receive from the IR3 g the return or refund, an electronic funds w e federal taxes owed of S. Treasury Financial cial institutions involve and resolve issues re ad, if applicable, the co definition of the second formation of the second definition of the second formation of the second definition of the second formation of the second formation of the second definition of the second formation of the second fo	w my S (a) an and (c) ithdrawal on this Agent at ed in the lated to onsent to as my signature but s state IN on the pnically
Signature	e of officer or	person subject to t	ax					Date2	2024
Part I		tification and							
		nter your six-digit wed by your five-			1	340355	89691	L	_
						Do	o not ente	er all zeros	
am subr	nitting this re							dicated above. I confir on for Authorized IRS e	
ERO's si	gnature						Date	07-10-2024	
_		Do				m - See Instru S Unless Requ			

Form 8879-TE	
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Department of the Treasury

Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

for a lax	Exempt Ent
For calendar year 2023, or fiscal year beginning	, 20

, 2023, and ending

2023

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

Name of filer

EIN or SSN 34-1968434

, 20

HAPPY	TRAILS	FARM	ANIMAL	SANCTUARY				
Name an	Name and title of officer or person subject to tax							

LAURIE D JACKSON, EXECUTIVE DIRECTOR Part I Type of Return and Return Information

Part	Тур	e or neturn a	na netu	in information					
8038-CF	P and Form	5330 filers may en	ter dollars a	ng this Form 8879-TE nd cents. For all other fo	orms, enter whole	e dollars only. If you c	check the box on line	1a, 2a,	
- , ,			,	mount on that line for th	0		· ·		
		<i>b</i> , 9 , or 10 , wh . Do not complete		oplicable, blank (do not e ope line in Part I	enter -0-). But, It	ou entered -0- on the	e return, then enter -t)- on the	
-11			_			wt \/III a aluman (A) liv	aa 10)	46	
		check here	=	b Total revenue, if an			,		756,705
		EZ check here		b Total revenue, if ar					
		-POL check here							
		PF check here .	=				V, line 5)		
5a		check here		,	,				
6a	Form 990-	T check here	· · Ц						
7a	Form 4720	check here	••∐						
8a	Form 5227	check here	••∐						
9a	Form 5330	check here	•• ∐	b Tax due (Form 533					
		-CP check here .		b Amount of credit p				10b	
Part	I Dec	laration and	Signatu	e Authorization	of Officer or	Person Subje	ct to Tax		
Under p	enalties of p	perjury, I declare th	at 🗌	I am an officer of the a	above entity or	I am a perso	on subject to tax with	respect to (r	name
of entity)				, (EIN)		and that I have exa	mined a cop	y of the
complet	e. I further c	declare that the am	ount in Par	les and statements, an I above is the amount	shown on the co	py of the electronic re	eturn. I consent to all	low my	
				onic return originator (El					
				of the transmission, (b)					
				e U.S. Treasury and its unt indicated in the tax					
•	, .			ry to this account. To re					
				or to the payment (settl					
				eceive confidential infor					
			al identifica	tion number (PIN) as m	ny signature for t	ne electronic return a	and, if applicable, the	consent to	
electron	ic funds witl	ndrawal.							
_	eck one bo	•							
X I a	authorize	ADVANTAGE				to enter my PIN	68434	as my s	ignature
				RO firm name			Enter five numbers do not enter all zer	ros	
a	gency(ies) r		as part of t	rn. If I have indicated w ne IRS Fed/State progr					
fil	ed return. If	I have indicated w	ithin this re	espect to the entity, I wi turn that a copy of the r ly PIN on the return's d	eturn is being fil	ed with a state agenc			t
Signature	e of officer or	person subject to ta:	x				Date 07-02-	-2024	
Part		tification and		tication					
		nter your six-digit e							
		wed by your five-d			_:	340355 8969			
			_				ter all zeros		
am subr	nitting this r			rhich is my signature or equirements of Pub. 416					
ERO's si	gnature					Date	07-10-2024		
		Do		O Must Retain T mit This Form to					
					- 511				

990EF		2023			
Name(s) as shown on return					EIN number
HAPPY TRAILS FARM	ANIMAL SANCTUA	RY			34-1968434
The following will be trans	mitted to the IRS.	990	🗍 990-Т	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 eligibl	e and will NOT be	transmitted.	
	$\overline{0}$				
	X				
EF Notes Require 'Ready f	for EF' is chee	cked in EF	' Setup but n	ot on the return	

)9

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

			Under section 501(c)), 527, or 4947(a)(1) of the internal Rev	/enue Code (e	xcept pri	vate tound	ations)	
Donor	mont of t		Do not en	ter social security numbers on this fo	orm as it may b	be made	public.		Open to Public
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest info A For the 2023 calendar year, or tax year beginning , 2023, and								Inspection
			lar year, or tax year beg	inning	, 2023,	and end	ing		, 20
-		pplicable:		APPY TRAILS FARM ANIMAL S			<u> </u>	D Emplo	yer identification number
	Address cl		Doing business as					p.o	34-1968434
		0	-	hav if mail is not delivered to streat address)		Room/su	ite	E Tolonh	one number
	Name change Number and street (or P.O. box if mail is not delivered to street address)							E leiephi	
Ē	nitial retur		5623 NEW MILE						(330)296-5914
	inal retur	n/terminated		ce, country, and ZIP or foreign postal code				G Gross	
	Amended	return	RAVENNA, OH 4	44266				\$	764,927
	Application	n pending	F Name and address of princi	pal officer:			H(a) Is this a g	roup return fo	or subordinates? Yes X No
							H(b) Are all s	ubordinate	s included? Yes No
<u> </u> 1	ax-exemp	ot status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		lf "No," a	attach a list	. See instructions
J١	Vebsite:	WWW	I.HAPPYTRAILSFAR	M.ORG			H(c) Group e	xemption n	umber
KF	orm of or	rganization: X	Corporation Trust A	ssociation Other	L Year of forma	ation: 200)1 м s	tate of lega	al domicile: OH
Pa	-	Summar							-
			-	sion or most significant activities: SE	E SCHEDUL	ΕO			
	1.	Brieffy deser	ibe the organization of this.	Sien of most significant detivities.	E SCHEDOL	<u> </u>			
ဦ									
Governance									
ver		<u></u>			(· · · · ·			
õ		Check this b	_ ·	discontinued its operations or disposed of			let assets.	Ι.Ι	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)				3	5
Activities &	4	Number of ir	ndependent voting membe	ers of the governing body (Part VI, line 1b)	)			4	5
ļţi	5	Total numbe	r of individuals employed i	n calendar year 2023 (Part V, line 2a)				5	19
cti	6	Total numbe	r of volunteers (estimate if	necessary)				6	
◄	7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	0
				e from Form 990-T, Part I, line 11				7b	0
	-						Prior Year		Current Year
	8	Contribution	s and grants (Part VIII, line	e 1h)				521	
ē				1,265,531		589,850			
Revenue		0	vice revenue (Part VIII, lin	0,			21,130		45,143
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						,149	62,857
č						·		,131	58,855
			· · · · · · · · · · · · · · · · · · ·	(must equal Part VIII, column (A), line 12	2)		1,405	, 941	756,705
	13	Grants and s	similar amounts paid (Part	t IX, column (A), lines 1-3)					0
	14	Benefits paid	d to or for members (Part I	IX, column (A), line 4)					0
Ś	15	Salaries, oth	er compensation, employe	ee benefits (Part IX, column (A), lines 5-1	0)		350	,374	373,519
enses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)					0
ben	b	Total fundrai	sing expenses (Part IX, co	olumn (D), line 25)	0				
Ĕ	17	Other expension	ses (Part IX, column (A), I	lines 11a-11d. 11f-24e)		_	266	,861	260,547
-				t equal Part IX, column (A), line 25)				, 235	634,066
		-	s expenses. Subtract line					,706	122,639
		rievenue ies				Devi		·	
Net Assets or Fund Ralances	00	Tetel essets				Begi	nning of Curre		End of Year
SS	20		(Part X, line 16)			·	2,617		2,821,321
etA	21		s (Part X, line 26)			·		,127	13,515
			r fund balances. Subtract	line 21 from line 20			2,611	, 608	2,807,806
	rt II		Ire Block						
				eturn, including accompanying schedules and staten officer) is based on all information of which prepare			owledge and be	elief, it is	
,						,•••			
<b>.</b> .		LAUR	IE D JACKSON						
Sig	n	Signature of offi	cer					Date	)
Her	е	LAUR	IE D JACKSON, EX	ECUTIVE DIRECTOR					
	F	Type or print na							
		1	eparer's name	Preparer's signature	Date		Check	lif	PTIN
Pai	h					024		L "	
	u parer		L STEAD EA		07-10-2		self-emp	pioyed	P00920766
		_		AGE TAX GROUP LLC - NPH			irm's EIN		
USE	Only	Firm's addres		IIGH AVENUE		F	hone no.		
				LADELPHIA OH 44663				330-3	43-6525
May	the IRS	discuss this	return with the preparer s	hown above? See instructions					X Yes 🗌 No

	990 (2023)		FARM ANIMAL SANC				34-1968434	Page 2
Pa	rt III S	statement of Pro	gram Service Accon	plishments				
	C	heck if Schedule O co	ntains a response or note to	any line in this Part III				🗌
1	Briefly des	cribe the organization's	mission:					
	SEE SCH	EDULE O						
2			y significant program servic					_
	prior Form	990 or 990-EZ? • •					· · 🗌 Yes	X No
	lf "Yes," de	scribe these new servi	ces on Schedule O.					
3			cting, or make significant ch					
	services?						🗌 Yes	X No
	lf "Yes," de	scribe these changes	on Schedule O.					
4	Describe the	ne organization's progra	am service accomplishment	s for each of its three la	rgest program servio	es, as measured by	y	
	expenses.	Section 501(c)(3) and	501(c)(4) organizations are	required to report the a	mount of grants and	allocations to others	З,	
	the total ex	penses, and revenue, i	f any, for each program serv	vice reported.				
4a	(Code:	) (Expens	es \$ 634,066	including grants of	\$	) (Revenue	\$ 75	6,705)
	TO RESC	UE, REHABILITA	TE AND RE-HOME CR	IMINALLY ABUSE	D, NEGLECTED	AND ABANDONE	D FARM AN	IMALS AND
	HORSES.							
4b	(Code:	) (Expens	es \$	including grants of	\$	) (Revenue	\$	)
4c	(Code:	) (Expens	es \$	including grants of	\$	) (Revenue	\$	)
			*					
4d	Other prog	ram services (Describe	on Schedule ()					
-10	(Expenses		including grants of	\$	) (Revenue \$		)	
4e		$\Phi$ am service expenses			, (itevenue a		1	
-10	rotai progra	an service expenses	034	,066			-	

Form 990 (	2023
Part IV	

3)	HAPPY	TRAILS	FARM	ANIMAL	SANCTUARY				
Checklist of	Checklist of Required Schedules								

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		res	NO
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		•
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b>v</b>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	X	
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	04-		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>x</u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
-	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		<u>x</u> x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			<u> </u>
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		17
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		<u>x</u>
2	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
1-	Enter the number reported in her 2 of Form 1006. Enter 0, if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Form 990 (2023)

HAPPY TRAILS FARM ANIMAL SANCTUARY

	Form 990 (2023)         HAPPY TRAILS FARM ANIMAL SANCTUARY         34–1968434							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	.9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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			<u> </u>				
u	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	u						
U	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	00						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
а	and services provided to the payor?	7a						
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			X				
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b						
С	required to file Form 8282?	70						
4	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X				
d								
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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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. Did the sponsoring organization make any taxable distributions under section 4966?	00						
a ⊾		9a		X				
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X				
10								
a ⊾		-						
b 11		-						
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							
120	against amounts due or received from them.)	12a						
12a		128						
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.	134						
h	Enter the amount of reserves the organization is required to maintain by the states in which							
b	the organization is licensed to issue qualified health plans							
~	Enter the amount of reserves on hand	-						
с 14а	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			<u> </u>				
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.	15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.	10						
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?	17						
	If "Yes," complete Form 6069.	17						

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Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	or a "N	Vo″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b></b>			
	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
h				
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		~
0				
	the year by the following:	-		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
0		120	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-		
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
ũ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		166		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion 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.			
	Own website       Another's website       Image: Construction of the second sec			
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			

Check if Schedule O contains a response or note to any line in this Part VII										
1a Complete this table for all persons required to be listed. F		-			_			-		
organization's tax year.	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 a	•				lofini	ition of	"kou	, employee "		
	•									
List the organization's five <b>current</b> highest compensate										
who received reportable compensation (box 5 of Form W-2		rm 109	99-IVI	ISC,	, and	i/or do	X 1 C	of Form 1099-NEC,	) of more than	
\$100,000 from the organization and any related organizatio										
List all of the organization's former officers, key employ			•			employ	ees v	who received more	than	
\$100,000 of reportable compensation from the organization	•		-							
List all of the organization's former directors or truste		-		•					of the	
organization, more than \$10,000 of reportable compensation	on from the o	rganiza	ation	and	any	related	d org	janizations.		
See instructions for the order in which to list the persons al	oove.									
Check this box if neither the organization nor any relate	ed organizatio	on com	pens	sated	d any	y curre	ent of	fficer, director, or tr	ustee.	
					(C)					
(A)	(B)			Po	sition	~		(D)	(E)	(F)
Name and title	Average	· ·				han one s both a		Reportable	Reportable	Estimated amount
	hours					r/trustee		compensation	compensation	of other
	per week							from the	from related	compensation
	(list any	or Inc	Ins	Q	Ke	em	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	Individual or director	tituti	Officer	y en	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	'ee				
	below	uste	trus		ee	hper				
	dotted line)	C C	tee			Highest compensated employee				
						ä				
(1)LAURIE D_JACKSON	40.00									
EXECUTIVE DIRECTOR	40.00	x			x			55,455	0	0
(2) TOM KAUFMAN	10.00									
BD MEMBER	2.00	x						0	0	0
(3)LEIGHANN_FINK	10.00									
BD MEMBER	2.00							0	0	0
(4)BOB MOSSING	10.00									
BD MEMBER	2.00							0	0	0
(5)GINA FORTUNATO	10.00									
BD MEMBER	2.00							0	0	0
(6) JENNIFER_L_HIGHFIELD	10.00									
SECRETARY	2.00			X				0	0	0
(7) JESS_RIST	10.00									_
PRESIDENT	2.00			X				0	0	0
(8) JEFF BRIGGS	40.00									
TREASURER	40.00			X				0	0	0
(9)PETE_GRASSO	10.00									
VICE PRESIDENT	2.00			X				0	0	0
<u>(10)</u>										
(44)										
(11)										
(12)										
(12)										
(13)										
<u></u> ,										
(14)										

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 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Form 990 (2023)

Independent Contractors

	090 (2023) HAPPY TRAILS FARM	ANIMAL	SANC	TUZ	ARY			a al	Linhaat Camp	34-	-19684	34		age 8
Part	VII Section A. Officers, Directors, T	rustees,	rey	zmj	-	уее (С)	es, a	na	nignest Comp	pensated	Empic	byees	s (conti	nued)
	(A) Name and title	(B) Average hours per week	(B) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week					ın	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	on d	cor	(F) nated am of other mpensat rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MEC	C/	orga	nization d organiz	
(15)_														
<u>(</u> 1 <u>6</u> )_														
<u>(17)</u>														
<u>(</u> 18)_														
<u>(</u> 19)_														
<u>(</u> 20)														
<u>(21</u> )								D						
(22)_														
(23)_														
(24)_														
<u>(</u> 25)_														
1b c	Subtotal			••	••	•••	· · ·	•						
	Total (add lines 1b and 1c)								55,455		0			0
2	Total number of individuals (including but r reportable compensation from the organization		to tho	se li	iste	d al	oove)	wh	o received more	than \$100	,000 of			0
3	Did the organization list any <b>former</b> officer, director,	, trustee, key	employ	vee, c	or hię	ghes	st com	pens	sated				Yes	No
	employee on line 1a? If "Yes," complete Schedule	J for such ind	dividual									3		х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than		-											
5	individual											4		x
Sect	for services rendered to the organization? <i>If "Yes,"</i> on <b>B. Independent Contractors</b>	complete Sc	hedule	J for	suc	h pe	erson	• •	<u></u>			5		х
1	Complete this table for your five highest co compensation from the organization. Repo	•		•										
	(A)	· · ·	Sation	101	ine	Cal	enua	l ye	(B)			(C)		yea
	Name and business addre	SS							Description of servic	es	C	Compens	ation	
2	Total number of independent contractors (i	includina b	ut not	limi	ited	to	those	list	ed above) who					

received more than	\$100.000 of	compensation	from the	organization

Form 99	0 (202	23) HAPPY TRAILS FARM	ANIMAL SANCTU	ARY		34-19684	24 Page	9
Part '	VIII	Statement of Revenue						
		Check if Schedule O contains a respo	nse 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	
	1a	Federated campaigns 1	a					
ts t	b	Membership dues 1	b					
and	c	Fundraising events1	c					
Amo S, G	d	Related organizations 1	d					
ar J	е	Government grants (contributions) • • 1	e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
utio Ter (		and similar amounts not included above	f 589,850					
đ	g	Noncash contributions included in						
and			g \$					
	h	Total. Add lines 1a-1f		589,850				
	0.0		Business Code	45 140	45 140			_
ice	2a b	ADOPTION FEE		45,143	45,143			
erv ue	b c							
ven S	d							
Program Service Revenue	e		-					
Pro		All other program service revenue	_					
		Total. Add lines 2a-2f		45,143				
		Investment income (including dividends, interes						
		other similar amounts)		62,857	62,857			
	4	Income from investment of tax-exempt bond pro	ceeds					
	5	Royalties	<u></u>	146	146			
		(i) Real	(ii) Personal					
		Gross rents 6a						
		Less: rental expenses • • 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Securities	(ii) Other					
		sales of assets other than inventory 7a						
	h	Less: cost or other basis						
e		and sales expenses • • 7b						
ent	с	Gain or (loss) 7c						
Rev		Net gain or (loss)						Τ
Other Revenu	8a	Gross income from fundraising						
đ		events (not including \$						
		of contributions reported on line						
			8a 64,158					
			8b 5,434					
	1	Net income or (loss) from fundraising events	••••	58,724			58,724	1
	9a	Gross income from gaming						
			9a					
			9b					
	10a	Gross sales of inventory, less returns and allowances 1	0a 2,773					
	h		0a 2,773 0b 2,788					
		-		(15)	(15)			-
			Business Code	(13)	(23)			
SN	11a							
ano	b							_
sell; svei	с		_					
Miscellanous Revenue		All other revenue						
-	1	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		756,705	108,131	0	58,724	1

#### 

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

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	Check if Schedule O contains a response or note to any line in this Part IX								
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	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):								
а	Management								
b	Legal • • • • • • • • • • • • • • • • • • •								
С	Accounting	5,906	5,906						
d	Lobbying								
е	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	1							
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.)								
а	BANK FEES	21	21						
b	DUES & SUBSCRIPTIONS	4,549	4,549						
С	LICENSES & PERMITS	1,405	1,405						
d	PROFESSIONAL FEES	20,051	20,051						
е	All other expenses	88,123	88,123						
25	<b>Total functional expenses.</b> 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 🔲 if								
	following SOP 98-2 (ASC 958-720)								

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Pa	art X		
				(A)		(B)
				Beginning of year		End of year
	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 o	fficer, director,			
		trustee, key employee, creator or founder, substantial cor	tributor, or 35%			
		controlled entity or family member of any of these persons	3	••	5	
	6	Loans and other receivables from other disqualified perso				
		under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(B)	••	6	
S	7	Notes and loans receivable, net		••	7	
Assets	8	Inventories for sale or use		••	8	
As	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,		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)			16	2,821,321
	17	Accounts payable and accrued expenses			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	
ies	22	Loans and other payables to any current or former officer	, director,			
oilit		trustee, key employee, creator or founder, substantial cor				
Liabilities		controlled entity or family member of any of these persons		••	22	
	23	Secured mortgages and notes payable to unrelated third		••	23	
	24	Unsecured notes and loans payable to unrelated third part		•••	24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		6,127	26	13,515
ú		Organizations that follow FASB ASC 958, check here	×			
JCe		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		· · · ·	27	2,061,960
ñ	28			• • 745,846	28	745,846
oun		Organizations that do not follow FASB ASC 958, che	ck here			
Ш́ ч		and complete lines 29 through 33.				
s o	29				29	
set	30	Paid-in or capital surplus, or land, building, or equipment		•••	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		•••	31	
	32	Total net assets or fund balances		, ,	32	2,807,806
	33	Total liabilities and net assets/fund balances		2,617,735	33	2,821,321
EEA						Form <b>990</b> (2023)

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Form 990 (2023)

	1 990 (2023) HAPPY TRAILS FARM ANIMAL SANCTUARY rt XI Reconciliation of Net Assets	34-19684	34	Pa	age <b>12</b>
1 0	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			705
2	Total expenses (must equal Part IX, column (A), line 25)	2		756,	
2	Revenue less expenses. Subtract line 2 from line 1	3		<u>634,</u>	
-	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		122,	
4		5	Ζ,	<u>611,</u>	
5		-		76,	827
6		6			
7	Investment expenses	-			
8		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		-		
Do	32, column (B))	10	2,	807,	806
Fai					
	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: X Cash Cash 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
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		3b		
EEA			Forn	n <b>990</b> (	(2023)
	_				

Form	4562	n rty)	OMB No. 1545-0172								
	nent of the Treasury Revenue Service	Go to	www.irs.gov/Form4562	h to your tax r for instruction		formation.	At	tachment equence No. <b>179</b>			
	s) shown on return		-		nich this form relates			ving number			
	,	ARM ANIMAL SA		,	990 - 1		34-19	-			
Par			ertain Property Unc				54-19	00434			
		-	property, complete Pa			rt I.					
1		-	ns)	•			1				
2		•	placed in service (see				2				
3			perty before reduction				3				
4		•	line 3 from line 2. If ze			-	4				
5			tract line 4 from line 1	,							
5							5				
6							<u> </u>				
0	(a)	Description of proper	ty	(b) Cost (busin	ess use only)	(c) Elected cost					
- 7	Listed property	Enter the emount	t from line 00		7						
-			t from line 29			,					
8			property. Add amounts				8				
9			aller of line 5 or line 8				9				
10			n from line 13 of your				10				
11			maller of business income				11				
	•		Add lines 9 and 10, bu				12				
13			n to 2024. Add lines 9			13					
			/ for listed property. Ins				<u> </u>				
		•	Iowance and Other				<u>e instru</u>	ictions.)			
14			or qualified property (o								
			ons				14				
		.,	(1) election				15				
			RS)				16	11,889			
Part		Depreciation (D	on't include listed prop		structions.)						
				ection A							
			aced in service in tax y				17	22,894			
18	•		ssets placed in service		•	· _					
			<u></u>								
	Section	n B - Assets Pla	ced in Service During	g 2023 Tax Y	ear Using the	General Depreciatio	n Syste	m			
	Classification of proper	service	r (c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) De	preciation deduction			
<u>19a</u>	3-year propert										
b	5-year propert		54,635	5	НҮ	200 DB		10,927			
C	7-year propert		2,930	7	НҮ	200 DB		419			
d	- ) - 0 40 0 pm							3,968			
e	<b>,</b> , ,		47,203	15	НҮ	150 DB		2,360			
f	20-year propert		8,467	20	НҮ	150 DB		318			
g	7 1 1			25 yrs.		S/L	<u> </u>				
h	Residential ren	al		27.5 yrs.	MM	S/L	<u> </u>				
	property			27.5 yrs.	MM	S/L					
i	Nonresidential	real		39 yrs.	MM	S/L					
	property				MM	S/L					
	Section	C - Assets Plac	ed in Service During	2023 Tax Ye	ear Using the A	Iternative Depreciat	ion Sys	stem			
20a	Class life					S/L					
b	12-year			12 yrs.		S/L					
С	30-year			30 yrs.	MM	S/L					
	40-year			40 yrs.	MM	S/L					
	Part IV Summary (See instructions.)										
21	21 Listed property. Enter amount from line 28										
			lines 14 through 17, li								
			of your return. Partne				22	52,775			
23		••••	ced in service during th	•				,			
			section 263A costs	-		23					
For Pa	•		separate instructions.		I			Form <b>4562</b> (2023)			

SCHE	DULE	Α
(Form	990)	

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number HAPPY TRAILS FARM ANIMAL SANCTUARY 34-1968434 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f . . . . . . . . . . . . . Provide the following information about the supported organization(s). g (i) Name of supported organization (vi) Amount of (iv) Is the organization (v) Amount of monetary (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2023

		LS FARM ANI				34-196843	
Part	II Support Schedule for Organiz	ations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) and	d 170(b)(1)(A	(vi)
	(Complete only if you checked the complete only if you checked	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	ualify under
	Part III. If the organization fails t	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar 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.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
<b>c</b>	shown on line 11, column (f)						
$\frac{6}{\mathbf{Socti}}$	Public support. Subtract line 5 from line 4 .						
	on B. Total Support	(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(f) Tatal
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	( <b>d</b> ) 2022	(e) 2023	(f) Total
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, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he						<u></u>
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line					14	%
15	Public support percentage from 2022 Scl	,	,			15	%
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33 1/3% or I	more, check
	this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization mee	ets the facts-an	d-circumstance	es test, check t	his box and <b>st</b>	op here. Expla	ain in
	Part VI how the organization meets the fa	acts-and-circur	mstances test.	The organizat	ion qualifies a	s a publicly su	pported
	organization						[
b	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	t check a box o	n line 13, 16a	, 16b, or 17a, a	and line
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the					•	•
	organization			-			П
18	Private foundation. If the organization di				, or 17b, check	this box and s	see
	instructions						_

# Im 990) 2023 HAPPY TRAILS FARM ANIMAL SANCTUARY 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.)

Secti	on A. Public Support			, թ		,		
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 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	Ū			_,,				
	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	
С	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	
	on B. Total Support							
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 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,							
b	royalties, and income from similar sources • Unrelated business taxable income (less	478	3,921	30,367	38,786	64,622	138,174	
b	section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b	478	3,921	30,367	20 706	64 622	120 174	
11	Net income from unrelated business	4/8	5,921	30,367	38,786	64,622	138,174	
	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.)		1,300,709			758,325	5,008,937	
14	First 5 years. If the Form 990 is for the or						_	
0	organization, check this box and <b>stop here</b>							
	Section C. Computation of Public Support Percentage         15       Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))							
16	Public support percentage for 2023 (intel Public support percentage from 2022 Sch					16	54.64 %	
	on D. Computation of Investment In					10	54.00 %	
17	Investment income percentage for 2023 (I			ov line 13 colu	mn (f))	17	3.00 %	
18	Investment income percentage from 2023 (I		• •	-		18	2.00 %	
19a	33 1/3% support tests - 2023. If the orga							
	17 is not more than 33 1/3%, check this b							
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 3	33 1/3%, and	, <b>.</b>	
•••	line 18 is not more than 33 1/3%, check this box a							
20	Private foundation. If the organization die	U NOL CHECK A	box on line 14,	19a, or 19b, c	HECK [NIS DOX a			

#### 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? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
U	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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	10		
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10		
	determine whether the organization had excess business holdings.)	10b		

art	IV         Supporting Organizations (continued)         34-1968434			age
			Yes	Ν
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	N
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? If "No," describe in <b>Part VI</b> 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.	1		
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? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
oti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
	on c. Type in Supporting Organizations		Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	-
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations	•		
	<u> </u>		Yes	Ν
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?	1		
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? If "No," explain in <b>Part VI</b>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3				
3				
3	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? If "Yes," describe in <b>Part VI</b> the role the organization's			
3	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? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
	a significant voice in the organization's investment policies and in directing the use of the organization's	3		
	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>		uctio	ns
ecti	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> on E. Type III Functionally Integrated Supporting Organizations		uctio	ns
ection	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> <b>on E. Type III Functionally Integrated Supporting Organizations</b> <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see the second seco</i>		uctio	ns
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ectio 1 a b	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> <b>on E. Type III Functionally Integrated Supporting Organizations</b> <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see</i> Check the organization satisfied the Activities Test. <i>Complete line 2 below.</i> Check the parent of each of its supported organizations. <i>Complete line 3 below.</i>	e instr	uction	
ection 1 a b c	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> <b>on E. Type III Functionally Integrated Supporting Organizations</b> <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see</i> The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions)</i>	e instr		
ection 1 b c 2	<ul> <li>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></li> <li>on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Activities Test. Answer lines 2a and 2b below.</li></ul>	e instr		
ection 1 b c 2	<ul> <li>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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of</li></ul>	e instr		
ection 1 b c 2	<ul> <li>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></li> <li>on E. Type III Functionally Integrated Supporting Organizations</li> <li><i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see</i> The organization satisfied the Activities Test. <i>Complete line 2 below.</i></li> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i></li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions</i> Activities Test. <i>Answer lines 2a and 2b below.</i></li> <li>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</i></li> </ul>	e instr		
ection 1 b c 2	<ul> <li>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></li> <li>on E. Type III Functionally Integrated Supporting Organizations</li> <li><i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see</i> The organization satisfied the Activities Test. <i>Complete line 2 below.</i></li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions</i> Activities Test. <i>Answer lines 2a and 2b below.</i></li> <li>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,</i></li> </ul>	e instr		ns,
ection 1 b c 2	<ul> <li>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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>on E. Type III Functionally Integrated Supporting Organizations</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Integration is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Activities Test. Answer lines 2a and 2b below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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</li> </ul>	e instr		

- "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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2b

3a

3b

#### 34-1968434

n 990) 2023	HAPPY	TRAILS	FARM	ANIMAL	SANCTUARY	
Supporting Organizations (continued)						

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organized	zatio	ns must complete Sect	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
ecti	on 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to	-		
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	-	ntegrated Type III supp	orting organization
-	(see instructions).			en gamzation

EEA

Schedule A (Form 990) 2023

Schedul Part	e A (Form 990) 2023 HAPPY TRAILS FARM ANIMAL V Type III Non-Functionally Integrated 509(a)(3			1968 ed)	<b>434</b> Page <b>7</b>
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	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 whic	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.	0		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(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				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	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, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<b>Part VI</b> , See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
a	Europe (uppe 0000				
C	France trace 2001				
d	<b>E</b>				
	<b>E</b>				
<u>e</u>	Excess from 2023				Schodulo A (Ecrm 000) 000
EEA				3	chedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A (F	orm 990) 2023 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

OMB No. 1545-0047

### Attach to Form 990, 990-EZ, or Form 990-PF.

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

Employer identification number

34-1968434

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#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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).

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	HASLINGER FOUNDATION 2524 IRA ROAD	\$5,000	Person x Payroll Noncash
	AKRON OH 44333		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	OHIO COALITION FOR ANIMALS INC		Person 🗽 Payroll 🗌
	2280 HENDERSON RD STE 207 COLUMBUS OH 43220	\$8,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BRENNAN EQUINE WELFARE FUND		Person x Payroll
	7301 BURMAN MEADOW DR CINCINNATI OH 45243	\$5,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JAMES & JANE GRISWOLD 21210 COLBY RD BEACHWOOD OH 44122	\$5,000	PersonImage: CompleteNoncashImage: Complete(CompletePartPartIl for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GLENN & JEAN HARNETT PRIV CHAR FDN PO BOX 8621 WARREN OH 44481	\$ <u>35,000</u>	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_6	REMINGTON FAMILY FUND		Person <u>x</u> Payroll
	4517 CARTER DR MEDINA OH 44256	\$7,000	Noncash (Complete Part II for noncash contributions.)

(b)

Employer identification number

(d)

34-1968434

(c)

Page 2

Schedule B (Form 990) (2023)

Part I

(a)

Name of organization

HAPPY TRAILS FARM ANIMAL SANCTUARY

EEA

7	MICHAEL FRANK		Person <u>x</u>
			Payroll
	1940 E HINES HILL RD	\$5,000	Noncash
	HUDSON OH 44236		(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			_
8	JEFF & MELISSA WERT		Person x
			Payroll Noncash
	4521 CARTER DR	\$5,000	
	MEDINA OH 44256		(Complete Part II for noncash contributions.)
			honcash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			<b>D</b>
9	EVELYN COLEVILLE		Person 🛛 🛣 Payroll
	VALIC RETIREMENT SVCS POB 3206	\$ 36,188	Noncash
	VALIC RETIREMENT SVCS FOR 5200	· · <u> </u>	
	HOUSTON TX 77253		(Complete Part II for noncash contributions.)
			,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10			Person x
10	MARY SPICER		Payroll
	3555 HEMPHILL RD	\$ 11,300	Noncash
			(Complete Part II for
	BARBERTON OH 44203		noncash contributions.)
(-)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SOLVIEG JENTNER		Person x
			Payroll
	272 DELAWARE PL	\$6,000	Noncash
			(Complete Part II for
	AKRON OH 44303		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	RICHARD GOIST		Person <u>x</u>
			Payroll
	1045 COTTAGE GATE DR	\$5,000	Noncash
			(Complete Part II for
	KENT OH 44240		noncash contributions.)

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

34-1968434

(c)

**Total contributions** 

Schedule B (Form 99)	0) (2	023)
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HAPPY TRAILS FARM ANIMAL SANCTUARY

Name of organization

Part I

(a)

No.

13	FUND 4 HABITATS		Person x
	C/O BESSEMER TRUST	\$15,000	Payroll 🔤 Noncash
	C/O BESSEMEN INOSI	¢13,000	(Complete Part II for
	NEW YORK NY 10020		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	DALTON FAMILY FOUNDATION		Person <u>x</u> Payroll
	1808 E HINES HILL RD	\$ 10,000	Noncash
			(Complete Part II for
	HUDSON OH 44236		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	MARCIA ADAIR		Person 🗴
_15_			Payroll
	4666 DUSTY'S CIR	\$5,005	Noncash
	NUTON OU 44210		(Complete Part II for
	AKRON OH 44319		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	STANDARDBRED TRANSITION ALLIANCE		Person x
			Payroll
	POB 377	\$19,600	Noncash
	LAURELVILLE OH 43135		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	NANCY G DICKINSON		Person x
		\$ 6,000	Payroll 🗌 Noncash 🗌
	35 TANO ALTO	\$6,000	
	SANTA FE NM 87506		(Complete Part II for noncash contributions.)
(-)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	RICHARD EDWARDS		Person x
	4666 DUSTY'S CIR	\$ 5,000	Payroll 🗌 Noncash 🗌
			(Complete Part II for
	AKRON OH 44319		noncash contributions.)

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

HAPPY TRAILS FARM ANIMAL SANCTUARY

Page 2 Employer identification number

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(d)

Type of contribution

(c)

**Total contributions** 

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_19_	SUMMERLEE FOUNDATION 5556 CARUTH HAVEN LN	\$5,000	Person x Payroll Noncash
	DALLAS TX 75225		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	CAROL HETZEL		Person 🔀 Payroll 🗌
	11974 CHAMBERLAIN RD	\$10,040	Noncash
	AURORA OH 44202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	KIMBERLY HOOKWAY 4517 CARTER DR	\$6,800	Person x Payroll Noncash
	MEDINA OH 44256		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22	EMBRACE PET INSURANCE 4530 RICHMOND RD STE 150 CLEVELAND OH 44128	\$6,617	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	HUMANE SOCIETY OF USA       1255 23RD ST NW STE 450       WASHINGTON DC 20037	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_24	THE MARJORIE HARTMAN FAMILY FDTN 100 EAST FEDERAL ST STE 600	\$ 19,130	Person x Payroll Noncash

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Schedule B (Form 990) (2023)

Part I

HAPPY TRAILS FARM ANIMAL SANCTUARY

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_25	CARLA PIVCEVICH 22500 LAKE RD APT 202	\$10,000	Person <u>k</u> Payroll □ Noncash □
	ROCKY RIVER OH 44116		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	JOEL & MARLA ROBINS	\$ 8 999	Person <u>x</u> Payroll □ Noncash □
	7568 TIBER CT MACEDONIA OH 44056	\$8,999	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	LINDA W SMITH 13275 OBERLIN RD OBERLIN OH 44074	\$5,567	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	MARLENE VENTURE           7501 GREENLAWN DR           NORTH RIDGEVILLE OH 44039	\$71,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

34-1968434

Schedule B (Form 990) (2023) Name of organization

Part I

HAPPY TRAILS FARM ANIMAL SANCTUARY

SCHEI	DULE D
(Form	990)

### **Supplemental Financial Statements**

		Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			2023
		Attach to Form 000			Open to Public
•	ment of the Treasury Revenue Service		90 for instructions and the latest information		
	of the organization				dentification number
HAPP	Y TRAILS FAR	M ANIMAL SANCTUARY		34-1	968434
			Funds or Other Similar Funds or Ac		
		te if the organization answered "Yes"			
	•		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at e	end of year			
2	Aggregate value	of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value				
5	00 0	ion inform all donors and donor advisors in v	writing that the assets held in donor advised		
	0	anization's property, subject to the organizat	•		🗌 Yes 🗌 No
6	-		dvisors in writing that grant funds can be used	d	
	-	-	or or donor advisor, or for any other purpose		
	•				Yes 🗌 No
Par		rvation Easements			
	Complet	te if the organization answered "Yes"	on Form 990, Part IV, line 7.		
1		nservation easements held by the organizati			
	Preservation of	of land for public use (for example, recreation	n or education) Preservation of a h	nistorically ir	nportant land area
	Protection of I	natural habitat	Preservation of a c	certified hist	oric structure
	Preservation of	of open space			
2	Complete lines 2	a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservatior	1
	easement on the	last day of the tax year.			Held at the End of the Tax Year
а	Total number of c	conservation easements		2a	
b	Total acreage res	stricted by conservation easements		2b	
с	Number of conse	ervation easements on a certified historic stru	ucture included on line 2a	2c	
d	Number of conse	ervation easements included on line 2c, acqu	ired after July 25, 2006, and not		
	on a historic stru	cture listed in the National Register		2d	
3	Number of conse	ervation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization du	ring the
	tax year				
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organiz	ation have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, and er	forcement of the conservation easements it	holds?		🗌 Yes 🗌 No
6	Staff and volunte	er hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	tion easeme	nts during the year
7	Amount of expen	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements	during the year
8	Does each conse		satisfy the requirements of section 170(h)(4)	(B)(i)	
				(-)(-)	

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

. . . . . . . .

.

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

Revenue included on Form 990, Part VIII, line 1

\$

\$

OMB No. 1545-0047

а

b

	e D (Form 990) 2023 HAPPY TRAILS FARM			34-196	0
Par	t III Organizations Maintaining Col	llections of Art, His	torical Treasures,	or Other Similar A	ssets (continued)
3	Using the organization's acquisition, accession, a	nd other records, check ar	ly of the following that m	ake significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange pr	ogram	
b	Scholarly research	e	Other		
c	Preservation for future generations	ť			
_		one and evaluin how they f	urthar the argonization's	overnet purpose in Port	
4	Provide a description of the organization's collecti	ons and explain now they i	urther the organizations	exempt purpose in Part	
_				,	
5	During the year, did the organization solicit or rece				Π., Π.,
Dor	assets to be sold to raise funds rather than to be	•	rganization's collection?		. Yes No
Par				0	
	Complete if the organization ans	swered res on For	n 990, Part IV, iine	9, or reported an al	nount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or				
					• Ves 🗌 No
b	If "Yes," explain the arrangement in Part XIII and o	complete the following table	9.		
				Ar	mount
С	Beginning balance			. 1c	
d	Additions during the year			. 1d	
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Form 9				. Yes No
b	If "Yes," explain the arrangement in Part XIII. Che				
Par					
	Complete if the organization and	swered "Yes" on For	n 990 Part IV line	10	
10		i) Current year (b) Pri	(c) Two years	back (d) Three years back	(e) Four years back
1a ⊾	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current y	ear end balance (line 1g, c	olumn (a)) held as:	·	
а	Board designated or quasi-endowment	%			
b	Permanent endowment %				
c	Term endowment %				
•	The percentages on lines 2a, 2b, and 2c should e	aual 100%			
3a	Are there endowment funds not in the possession		e held and administered	for the	
ou	organization by:	for the organization that a			Yes No
	(i) Unrelated organizations?				. 3a(i)
	(ii) Related organizations?				- 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations				. 3b
4	Describe in Part XIII the intended uses of the orga		ds.		
Par				11a Ora Eren 000	
	Complete if the organization and	swered "Yes" on Forr	n 990, Part IV, line	11a. See Form 990	, Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land		112,307		112,307
b	Buildings		467,713	163,881	303,832
С	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 F	orm 990, Part X, line 10c,	column (B)		586,912

Schedule D (Form 990) 2023 HAPPY TRAILS FARM ANIMAL SA	34-1968434 Page 3	
Part VII Investments - Other Securities		
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 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)		
	1	

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\$TIFEL SHARES	251
(3RAYMOND 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	

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

		34-1968434	Page 4
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses 2c	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	
Part	XIII Supplemental Information		

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

SCHEDULE G		Supplemental Information Regarding Fundraising or Gaming Activities					OMB No. 1545-0047		
(Forr	n 990)	Complete if	the organization an	swered "Yes	" on Form 99	0, Part IV, line 17, 18, orm 990-EZ, line 6a.	or 19, or if the	2023	
Denart	ment of the Treasury		-	ach to Form 9				Open to Public	
	The frequency of the fr			Inspection					
Name o	f the organization						Employer identifie	ation number	
HAPP	HAPPY TRAILS FARM ANIMAL SANCTUARY 34-19							68434	
Par	I Fundrai	sing Activities.	Complete if the	e organiza	ation answ	vered "Yes" on F	orm 990, Part IV,	line 17.	
	Form 99	0-EZ filers are r	not required to	complete	this part.				
1	Indicate whether	the organization raise	ed funds through a	ny of the follo	wing activitie	es. Check all that app	oly.		
а	Mail solicitatio	ns							
b	Internet and e	mail solicitations							
С	Phone solicita			g	Special fur	ndraising events			
d	In-person soli								
2a	-	ion have a written or	-	-	-				
		listed in Form 990, I			-	-		📋 Yes 📋 No	
b				idraisers) pu	irsuant to agi	reements under whic	ch the fundraiser is to b	e	
	compensated at I	east \$5,000 by the o	rganization.						
							(v) Amount paid to		
	(i) Name and address		(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)	
	or entity (fun	draiser)	(II) Activity		outions?	from activity	fundraiser listed in	organization	
				Yes	No		col. (i)		
1				105					
•									
2									
3									
4									
5									
6									
7									
8									
9									
10									
10									
Total									
3		which the organization	is registered or lig	ensed to sol	icit contributi	ons or has been not	ified it is exempt from		
J	registration or lice								
	regionation of not	Shong.							

Schedule G (Form 990) 202
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Dor			PY TRAILS FARM AN			-1968434 Page
Par	( 11	Fundraising Events. Com than \$15,000 of fundraising gross receipts greater than	event contributions ar			•
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		-	(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	64,158			64,158
-	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2) • • • • • • • • • • •	64,158			64,158
	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 line	s 4 through 9 in column (d)			5,434
	11	Net income summary. Subtract lin	e 10 from line 3, column (d)			5,434 58,724
'ar	-	Net income summary. Subtract lin Gaming. Complete if the o	e 10 from line 3, column (d) rganization answered "Y			58,724
	11	Net income summary. Subtract lin	e 10 from line 3, column (d) rganization answered "Y	/es" on Form 990, Part		58, 724 more than
-	11	Net income summary. Subtract lin Gaming. Complete if the o	e 10 from line 3, column (d) rganization answered "Y			58,724
-	11	Net income summary. Subtract lin Gaming. Complete if the o	e 10 from line 3, column (d) rganization answered "Y ine 6a.	/es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	58,724 more than (d) Total gaming (add
	11 t III	Net income summary. Subtract lin Gaming. Complete if the o \$15,000 on Form 990-EZ, I	e 10 from line 3, column (d) rganization answered "Y ine 6a.	/es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	58,724 more than (d) Total gaming (add
	11 t III	Net income summary. Subtract lin Gaming. Complete if the o \$15,000 on Form 990-EZ, I Gross revenue	e 10 from line 3, column (d) rganization answered "Y ine 6a.	/es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	58,724 more than (d) Total gaming (add
	11 t III 1 2	Net income summary. Subtract lin Gaming. Complete if the o \$15,000 on Form 990-EZ, I Gross revenue Cash prizes	e 10 from line 3, column (d) rganization answered "Y ine 6a.	/es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	58,724 more than (d) Total gaming (add
	11 t III 1 2 3	Net income summary. Subtract lin         Gaming. Complete if the o         \$15,000 on Form 990-EZ, I         Gross revenue         Cash prizes         Noncash prizes	e 10 from line 3, column (d) rganization answered "Y ine 6a. (a) Bingo	/es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	58,724 more than (d) Total gaming (add
	11 11 1 2 3 4	Net income summary. Subtract lin.         Gaming. Complete if the o         \$15,000 on Form 990-EZ, I         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	e 10 from line 3, column (d) rganization answered "Y ine 6a.	/es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported r	58,724 more than (d) Total gaming (add
	11 1 1 2 3 4 5	Net income summary. Subtract lin.         Gaming. Complete if the o         \$15,000 on Form 990-EZ, I         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	e 10 from line 3, column (d) rganization answered "Y ine 6a. (a) Bingo Yes% No	/es" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported r (c) Other gaming	58,724 more than (d) Total gaming (add
	11 11 1 2 3 4 5 6	Net income summary. Subtract lin         Gaming. Complete if the o         \$15,000 on Form 990-EZ, I         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	e 10 from line 3, column (d) rganization answered "Y ine 6a. (a) Bingo Yes% No s 2 through 5 in column (d)	/es" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported r (c) Other gaming	58,724 more than (d) Total gaming (add
	11 1 1 2 3 4 5 6 7 8	Net income summary. Subtract lin.         Gaming. Complete if the or \$15,000 on Form 990-EZ, I         Gross revenue         Gross revenue         Cash prizes         Noncash prizes         Noncash prizes         Other direct expenses         Volunteer labor         Direct expense summary. Add line         Net gaming income summary. Subtract	e 10 from line 3, column (d) rganization answered "Y ine 6a. (a) Bingo Yes% No% s 2 through 5 in column (d) stract line 7 from line 1, column	/es" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)	IV, line 19, or reported r (c) Other gaming	58,724 more than (d) Total gaming (add
	11 1 2 3 4 5 6 7 8 Ent Ist	Net income summary. Subtract lin.         Gaming. Complete if the o         \$15,000 on Form 990-EZ, I         Gross revenue         Cash prizes         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary. Add line	e 10 from line 3, column (d) rganization answered "Y ine 6a. (a) Bingo Yes% No s 2 through 5 in column (d) otract line 7 from line 1, colu	/es" on Form 990, Part /es" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported r (c) Other gaming	58,724 more than (d) Total gaming (add

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

## 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 MONTLY 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 S NO WRITTEN POLICY BUY ANY

POTENTIAL ISSUES ARE DISCUSSED VERBALLY DURING THE MEETINGS IN WHICH THEY ARRISE 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)

\$88 ANIMAL CARE

## 06. General explanation attachment

PART III, ITEM BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION

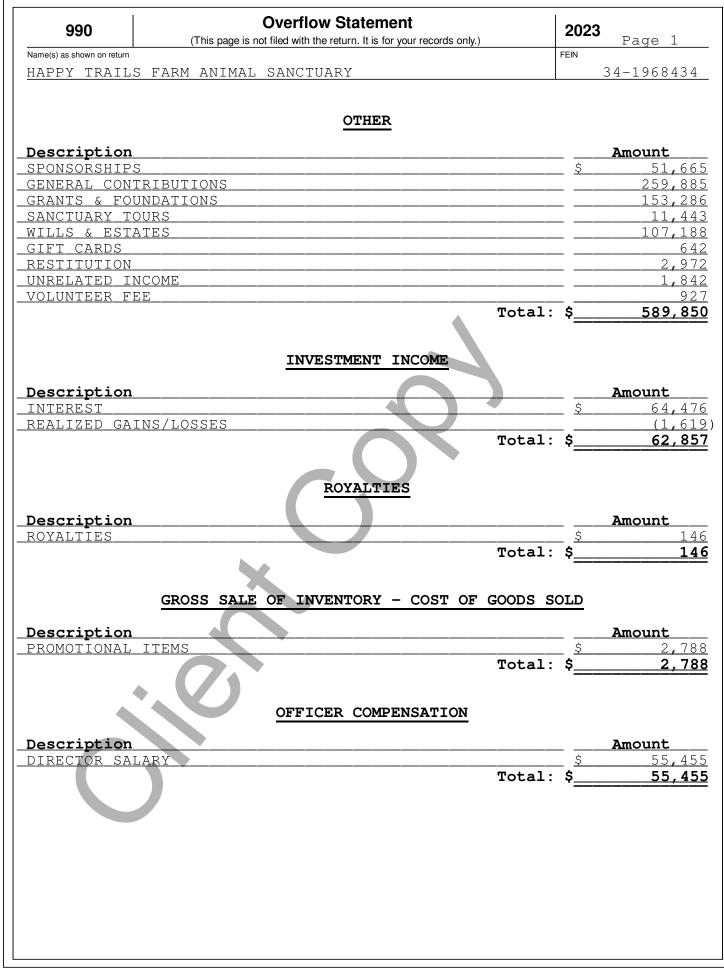
HAPPY TRAILS FARM ANIMAL SANCTUARY INC. IS A NON-PROFIT ORGANIZATION UNDER 501(C)3 OF THE

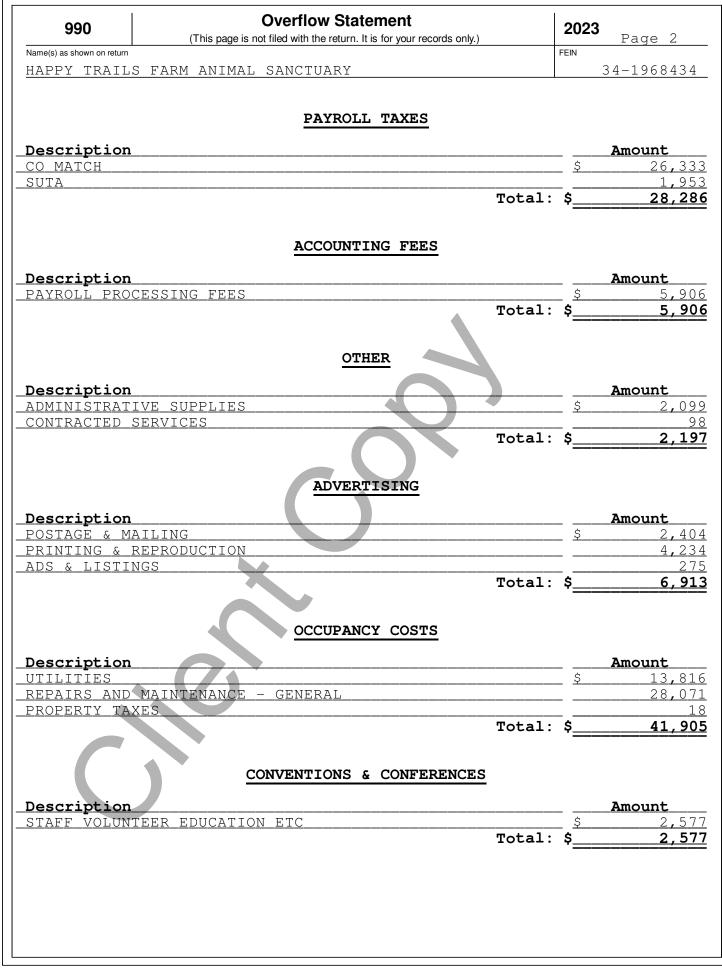
INTERNAL REVENUE CODE THAT RESCUES, REHABILITATES, AND PROVIDES AN ADOPTION PROGRAM FOR

ABUSED, ABANDONED AND NEGLECTED FARM ANIMALS SUCH AS HORSES, PONIES, POT BELLY PIGS, FARM

Schedule O (Form 990) 2023	Page 2
Name of the organization HAPPY TRAILS FARM ANIMAL SANCTUARY	Employer identification number 34–1968434
PIGS, CHICKENS, DUCKS, TURKEYS, SHEEP, GOATS AND CATTLE. HAPPY TRAILS S	ERVES THE ENTIRE
STATE OF OHIO, AND WORKS IN COOPERATION WITH COUNTY HUMANE SOCIETIES, AN	IMAL PROTECTIVE
LEAGUES AND LOCAL AND STATE LAW ENFORCEMENT OFFICERS. THE CRITERIA FOR 2	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 R	EPRESENTATIVE.

	F	ederal Supporting S	Statements	2023 PG01
Name(s) as shown on retu HAPPY TRA	urn AILS FARM ANIM			Tax ID Number 34-1968434
		FORM 4562 - LIN	E 19D	Statement #567
<b>BASIS</b> 25,750 13,926	<b>RP</b> 10 10	<b>СV</b> НҮ НҮ	<b>METHOD</b> 200 DB 200 DB	DEDUCTION 2,575 1,393
TOTAL				3,968
			$\sim$	
			N.	
		$\bigcirc$		
		X		
	0			
4				
C				





990	Overflow Statement (This page is not filed with the return. It is for your records only.)	<b>2023</b> Page 3
Name(s) as shown on return HAPPY TRAILS	S FARM ANIMAL SANCTUARY	FEIN 34-1968434
	INSURANCE	
Description GENERAL INSU WORKERS COME	PENSATION	Amount           \$         17,930           16,195           34,125
	OTHER EXPENSES	
Description		Amount
TOTAL ANIMAL	CARE Total:	\$ <u>88,123</u> \$ <u>88,123</u>

## **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	Invoice #:	
5623 New Milford Road	Date:	July 10, 2024
Ravenna, OH 44266	Phone:	(330)296-5914
	E-mail:	

## 2023 Tax Year Statement

Description		Fe
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,

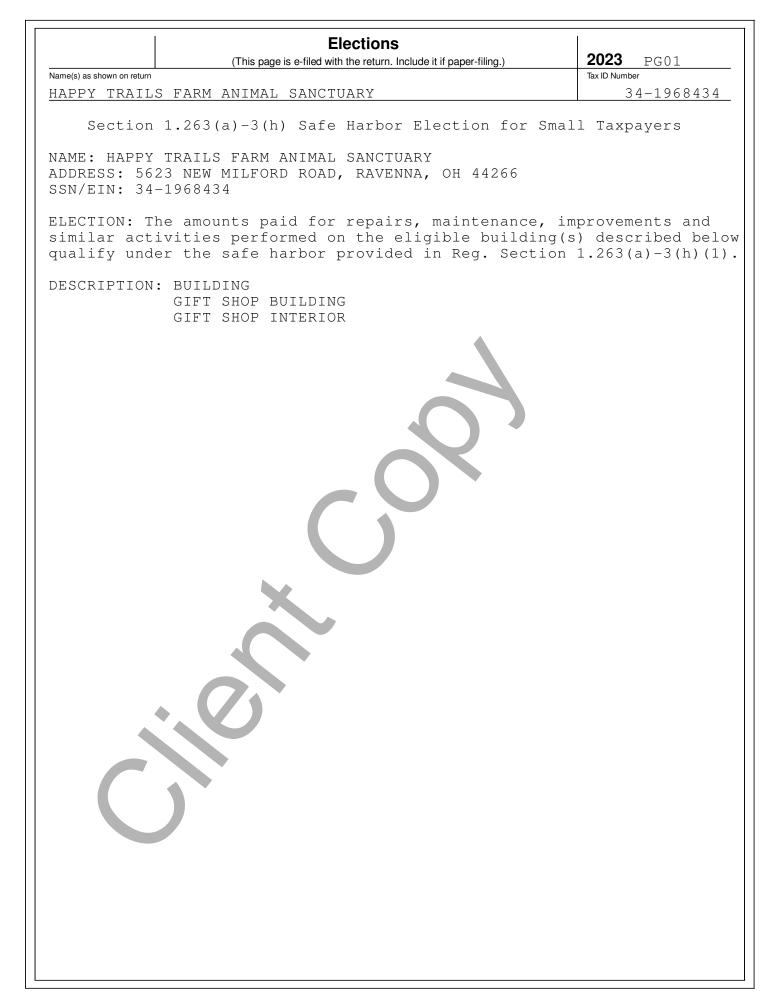
Taonie L Stead EA ADVANTAGE TAX GROUP LLC - NPH

Accepted By:

Officer

Date

	Acknowledgement and General Information for Entities That File Returns Electronically	2023
Name(s) as shown on return	ARM ANIMAL SANCTUARY	Tax ID Number **-**8434
Entity address		
5623 NEW MILF	ORD ROAD	
RAVENNA, OH 4	4266	
Thank you for pa	rticipating in IRS e-file.	
1. 🗶 2023 <u>8868</u> The electronic fil	-01 income tax return for Federal was filed ing services were provided by ADVANTAGE TAX GROUP LLC - NPH	d electronically.
	income tax return was accepted on <u>03–21–2024</u> using a Personature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to e ID assigned to this return is <u>3403552024081any2wmj</u>	onal Identification Number (PIN) as nter or generate a PIN signature.
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN OU DO, IT WILL DELAY THE PROCESSING OF THE RE	
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ENV 80344

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

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

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

	Ass	Asset Category: 100 - Vehicles	- 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 Categ	gory: 300 - Mach	Asset Category: 300 - Machinery & Equipment	ent			
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
HAY ELEVATOR	03-23-2004	849	849		L	0	849
ROUND PEN	08-15-2004	400	400		L	0	400
SKID SHEER FORKS	03-14-2007	650	650		L	0	650
BOBCAT	12-31-2010	12,650	12,650		L	0	12,650
MINI EXCAVATOR	10-17-2014	3,000	3,000		L	0	3,000
HAY ELEVATOR	12-18-2014	1,411	1,411		L	0	1,411
LAWN TRACTOR	11-23-2015	1,576	1,576		L	0	1,576
2017 KAWASAKI MULE 4010 4X4	06-04-2018	10,199	10,199	SL НҮ	L	1,457	8,013
HEMATOLOGY & CHEMISTRY ANALYZER	09-07-2021	4,352	4,352	200 DBHY	L	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
Α	Asset

	ASSC	Asset Category: 401 - Duituings	- Dunungs				
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
<b>GIFT SHOP INTERIOR</b>	12-31-2009	3,345	3,345	SL MM	31.5	106	1,538
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 НҮ	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
MULTI PURPOSE 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
<b>PIGGERTON BLDG 2.0</b>	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
<b>ROOSTER BARN REMODEL</b>	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

	<b>T</b> 7	more curefor J. 100 - mile					
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
TAND	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

		me in the second second					
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	00 <i>L</i> ' <i>L</i>	7,700	150 DBHY	15	455	4,744
PERIMETER FENCING	05-01-2016	33,050	33,050	150 DBHY	20	1,495	14,618

	12-14-2018	11,265	11,265	150 DBMQ	20	613	3,708
MP BLUU FENCING US-13-20	08-13-2019	3,198	3,198	150 DBHY	15	222	1,205
EQUIP GARAGE - ROOF 11-01-2019	-2019	2,733	2,733	150 DBHY	15	189	1,030
SEPTIC WASTEWATER TREATMENT 12-29-2021	-2021	47,203	47,203	150 DBHY	15	2,360	2,360
LOOP RD PROJECT 12-31-2022	-2022	16,055	16,055	150 DBHY	15	0	0
PASTURE FENCING 04-01-2023	-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

		n IIN IOI INIO NIIN	- harmon md-				
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
**Grand Total**		946,666	946,666			52,775	329,755

# 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		L	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		L	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 FEDERAL DEPRECIATION SCHEDULE Tax Year End : 12-31-2023 P. E. ID Number : 34-1968434 t Coto

	Asset Categ	ory: 500 - Macn	Asset Category: 300 - Machinery & Equipment	ant	_		
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Depr	Accum Depr
HAY ELEVATOR	03-23-2004	849	849		L	0	849
ROUND PEN	08-15-2004	400	400		L	0	400
SKID SHEER FORKS	03-14-2007	650	650		L	0	650
BOBCAT	12-31-2010	12,650	12,650		L	0	12,650
MINI EXCAVATOR	10-17-2014	3,000	3,000		L	0	3,000
HAY ELEVATOR	12-18-2014	1,411	1,411		L	0	1,411
LAWN TRACTOR	11-23-2015	1,576	1,576		L	0	1,576
2017 KAWASAKI MULE 4010 4X4	06-04-2018	10,199	10,199	SL HY	L	1,457	8,013
HEMATOLOGY & CHEMISTRY ANALYZER	09-07-2021	4,352	4,352	200 DBHY	L	761	2,449
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**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

34-1968434	- Buildings	
ID Number : 34-	Asset Category: 401	

Description	Date Aco'd	Cost Cost	Denr. Basis	Method	Life	CY Denr	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	12-31-2009	3,345	3,345	SL MM	31.5	106	1,538
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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
MULTI PURPOSE BUILDING	12-29-2014	32,313	32,313	SL MQ	20	1,616	14,746
CORRAL PANELS	02-27-2015	552	552		L	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
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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
<b>ROOSTER BARN REMODEL</b>	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

		a more cureborly. Too mure					
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

		we lot in the	1 mage careford: 101 Faint million comprover				
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

	12-14-2018	11,265	11,265	150 DBMQ	20	613	3,708
MIP BLUG FENCING	08-13-2019	3,198	3,198	150 DBHY	15	222	1,205
OF	11-01-2019	2,733	2,733	150 DBHY	15	189	1,030
<b>FREATMENT</b>	12-29-2021	47,203	47,203	150 DBHY	15	2,360	2,360
	12-31-2022	16,055	0		15	0	0
PASTURE FENCING 04-0	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

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