FOR TAX YEAR 2022

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning

, 2022, and ending Do not send to the IRS. Keep for your records.

2022

Department of the Treasury Internal Revenue Service

Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

34-1968434

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

LAURIE D JACKSON, EXECUTIVE DIRECTOR

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8038-C	P and Form {	5330 filers may e	nter dollar	s and cents. I	For all other forms	s, enter whole	licable amount, if a dollars only. If you	check the bo	ox on line 1a	a, 2a,	
							d with this form was				
		3 b, 9b, or 10b, w . Do not complet			``	r -0-). But, if y	ou entered -0- on th	he return, the	enter -0- o	on the	
		•	_								
1a		heck here					t VIII, column (A), I	,		1b	
2a		Z check here					line 9)			2b	
3a	Form 1120-	-POL check here	· · · Ц							3b	
4a	Form 990-F	PF check here	· · · Ц	-		,	Form 990-PF, Part	, ,		4b	
5a	Form 8868	check here	• • <u>x</u>		•	,				5b	0
6a	Form 990-1	Checkhere	· · · 📋	b Total t	tax (Form 990-T,	Part III, line 4)			6b	
7a	Form 4720	check here	••• 🗆	b Total f	t ax (Form 4720, I	Part III, line 1)				7b	
8a	Form 5227	check here	••• 🗆	b FMV c	of assets at end	of tax year (F	Form 5227, Item D)			8b	
9a	Form 5330	check here		b Tax dı	Je (Form 5330, P	Part II, line 19)				9b	
10a	Form 8038-	-CP check here .		b Amou	nt of credit payr	ment request	ed (Form 8038-CP	, Part III, line	. (22)	10b	
Part	II Dec	laration and	Signat	ure Autho	orization of	Officer or	Person Subje	ect to Tax			
Under p	penalties of p	erjury, I declare t	that	I am an (officer of the abov	ve entity or	I am a pers	on subject to	o tax with re	espect to (name	
of entity	•					, (EIN)				ined a copy of the	3
		rn and accompar	nvina sche	edules and st	atements, and, to		ny knowledge and b			.,	-
							by of the electronic				
interme	diate service	provider, transmi	itter, or ele	ectronic return	originator (ERO)	to send the r	eturn to the IRS and	d to receive	from the IRS	S (a) an	
							ny delay in processi				
						Ŷ	ncial Agent to initiat				
							are for payment of t I must contact the I				
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	nic funds with				. (, ,, .	.g					
PIN: ch	neck one bo	x only									
ΣI	authorize	ADVANTAGE	TAX G	ROUP LLC	– N		to enter my PIN	68434		as my signature	e
				ERO firm na					e numbers, k		•
					inc				nter all zeros		
o	on the tax yea	r 2022 electronic	ally filed r	eturn. If I hav	e indicated withir	n this return th	hat a copy of the ret	turn is being	filed with a	state	
a	igency(ies) re	egulating charities	s as part o	of the IRS Fe	d/State program,	I also authori	ze the aforementior	ned ERO to	enter my Pl	IN on the	
r	eturn's disclo	sure consent sc	reen.								
		or porcon cubioci	t to tax wit	h respect to :	the optity I will or	ator my PIN o	s my signature on t	ha tay yaar (000 alaatra	nically	
							d with a state agen				
					the return's disclo			cy(ics) regu	aling chant		
		a otato program,									
Signatur	e of officer or	person subject to t	av					Date			
		, ,							08-02-2	2023	
Part		tification and									
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I certify	that the abov	ve numeric entry	is my PIN	I, which is my	signature on the	e 2022 electro	nically filed return i	ndicated abo	ove. I confirr	m that I	
							File (MeF) Informat				
Provide	ers for Busine	ess Returns.									
	·						D :	00_1	-2022		
ERO's s	ignature						Date	08-10	6-2023		
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		-					ee Instruction	-	-		
		Do	Not Su	Jomit Thi	s ⊢orm to th	e IKS Uni	ess Requeste	a lo Do 🗄	50		

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 2022, or fiscal year beginning

, 2022, and ending

2022

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

, 20

34-1968434

Name of filer

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN

HAPPY TRAILS FARM ANIMAL SANCTUARY

Name and title of officer or person subject to tax

LAURIE D JACKSON, EXECUTIVE DIRECTOR

Farti		Type of netur	n anu	netum	intornation						
8038-CF	P and I	Form 5330 filers ma	ay enter o	dollars and	this Form 8879-TE and I cents. For all other for	ms, enter whole do	ollars only.	If you che	eck the box on line 1a,	, 2a,	
					ount on that line for the licable, blank (do not en						
		below. Do not com				iter 0). Dut, il you		on the r			
		990 check here		_	Total revenue, if any	(Form 990, Part V	/III. colum	n (A). line	12)	1b	1,405,941
		990-EZ check here			Total revenue, if any			. ,	,	2b	2,100,512
		1120-POL check h		Пь	Total tax (Form 1120					3b	
		990-PF check here		Пь	Tax based on invest					4b	
		8868 check here		Пь	Balance due (Form 8					5b	
		990-T check here		Пь	Total tax (Form 990-					6b	
		4720 check here		Пь	Total tax (Form 4720					7b	
		5227 check here		Пь	FMV of assets at en					8b	
		5330 check here			Tax due (Form 5330,					9b	
		8038-CP check he			Amount of credit pa						
Part I					Authorization o					0.0	
		es of perjury, I decla			am an officer of the at				subject to tax with res	spect to	 (name
of entity)				·	an an oneer or the ac	, (EIN)		•	and that I have examin	•	
		c return and accor	nanvina	schodulo	s and statements, and		knowledge				py of the
					above is the amount sl						
					ic return originator (ER						
					f the transmission, (b) t						
	,		,		U.S. Treasury and its o	9	0				
					t indicated in the tax pr to this account. To rev						
,				,	to the payment (settle				,	0	
process	ing of	the electronic payn	nent of ta	ixes to rec	eive confidential inform	nation necessary to	o answer i	nquiries a	and resolve issues rela	ated to	
			ersonal ic	dentificatio	n number (PIN) as my	signature for the e	electronic	return and	d, if applicable, the co	nsent to	
electroni	ic func	ds withdrawal.									
_		ne box only									
X la	authori	ize ADVANTA	GE TA				to enter m	y PIN	68434		signature
				ERO) firm name				Enter five numbers, b do not enter all zeros		
					. If I have indicated wit				•		
		disclosure consen			IRS Fed/State program	m, I also authorize	the aforer	nentioned	ERO to enter my PIN	I on the	
	ium s	uisclosure consen	t screen.								
					pect to the entity, I will						
					n that a copy of the re			e agency(ies) regulating charitie	es as pai	rt
Of	the IF	RS Fed/State progra	am, i will	enter my	PIN on the return's dis	closure consent s	creen.				
Signature	e of offi	cer or person subject	t to tax						Date 08-02-2	023	
Part I		Certification		uthentia	ration				08=02=2	025	
		PIN. Enter your six-c									
) followed by your f				240	0255	00601			
							0355	89691		-	
Laguitt	ula a. 11				ala ta unu ata contro c			not enter		- 4le e 1 1	
am subr	nitting				ch is my signature on t uirements of Pub. 4163						
ERO's sig	gnature	e						Date	08-16-2023		
·											
					Must Datain Th					·	

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

990EF		2022			
ame(s) as shown on return					EIN number
APPY TRAILS FARM	ANIMAL SANCTUA	RY			34-1968434
he following will be transr	nitted to the IRS.	990	990-Т	Amended 990	Amended 990-T
		8868	4720	FinCEN 114	
he following state returns	will be transmitted:				
				3-	
		-(\rightarrow		
he following returns have	been suppressed or	are not eligib	le and will NOT be	transmitted.	
	0				
F Notes					
	for EF' is chee	cked in EF	' Setup but n	ot on the return	

A
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Form **990**

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 2022

Depa	epartment of the freasury										Open to Public						
	rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											Inspection					
	For the	2022 calend												, 20			
В	Check if a	applicable:	C Name of or	ganization HA	PPY TRA	ILS FZ	ARM ANIMAI	SAN	CTUARY			P	Empl	oyer identification number			
	Address c	change	Doing busir	ness as										34-1968434			
	Name cha	e change Number and street (or P.O. box if mail is not delivered to street address) Room/suite										E	E Telephone number				
	Initial retu	itial return 5623 NEW MILFORD ROAD												(330)296-5914			
Ц	Final retur	rn/terminated	City or town	n, state or province,	country, and Z	IP or foreig	n postal code					G	Gros	s receipts			
Ц	Amended	return	RAVEN	INA, OH 44	266								\$	1,438,947			
	Applicatio	n pending	F Name and a	address of principal	officer:						H(a) Is	this a gro	up return	for subordinates? Yes X No			
				<u> </u>			7				H(b) A	re all sub	oordinat	es included? Yes No			
I	Tax-exemp	pt status: X	501(c)(3)	501(c) () (insert n	10.)	4947(a)(1) or	52	27		If	"No," att	ach a lis	st. See instructions			
	Website:			RAILSFARM.							H(c) G	roup exe	mption	number			
			Corporation	Trust Asso	ociation	Other		L	Year of formati	on: 20	001	M Sta	te of leg	gal domicile: OH			
Pa	rt I	Summar			· · ·	,.											
	1	Briefly descri	ibe the organ	ization's missio	on or most s	significan	t activities:	SEE 3	SCHEDULE	: 0							
ce																	
nar																	
Activities & Governance										(
ĝ				organization dis			-				net asse	ets.	•	_			
%			-	rs of the govern					•••••			••	3	5			
ties	_		-	oting members	-	-						••	4	5			
ίŚ	5			ls employed in o	-					• • •		••	5	18			
Ac	6			s (estimate if ne	• ·	•••				• • •		••	6				
				revenue from P						• • • •		••	7a 7b	0			
	d	ivet unrelated	a dusiness ta	axable income fi	rom Form 9	90-1, Pa	rt I, line I I •	••••	••••				7b	0			
		Contributions and grants (Part VIII line 1b)												Current Year			
ē	8												1,265,531				
Revenue	9	-										27,		21,130			
eve	10									30,		58,149					
£	11											29,		61,131			
	12			8 through 11 (m			. ,	,		_	1,	111,	027	1,405,941			
	13			nts paid (Part IX		,	,							0			
				mbers (Part IX,			lump (A) lines							0			
es			-	tion, employee			iumn (A), iines					323,	222	350,374			
penses			-	fees (Part IX, co				• • • •						0			
Ехр				es (Part IX, colu column (A), line		· · -	\		0	-		0.24	005	0.00			
ш	17	-		s 13-17 (must e								234,		266,861			
	19	-		Subtract line 1	A			••				557, 553,		617,235			
			s expenses.	Subtract line h		12				Ba				788, 706			
ts o	20	Total assets	(Part X line	16)						Dei	ginning of	000,		End of Year 2,617,735			
Sse	20	Total liabilitie		-							۷,		338	6,127			
Net Assets or	22		-	ces. Subtract li	ne 21 from	line 20					1	995,		2,611,608			
	rt II		re Block								-,	,	200	2,011,000			
Und	er penaltie	es of perjury, I dee	clare that I have	examined this retur							nowledge	and beli	ef, it is				
true	correct, a	and complete. De	claration of prep	arer (other than offi	cer) is based o	on all inform	nation of which pre	parer has	any knowledge								
		LAUR	IE D JAC	KSON													
Sig	Sign Signature of officer								Da	te							
He	re	LAUR	IE D JAC	KSON, EXE	CUTIVE	DIREC	TOR										
		Type or print nar	me and title														
_		Print/Type pre	eparer's name		Preparer's sig	gnature		T	Date		c	heck [if	PTIN			
Pai			L STEAD	EA					08-16-20	23	se	elf-emplo	oyed	P00920766			
	parer			ADVANTAG	E TAX G	ROUP	LLC - NPH				Firm's ElN	1					
Use	e Only	Firm's addres	S	316 W HI	GH AVEN	UE					Phone no						
				NEW PHIL	ADELPHI	АОН	44663						330-	343-6525			
May	the IRS	discuss this	return with th	he preparer sho	wn above?	See inst	ructions .							🗙 Yes 🗌 No			
For	Paperw	ork Reduction	on Act Notic	ce, see the sep	arate instr	ructions								Form 990 (2022)			

Form	m 990 (2022) HAPPY TRAILS FARM ANIMAL SANCTUARY	34-1968434 Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	Yes 🗴 No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes 🗶 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants	and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 617,235 including grants of \$) (Revenue \$ 1,405,941)
τa	TO CARE FOR RESCUED, REHABILITATED, FOSTERED AND ADOPTED FARM	
	ABUSED, OR ABANDONED.	ANIMALS WHICH ARE NEGLECIED,
	ABOSED; OK ABANDONED:	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.0	(Order) (Function (C)	
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue	e \$)
4e		
EEA		Form 990 (2022)

Form 990 (2	2022)
Part IV	(

2)	HAPPY	TRAILS	FARM	ANIMAL	SANCTUARY	
Checklist of	Requir	red Sche	dules	i		

-				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•		1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
~	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	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		x
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"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)? <i>If "Yes," complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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		x
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		X
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			
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	10		
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
19	If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X v
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		x
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		х
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	25		
24a	\$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	24a		••
h				X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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 or 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		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		<u> </u>
U	"Yes," complete Schedule L, Part IV	28c		v
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		<u>x</u>
29 20		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~	conservation contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Form 990 (2022)

HAPPY TRAILS FARM ANIMAL SANCTUARY

		968434	4	F	Page 5
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	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	:	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[:	3a		х
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	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		
~	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
ũ	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				<u> </u>
Ũ	required to file Form 8282?	.	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year				
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
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • •		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		/		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		x
9	Sponsoring organizations maintaining donor advised funds.		Ū		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
-	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1	4a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1	4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	·	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	· ·	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any 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.				

Forn	m 990 (2022) HAPPY TRAILS FARM ANIMAL SANCTUARY 34-19684		P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			х
Sec	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 			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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	-		~
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
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		<u></u>	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		v
a b	Other officers or key employees of the organization	15a		X
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		X
160				
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		v
h		10a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	101		
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L
	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 X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	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	Report compe	nsatio	n for th	ne ca	alendar	year e	ending with or within	n the			
organization's tax year.											
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of											
compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.											
• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."											
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)											
who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than											
\$100,000 from the organization and any related organizations.											
· List all of the organization's former officers, key employees, and highest compensated employees who received more than											
\$100,000 of reportable compensation from the organization and any related organizations.											
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the											
organization, more than \$10,000 of reportable compensation from the organization and any related organizations.											
See instructions for the order in which to list the persons at		-									
Check this box if neither the organization nor any relate		n com	nensa	ted :	any cur	rent of	fficer director or tr	ustee			
	d organizatio		pensa	(C)							
				Posit							
(A)	(B)	(do r			re than o	ne	(D)	(E)	(F)		
Name and title	Average hours			•	on is both ctor/truste		Reportable compensation	Reportable compensation	Estimated amount of other		
	per week	Unic		a une	Stor/trust		from the	from related	compensation		
	(list any	۹ ب	Б	0	Te e	H F	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and		
	hours for related	Individual trustee or director	Institutional	Officer	employee Key employee	Former Highes	1099-NEC)	1099-NEC)	related organizations		
	organizations	ual tr	ional		nploy	t cor					
	below	uste	trustee		ê -	nper					
	dotted line)	e	tee			Isate					
						٩					
(1) LAURIE D JACKSON	40.00										
EXECUTIVE DIRECTOR	40.00	X			x		49,608	0	0		
(2) TOM KAUFMAN	10.00										
BD MEMBER	2.00	х				_	0	0	0		
(3) JESS_RIST	10.00										
BD MEMBER	2.00					_	0	0	0		
(4) BOB MOSSING	10.00										
BD MEMBER	2.00					_	0	0	0		
(5) PETE GRASSO	10.00						<u>^</u>		•		
BD MEMBER (6) JENNIFER L HIGHFIELD	2.00					-	0	0	0		
SECRETARY	2.00			x			0	0	0		
(7) GINA FORTUNATO	10.00			^			0	0	<u>0</u>		
PRESIDENT	2.00			x			0	o	0		
(8) JEFF BRIGGS	40.00							v	v		
TREASURER	40.00			x			0	o	0		
(9) LEIGHAN FINK	10.00										
VICE PRESIDENT	2.00			x			0	0	0		
(10)											
<u>(11)</u>											
<u>(12)</u>				1							
<u>(13)</u>											
<u>(14)</u>											
	I					1		1			

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 Page 7

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

Form 990 (2022) Part VII

Independent Contractors

	VII Section A. Officers, Directors, 7							n d	Lighaat Camp		4-1968 d Emm			age 8
Part	VII Section A. Onicers, Directors, 1	rusiees,	reyi			-	es, a	ia	nignest Comp	bensated	a Empi	loyees	(cont	inuea)
	(A) Name and title	(B) Average hours per week (list any	box, offic	, unles cer and	Pos eck m ss per	rson i	han one s both a r/trustee	ın	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) Estimated amount of other compensation from the		
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	SC/	orga	nization I organiz	
(15)														
(16)														
(17)														
(18)														
<u>(</u> 19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		 	 	 	 	 	:						
d	Total (add lines 1b and 1c)					• •		•	49,608		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	sted ab	ove)	who	rec	eived i	more	e than \$100,000 of				Yes	0 No
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i>								ated			3	163	x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	eportable con	npensa	tion a	and	othe	er com	pens	sation from the			5		<u> </u>
	individual											4		х
5	Did any person listed on line 1a receive or accrue	•		-			-					-		
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors		leuule	5 101	Suc	n pe	15011					5		Х
1	Complete this table for your five highest compensation	ated independ	dent co	ontrac	ctors	tha	t recei	ved	more than \$100,00	0 of				
	compensation from the organization. Report comp	ensation for t	the cale	enda	r yea	ar er	nding v	vith o	or within the organiz	zation's tax	year.			
	(A) Name and business addre	ss							(B) Description of servic	es		(C) Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		hose	liste	ed al	bove) v	who						

art \	VIII Statement of Revenue					
	Check if Schedule O contains a response or note	to any line in this				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512-4
	1a Federated campaigns 1a					
2 00	b Membership dues 1b					
and Other Similar Amounts	c Fundraising events 1c					
, e	d Related organizations 1d					
are	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants,					
S S	and similar amounts not included above 1f	1,265,531				
Ĩ	g Noncash contributions included in					
P P	lines 1a-1f					
ਡ ਹ	h Total. Add lines 1a-1f		1,265,531			
		Business Code				
	2a ADOPTION FEE 1:	L0000	20,130	20,130		
a)	b GAIN/LOSS FIXED ASSETS 90	00099	1,000	1,000		
Revenue	c					
еvе	d					
ŭ	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		21,130			
	3 Investment income (including dividends, interest, and					
	other similar amounts)		58,149	58,149		
	4 Income from investment of tax-exempt bond proceed	s				
	5 Royalties		211	211		
	(i) Real	(ii) Personal				
	6a Gross rents 6a					
	b Less: rental expenses • • 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
	7a Gross amount from (i) Securities	(ii) Other				
	sales of assets					
	other than inventory 7a					
сu	b Less: cost or other basis					
ň	and sales expenses • • 7b					
eve	c Gain or (loss) 7c					
ř						
Other Revenue	8a Gross income from fundraising					
0	events (not including \$					
	of contributions reported on line 1c). See Part IV, line 18 8a	00 001				
	1c). See Part IV, line 18 8a b Less: direct expenses 8b	89,691				
		24,154	65,537			65,5
	9a Gross income from gaming		03,537			65,5
	activities, See Part IV, line 19 9a					
	b Less: direct expenses					
	10a Gross sales of inventory, less					
	returns and allowances	4,235				
	b Less: cost of goods sold 10b	8,852				
			(4,617)	(4,617)		
		Business Code	(-, 01)	(-/ 02/)		
	11a					
anı	b					
ver	c					
Revenue	d All other revenue					
	e Total. Add lines 11a-11d					

HAPPY TRAILS FARM ANIMAL SANCTUARY Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organiza		()	
	Check if Schedule O contains a response or note to	any line in this Part IX		<u></u>	X
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C) Managament and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	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	49,608	49,608		
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	273, 372	273, 372		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	27,394	27,394		
11	Fees for services (nonemployees):				
а	Management				
b	Legal • • • • • • • • • • • • • • • • • • •				
с	Accounting	2,391	2,391		
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.)	33,961	33,961		
12	Advertising and promotion	6,982	6,982		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	51,075	51,075		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,896	5,896		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,970	41,970		
23	Insurance	22,689	22,689		
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	490	490		
b	DUES & SUBSCRIPTIONS	4,490	4,490		
С	LICENSES & PERMITS	1,270	1,270		
d	PROFESSIONAL FEES	7,276	7,276		
е	All other expenses	88,371	88,371		
25	Total functional expenses. Add lines 1 through 24e	617,235	617,235	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 Part X		••••	
					(A)		(B)
		2 • • • • • • •			Beginning of year		End of year
	1	Cash - non-interest-bearing		F	684,367	1	1,172,434
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	25
	5	Loans and other receivables from any current or former or					
		trustee, key employee, creator or founder, substantial cor	1 35%		5		
	6	controlled entity or family member of any of these person Loans and other receivables from other disqualified person		5			
	0	under section 4958(f)(1)), and persons described in sect	•			6	
	7	Notes and loans receivable. net		· · · · · · ·		7	
ets	8	Inventories for sale or use		F		8	
Assets	9					9	
4	10a	Land, buildings, and equipment: cost or other				5	
	104	basis. Complete Part VI of Schedule D	10a	798,861			
	b	Less: accumulated depreciation	10b	306,980	508,077	10c	491,881
	11	Investments - publicly traded securities			21,702	11	491,001
	12	Investments - other securities. See Part IV, line 11			21,702	12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			786,425	15	953,395
	16	Total assets. Add lines 1 through 15 (must equal line 33)			2,000,571	16	2,617,735
	17	Accounts payable and accrued expenses			5,338	17	6,127
	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	
es	22	Loans and other payables to any current or former officer	r, director,				
Ē		trustee, key employee, creator or founder, substantial cor	ntributor, o	r 35%			
Liabilities		controlled entity or family member of any of these person	s	[22	
-	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties •			24	
	25	Other liabilities (including federal income tax, payables to	related th	ird			
		parties, and other liabilities not included on lines 17-24).	Complete	Part X			
		of Schedule D		F		25	
	26	Total liabilities. Add lines 17 through 25			5,338	26	6,127
'n		Organizations that follow FASB ASC 958, check here	e X				
Cé		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			1,903,363	27	1,865,762
Ä	28	Net assets with donor restrictions		I	91,870	28	745,846
pun		Organizations that do not follow FASB ASC 958, che	eck here				
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29			•••••		29	
set	30	Paid-in or capital surplus, or land, building, or equipment				30	
As	31	Retained earnings, endowment, accumulated income, or				31	
Net	32	Total net assets or fund balances		F	1,995,233	32	2,611,608
	33	Total liabilities and net assets/fund balances	• • • • •		2,000,571	33	2,617,735
EEA							Form 990 (2022)

34-1968434

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Form 990 (2022) HAPPY TRAILS FARM ANIMAL SANCTUARY

EEA

Form	990 (2022) HAPPY TRAILS FARM ANIMAL SANCTUARY	34-196843	4	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	405,	941
2	Total expenses (must equal Part IX, column (A), line 25)	2		617,	235
3	Revenue less expenses. Subtract line 2 from line 1	3		788,	706
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	995,	233
5	Net unrealized gains (losses) on investments	5	(177,	436)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		5,	099
9	Other changes in net assets or fund balances (explain on Schedule O)	9			6
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	611,	608
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• • •		
				Yes	No
1	Accounting method used to prepare the Form 990: 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		х
	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				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		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			Form	n 990 ((2022)

Description of the Tarket in the second se	Form	4562		on erty)	OMB No. 1545-0172						
Parent Part Part Part Part Part Part Part Par			Goto				nformation	A	ttachment		
IPAPEY TRAIL First Name PORM 390 = 1 94-1968434 Part II Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 1 Maximum amount (see instructions) 1 2 1 2 2 Total cost of section 179 property brace reduction in limitation (see instructions) 4 4 5 Dollar limitation for tax year. Subtract line 3 from line 2. If zero or less, enter -0. If married filling separately, see instructions in the set of section 179 property Add amounts in column (c), lines 6 and 7 8 7 Listed property. Enter the amount from line 29 7 8 7 8 10 Carryover of disallowed deduction. From line 5 or line 3 9 9 11 12 Scaton 179 expense deduction and lines 9 and 10, but dont enter more than line 11 12 12 13 Carryover of disallowed deduction Allows and O ther Depreciation (Dont) include listed property. See instructions.) 14 14 Scaton 479 expense deduction 102 var. Carryover of disallowed deduction tax years. See instructions.) 14 14 Scaton 470 expense deduction 102 var. Carryover of disallowed deduction			0010	-							
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23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23	22			-							
portion of the basis attributable to section 263A costs 23	00			-	•		see instructions	22	41,970		
	23		•	-	-		23				
	For P	•				•••••			Form 4562 (2022)		

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). a (vi) Amount of (i) Name of supported organization (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) 2022

		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 the	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 to qualify under the tests listed below, please complete Part III.)									
Secti	on A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						-			
Ŭ	furnished by a governmental unit to the									
	organization without charge									
4	Total. 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									
c	shown on line 11, column (f)									
$\frac{6}{\mathbf{Socti}}$	Public support. Subtract line 5 from line 4 .									
	on B. Total Support	(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	(f) Tetal			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line					14	%			
15	Public support percentage from 2021 Scl	,	,			15	%			
16a	33 1/3% support test - 2022. If the organ									
	box and stop here. The organization qua									
b	33 1/3% support test - 2021. 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									
17a	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	check a box o	n line 13, 16a	, or 16b, and li	ne 14 is			
	10% or more, and if the organization mee	ets the facts-an	d-circumstance	es test, check t	his box and st	top 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	21. 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) 2022 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.)

Calendar year (or fiscal year beginning in 1 (a) 2013 (b) 2019 (c) 2021 (d) 2021 (e) 2022 (f) Total 1 0 file, park, continuous, and numbership bars meroles. (D or hicks any numbership bars furnished in any achtly that is related to the organization's barsempt purpose 40,2,175 419,801 3,192,401 952,823 3,247,087 4,214,287 2 costs degree services portamits of facilities furnished in any achtly that is related to the organization's barsempt purpose 41,438 34,787 95,736 50,645 34,453 257,059 3 Cross needed to its behalf 16,981 47,984 8,651 27,155 65,537 166,308 1 Tar revenues level do trib 16,981 47,984 8,651 27,155 65,537 166,308 1 Tar revenues level do nines 1,2, and 3 16,954 502,572 1,296,788 1,030,623 1,347,077 4,637,654 5 Total Add lines 1 frougalitid prevent that exceel the greater of \$5.000 166,250 134,433 760,855 262,894 768,391 2,092,825 6 Add lines 7a and 7b	Secti	on A. Public Support			ow, please co	sinplete i art	11.)	
1 Gin grant, contribution, and membering test sold or expression solutions, mechanics,			(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
exercet for extincted say fusion gains. mechanisms for the section 51 for extinct of facilities in the section 51 may addly that is readed to the source performance of facilities in the section 51 may addly that is readed to the source performance of facilities in the section 51 may addly that is readed to the source performance of facilities in the section 51 may addly that is readed to the source performance of facilities in the section 51 may addly that is readed to the source performance of facilities in the section 51 may addly that is readed to the source performance of the source performance performance percentage performance of the source perifere perform			(4)	(2) = = = =	(0) = 0 = 0	(4) = = = =	(0) = = = =	(.)
2 Gross receipts from admissions, microhandles and reviews performed, in Faillies Turnished many adving table relations to the failure trade or business under section 513 4 34, 787 95, 736 50, 645 34, 453 237, 059 3 Gross receipts from admissions, microhandles and their paid to or expanded on its behall 16, 981 47, 984 8, 651 27, 155 65, 537 166, 308 4 Tax revenues levied for the organization's benefit and either paid to or expanded on its behall 16, 981 47, 984 8, 651 27, 155 65, 537 166, 308 5 Total, Add lines 1 through 5 16, 981 460, 594 502, 572 1, 296, 786 1, 030, 623 1, 347, 077 4, 637, 654 7 Amounts included on lines 1, 2, and 3 received from disqualified persons 166, 250 134, 435 260, 855 262, 894 768, 391 2, 092, 825 Section B. Total Support (Subtract line 7c from line 6) 166, 250 134, 435 260, 855 262, 894 768, 391 2, 092, 825 Section B. Total Support (Subtract line 7c from line 6) 166, 250 134, 435 260, 855 262, 894 768, 391 2, 092, 825 Section D. Total Support (Subtract			402,175	419,801	1,192,401	952,823	1,247,087	4,214,287
urrelated trade or business under section 513 16, 981 47, 984 8, 651 27, 155 65, 537 166, 308 4 Tax revolues levid of the organization's benefit and either paid to or expended on its behalf	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behall 0	3	Gross receipts from activities that are not an						
<pre>organization's benefit and either paid to or expended on its behalf</pre>		unrelated trade or business under section 513	16,981	47,984	8,651	27,155	65,537	166,308
or expended on its behalf	4							
5 The value of services or facilities furnished by a governmental unit to the organization without charge 460, 594 502, 572 1, 296, 788 1, 030, 623 1, 347, 077 4, 637, 654 6 Total. Add lines 1 through 5		5						
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organization without charge	5							
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c . . c Add lines 7a and 7b B Public support. . <th>6</th> <th>.</th> <th>460 504</th> <th>500 570</th> <th>1 000 700</th> <th>1 000 000</th> <th>1 247 077</th> <th>4 637 654</th>	6	.	460 504	500 570	1 000 700	1 000 000	1 247 077	4 637 654
received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b		-	460,594	502,572	1,296,788	1,030,623	1,34/,0//	4,637,654
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c 166,250 134,435 760,855 262,894 768,391 2,092,825 8 Public support. (Subtract line 7c from line 6.) 166,250 134,435 760,855 262,894 768,391 2,092,825 Section B. Total Support 166,250 134,435 760,855 262,894 768,391 2,092,825 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 166,594 502,572 1,296,788 1,030,623 1,347,077 4,637,554 10a Gross income from initerest, dividends, royaties, and income from similar sources. 1,690 478 3,921 30,367 38,786 75,242 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975,, c 1,690 478 3,921 30,367 38,786 75,242 11 Natione from unrelated business as regularly carried on loss from the sale of capital assets (Explain in Part VI),,, 1,690 478 3,921 30,367 38,786 4,712,896 14 First 5 years, If the Form 990 is for the organization's first, scond, third, fourth	7 a							
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8 Public support. (Subtract line 7c from line 6.) 2,544,829 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources (c) thread business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 (c) 478 3, 921 30, 367 38, 786 75, 242 1 Net income from unrelated business acquired after June 30, 1975 (c) 478 3, 921 30, 367 38, 786 75, 242 1 Net income, Do not included pain or loss from the sale of capital assets (Explain in Part VI). (c) 478 3, 921 30, 367 38, 786 75, 242 13 Total support. (Add lines 9, 10c, 11, and 12) 462, 284 503, 050 1, 300, 709 1, 060, 990 1, 385, 863 4, 712, 896 12 Check this box and stop here (c) column (f), divided by line 13, column (f)) 15 54, 00 % 13 Total support percentage for 2022 (line 8, column (f	С	-						
Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources 1, 690 478 3, 921 30, 367 38, 786 75, 242 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1, 690 478 3, 921 30, 367 38, 786 75, 242 11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part VI) 1, 690 478 3, 921 30, 367 38, 786 75, 242 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1, 690 478 3, 921 1, 060, 990 1, 385, 863 4, 712, 896 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 1 Section C. Computation of Investment Income Percentage 13 Total support percentage for 2022 (line 8, column (f), divide	8	Public support. (Subtract line 7c from						
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6		line 6.)						2,544,829
9 Amounts from line 6 460, 594 502, 572 1, 296, 788 1, 030, 623 1, 347, 077 4, 637, 654 10a Gross income from interest, dividends, reparents received on securities loans, rents, royatties, and income from similar sources 1, 690 478 3, 921 30, 367 38, 786 75, 242 b Unrelated business taxable income (less securities loans, rents, royatties, and income from similar sources) 1, 690 478 3, 921 30, 367 38, 786 75, 242 b Unrelated business taxable income (less securities not included business activities not included dusiness activities not included gain or loss from the sale of capital assets (Explain in Part VI) 1, 690 478 3, 921 30, 367 38, 786 75, 242 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					1			
10a Gross income from interest, dividends,				(b) 2019	(c) 2020	• • •		(f) Total
payments received on securities loans, rents, royalties, and income from similar sources 1, 690 478 3, 921 30, 367 38, 786 75, 242 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 1, 690 478 3, 921 30, 367 38, 786 75, 242 c Add lines 10a and 10b . 1, 690 478 3, 921 30, 367 38, 786 75, 242 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 1, 690 478 3, 921 30, 367 38, 786 75, 242 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). . 462, 284 503, 050 1, 300, 709 1, 060, 990 1, 385, 863 4, 712, 896 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) . . organization, check this box and stop here .			460,594	502,572	1,296,788	1,030,623	1,347,077	4,637,654
royalties, and income from similar sources 1,690 478 3,921 30,367 38,786 75,242 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1 75,242 c Add lines 10a and 10b 1,690 478 3,921 30,367 38,786 75,242 11 Net income from unrelated business activities not include on line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)	10a							
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14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here □ Section C. Computation of Public Support Percentage □ 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	13							
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b							_
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		Private toundation. If the organization di	U NOL CHECK A L	Jox on line 14,	198, OF 190, C	THECK THIS DOX 8		

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 Part VI 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 Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b		
c	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	6		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
'	(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	-		
0	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 Part VI .	9a		
b	Did one or more disgualified 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 Part VI .	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			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	e A (Form 990) 2022 HAPPY TRAILS FARM ANIMAL SANCTUARY 34–196843	4		age
Part	IV Supporting Organizations (continued)		Vee	No
	Use the experimetion accorted a gift or contribution from any of the following persons?		Yes	INC
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 Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 Part			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
octi	on C. Type II Supporting Organizations			
CCII	on o. Type in Supporting Organizations		Yes	N
4	Ware a majority of the argonization's directors or trustees during the tay year also a majority of the directors		165	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	N
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 Part VI how	/		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instr	uctio	ns)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	1s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	Ν
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
-				

HAPPY TRAILS FARM ANIMAL SANCTUARY

Schedule A (Form 990) 2022

- 3
- 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) 2022

3a

3b

- Parent of Supported Organizations. Answer lines 3a and 3b below.

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	zatior	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		
ecti	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Secti	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	Distributable Amount. 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).			0 0

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 HAPPY TRAILS FARM ANIMAL V Type III Non-Functionally Integrated 509(a)(968434 Page 7 ed)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	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 organ	nizations	3
	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	,	5
6	Other distributions (describe in Part VI). See instructions.			6 7
7 8	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic	h the organization is rea	nonoivo	
0	(provide details in Part VI). See instructions.	in the organization is res		8
9	Distributable amount for 2022 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) Underdistribution Pre-2022	(iii)
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
<u> </u>	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>b</u>	Applied to underdistributions of prior years Applied to 2022 distributable amount			
<u>h</u> i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
•	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
- C	Excess from 2020			
d	Excess from 2021 Excess from 2022			
EEA	Excess from 2022			Schedule A (Form 990) 2022
				2012200 7 (1 0111 330) 2022

Schedule A (F	orm 990) 2022 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 E, lines 1a, 2a, 2b
	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)

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Employer identification number

34-1968434

Department of the Treasury Internal Revenue Service

Name of the organization

HAPPY	TRAILS	FARM	ANIMAL	SANCTUARY

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HASLINGER FOUNDATION 2524 IRA ROAD AKRON OH 44333	\$7,500	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
2	MIKE & DEANNA SANTACRUZ 9355 E WHISPERING WIND DR SCOTTSDALE AZ 85255	\$5,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OHIO COALITION FOR ANIMALS INC 2280 HENDERSON RD STE 207 COLUMBUS OH 43220	\$ <u>7,000</u>	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 CRUM & FORSTER 305 MADISON AVE	Total contributions	Type of contribution Person x Payroll
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 CRUM & FORSTER 305 MADISON AVE MORRISTOWN NJ 07962 (b)	Total contributions \$11,400 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 CRUM & FORSTER 305 MADISON AVE MORRISTOWN NJ 07962 (b) Name, address, and ZIP + 4 BRENNAN EQUINE WELFARE FUND 7301 BURMAN MEADOW DR	Total contributions \$	Type of contribution Person Image: Contribution Payroll Image: Contribution (Complete Part II for noncash contributions.) Image: Contribution (d) Image: Contribution Person Image: Contribution Person Image: Contribution Noncash Image: Contribution (complete Part II for Image: Complete Part II for (Complete Part II for Image: Complete Part II for

Employer identification number

34-1968434

Schedule B (Form 990) (2022)

Part I

HAPPY TRAILS FARM ANIMAL SANCTUARY

7	JAMES & JANE GRISWOLD	\$10,000	Person x Payroll Noncash
	BEACHWOOD OH 44122		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KENNEDY INNER CIRCLE	\$8,600	Person x Payroll Noncash (Complete Part II for
(a) No.	NORTHFIELD OH 44067 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
9	GLENN & JEAN HARNETT PRIV CHAR FDN PO BOX 8621 WARREN OH 44481	\$36,000	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	HILLIER FAMILY FOUNDATION PO BOX 517 SHARON CENTER OH 44274	\$310,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution
	REMINGTON FAMILY FUND 4517 CARTER DR MEDINA OH 44256	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
 (a) No.	REMINGTON FAMILY FUND 4517 CARTER DR	_	Person x Payroll Noncash (Complete Part II for
(a)	REMINGTON FAMILY FUND 4517 CARTER DR MEDINA OH 44256 (b)	\$10,000 (c)	Person x Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

HAPPY TRAILS FARM ANIMAL SANCTUARY

Name of organization

Part I

(a)

No.

Page 2

Employer identification number

(d)

Type of contribution

34-1968434

(c)

Total contributions

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13	JEFF & MELISSA WERT 4521 CARTER DR	\$5, <u>000</u>	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
_14	CAROLYN ALEXIS PROTECTIVE LIFE POB 2606	\$24,882	Person 🔟 Payroll 🗌 Noncash 🗌
	BIRMINGHAM AL 35202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	STUART REESE LIVING TRUST 2787 E OAKLAND PARK BLVD STE 404	\$ 300,000	Person <u>k</u> Payroll Noncash
	FORT LAUDERDALE FL 33306		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16	EVELYN COLEVILLE VALIC RETIREMENT SVCS POB 3206	\$60,087	Person <u>k</u> Payroll Noncash
	HOUSTON TX 77253		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	MARY SPICER		Person <u>x</u> Payroll

<u>17</u>	MARY SPICER 3555 HEMPHILL RD BARBERTON OH 44203	\$10,800	PersonXPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- NO.	Name, address, and ZIP + 4		Type of contribution
_18	MELINDA PHINNEY 2955 WOODCREST DR	\$10,058	Person <u>x</u> Payroll Noncash
	AKRON OH 44333		(Complete Part II for noncash contributions.)

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	ASPCA PET HEALTH INSURANCE 5116 ARLINGTON RD NORTH CANTON OH 44720	\$9,728	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20	ERIC TEMPLETON 8650 KIMBLEWICK LN WARREN OH 44484	\$6,307	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	TEAM HEALTH EMERGENCY MEDICINE 791 JERICHO DR FALLBROOK CA 92028	\$6,300	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 EARL CLAUSSON 126 E OAK ST KENT OH 44240	(c) Total contributions	(d) Type of contribution Person Payroll Payroll (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 EARL CLAUSSON 126 E OAK ST	Total contributions	Type of contribution Person x Payroll
<u>No.</u> <u>22</u> (a)	Name, address, and ZIP + 4 EARL CLAUSSON 126 E OAK ST KENT OH 44240 (b)	Total contributions \$6,000 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 22 (a) No.	Name, address, and ZIP + 4 EARL CLAUSSON 126 E OAK ST KENT OH 44240 (b) Name, address, and ZIP + 4 SOLVIEG JENTNER 272 DELAWARE PL	Total contributions \$6,000 (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash (Complete Part II for noncash Image: Complete Part II for noncash (Complete Part II for noncash Image: Complete Part II for noncash

34-1968434

Schedule B (Form 990) (2022) Name of organization

Part I

HAPPY TRAILS FARM ANIMAL SANCTUARY

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_25	CONQUEST INDUSTRIES INC 3860 DEER RUN OVAL RICHFIELD OH 44286	\$5,000	PersonImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_26	RICHARD GOIST 1045 COTTAGE GATE DR KENT OH 44240	\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_27	JOY ZIEGLER 44 EAST BOSTON MILLS RD HUDSON OH 44236	\$5,000	PersonImage: CompletePayrollImage: Complete(CompletePartIl for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_28	FUND 4 HABITATS C/O BESSEMER TRUST NEW YORK NY 10020	\$25,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_29	BURTON D MORGAN FOUNDATION 22 AURORA ST HUDSON OH 44236	\$10,150	PersonImage: CompletePayrollImage: Complete(CompletePartIf for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_30	DALTON FAMILY FOUNDATION 1808 E HINES HILL RD HUDSON OH 44236	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

HAPPY TRAILS FARM ANIMAL SANCTUARY

(b)

Employer identification number

(c)

34-1968434

(d)

Part I	Contributors (see instructions). Use duplicate copies of	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE GRACE DAVIS CHAR TRUST	\$5,000	Person 🛛 🛣 Payroll 🗌 Noncash 🗌
	YOUNGSTOWN OH 44512		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a)	(b)	- (C)	(Complete Part II for noncash contributions.) (d)
No	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	PersonPayrollNoncash(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
(a) No.	(b)	(c) Total contributions	noncash contributions.) (d)
	Name, address, and ZIP + 4	\$	Type of contribution Person

Employer identification number

34-1968434

Schedule B (Form 990) (2022)

HAPPY TRAILS FARM ANIMAL SANCTUARY

Name of organization

SCHEI	DULE D
(Form	990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information	on.
	Employer ident

	Open to Public
	Inspection
ifica	ation number

		24.1000424
Ра	TRAILS FARM ANIMAL SANCTUARY	<u>34–1968434</u>
га	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	counts.
-		
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	t de la constante de
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	nistorically important land area
	Protection of natural habitat	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	
-	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	
Ũ		ten easemente dannig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
•		casements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
Ũ	and section $170(h)(4)(B)(ii)$?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
5	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	
	organization's accounting for conservation easements.	hat describes the
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Collections	Other Similar Assets
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alanaa shaat warka
1a	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	
ь	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	and all and work of
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	nce 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 gai	in, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$

	e D (Form 990) 2022 HAPPY TRAILS FARM			34-1968	- 0
Par	t III Organizations Maintaining Co	llections of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, accession, a	nd other records, check ar	ny 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	- 9	
c	Preservation for future generations	C			
_		iona and avalain how thay f	urther the ergenization's	overnet europee in Bert	
4	Provide a description of the organization's collecti XIII.	ions and explain now they i	urther the organizations	exempt purpose in Fait	
-		at a descriter of a deficiency	· · · · · · · · · · · · · · · · · · ·	1	
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					aunt an Farm
	Complete if the organization and	swered res on For	n 990, Part IV, line	9, or reported an an	iount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or				
					• 🗌 Yes 🔄 No
b	If "Yes," explain the arrangement in Part XIII and	complete the following table	9:		
				Am	ount
С	Beginning balance			. 1c	
d	Additions during the year			. 1d	
е	Distributions during the year			. 1e	
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		<u> </u>			
	Complete if the organization and	swered "Yes" on For	n 990. Part IV. line	10.	
	· · · · ·		or year (c) Two years		(e) Four years back
1a	Beginning of year balance				
b	Contributions				
	Net investment earnings, gains, and				
С	losses				
- I					
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		olumn (a)) held as:		
а	Board designated or quasi-endowment	%			
b	Permanent endowment%				
С	Term endowment%				
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.			
3a	Are there endowment funds not in the possession	n of the organization that ar	e held and administered	for the	
	organization by:				Yes No
	(i) Unrelated organizations				. 3a(i)
	(ii) Related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations	s listed as required on Sch	edule R?		. 3b
4	Describe in Part XIII the intended uses of the orga				
Par					
	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	(-) (4/00
1a	Land		112,307		112,307
b	Buildings		428,036	143,132	284,904
c	Leasehold improvements		83,984	26,220	57,764
d	Equipment		174,534		
			1/4,534	137,628	36,906
e Total	Other	Form 990 Part V column //	3) line 10c)		401 001
rotal.	Add lines 1a through 1e. (Column (d) must equal F	Unit 330, Fait A, CUIUITIT (I	<i>, iii le 10</i> 0.) • • • • •		491,881

Schedule D (Form 990) 2022

(2) Closely-held equity interests	Schedule D (Form 990) 2022 HAPPY TRAILS FARM ANIMAL SA	NCTUARY	34-1968434 Page 3
(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 (c) Method of valuation: Cost or end-of-year market value (2) Closely-held equity interests (c) Method of valuation: Cost or end-of-year market value (3) Other (c) (c) (c) (b) Book value (c) Method of valuation: (c) (c) C (c) (c) (c) (b) C (c) (c) (c) (c) (c) (c) (c)	Part VII Investments - Other Securities.		
(including name of security) Cost or end-of-year market value (1) Financial derivatives (1) Financial derivatives (2) Closely-held equity interests (1) Financial derivatives (3) Other (1) Financial derivatives (A) (1) Financial derivatives (B) (1) Financial derivatives (C) (1) Financial derivatives (B) (1) Financial derivatives (B) (1) Financial derivatives (C) (1) Financial derivatives (G) (1) Financial derivatives	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests		(b) Book value	
(3) Other	(1) Financial derivatives		
(A) (A) (B) (A) (C) (A) (D) (A) (E) (A) (F) (A) (G) (A)	(2) Closely-held equity interests		
(B) (C) (C) (C) (D) (C) (E) (C) (F) (C) (G) (C)	(3) Other		
(C) (C) (D) (C) (E) (C) (F) (C) (G) (C)	_ (A)		
(D) Image: Constraint of the second of the sec	_ (B)		
(E) (E) (F) (G)	(C)		
(E) (E) (F) (G)	_ (D)		
(G)			
	_ (F)		
	(G)		
	(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

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, col. (B) line 13.)		

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
(1ACF ENDOWMENT FUND	32,705
(2)STIFEL SHARES	251
(3RAYMOND JAMES BROKERAGE	920,439
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	953,395
Part X Other Liabilities.	<u>,</u>

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, col. (B) line 25.)	

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 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	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		
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 3 and 4c. (This must equal Form 990, Part I, line 18.)	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.

SCH	EDULE G					raising or Gam		OMB No. 1545-0047
(For	n 990)	Complete if	the organization an	swered "Yes	" on Form 99 \$15 000 on F	0, Part IV, line 17, 18, orm 990-EZ, line 6a.	or 19, or if the	2022
Depart	ment of the Treasury				990 or Form 9			Open to Public
•	l Revenue Service	G	io to www.irs.gov/Fo	orm990 for ins	tructions and	the latest informatio		Inspection
Name o	f the organization						Employer identifie	cation number
	Y TRAILS FAR	M ANIMAL SANC	TUARY	· · · · · ·			34-19	68434
Par		-		-		ered "Yes" on F	orm 990, Part IV,	line 17.
		-EZ filers are not	•	• •			.1	
1		the organization raise	ed funds through ar	· –	-		-	
a b	Mail solicitatio	ns mail solicitations		e		of non-government grant	-	
b c	Phone solicita			g [idraising events	15	
d	In-person solic			9 🗆				
2a	— ·	ion have a written or o	oral agreement with	n anv individu	ial (including	officers. directors. t	rustees.	
	-	listed in Form 990, F	-	-				Yes No
b					-	-	h the fundraiser is to b	
		east \$5,000 by the or		, .	-			
		f in all initial and		(iii) Did fund	draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
	(i) Name and address or entity (fun		(ii) Activity	custody o	r control of outions?	from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9			\frown					
10								
Total								
3	List all states in w registration or lice		is registered or lic	ensed to sol	icit contributi	ons or has been not	ified it is exempt from	

|--|

e **2**

	edule G Irt II	Fundraising Events. Com		answered "Yes" on For	m 990, Part IV, line 18,	
		than \$15,000 of fundraising gross receipts greater than		nd gross income on For	m 990-EZ, lines 1 and	6b. List events with
		grous receipts greater than	(a) Event #1 ANNUAL EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	89,691			89, 691
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	89,691			89,691
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs • • • • • •				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	24,154			24,154
	10 11	Direct expense summary. Add line Net income summary. Subtract lin	0			<u>24,154</u> 65,537
Pa	art III	Gaming. Complete if the o				more than
er		\$15,000 on Form 990-EZ, I	ine 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(-)	col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes	\sim			
Direct Expen	3 4	Noncash prizes	\sim			
Direct Expen	4	Rent/facility costs Other direct expenses	Yes%	%	%	
Direct Expen	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	No	No	□ Yes % □ No	
Direct Expen	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line	No s 2 through 5 in column (d)	□ No	No	
Direct	4 5 6 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Sub-	No s 2 through 5 in column (d) ptract line 7 from line 1, colu	umn (d)	No	
6 Direct	4 5 7 8 0 En a Ist	Rent/facility costs Other direct expenses	No s 2 through 5 in column (d) <u>stract line 7 from line 1, colu</u> ation conducts gaming activities in each c	No umn (d) vities:	No	
6 Direct	4 5 7 8 0 En a Ist	Rent/facility costs Other direct expenses	No s 2 through 5 in column (d) ptract line 7 from line 1, colu	No umn (d) vities:	□ No	
6 Direct	4 5 7 8 0 En a Ist b If "	Rent/facility costs Other direct expenses	No s 2 through 5 in column (d) stract line 7 from line 1, colu ation conducts gaming activities in each co	No Jumn (d) vities:	□ No	

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.

OMB No. 1545-0047 **Open to Public** Inspection

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)

\$8836 ANIMAL CARE -

\$4 MISC COSTS

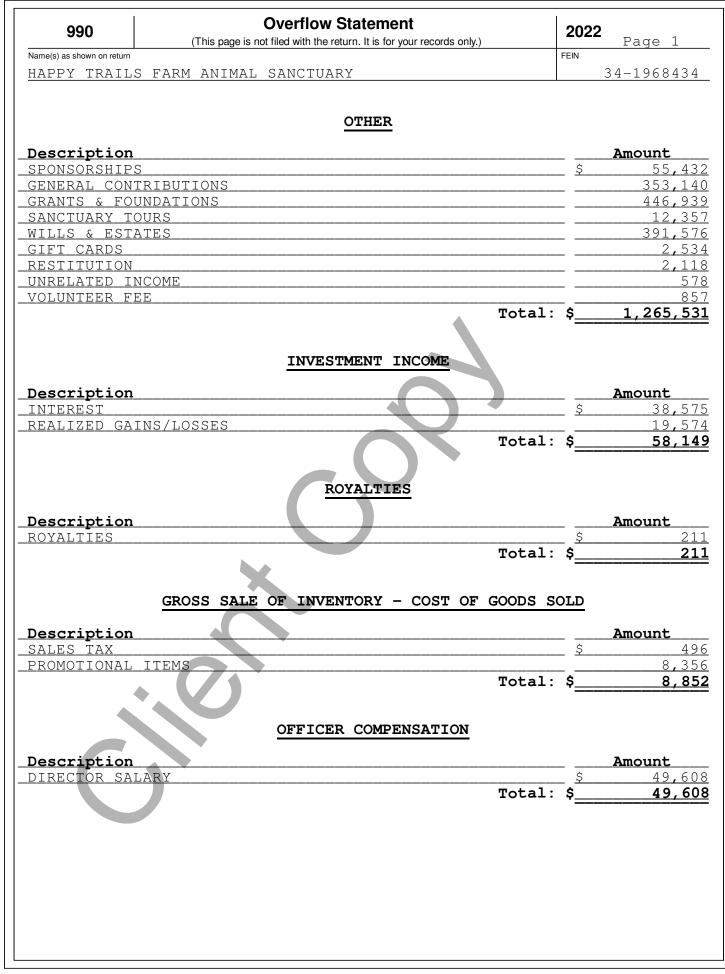
06. General explanation attachment

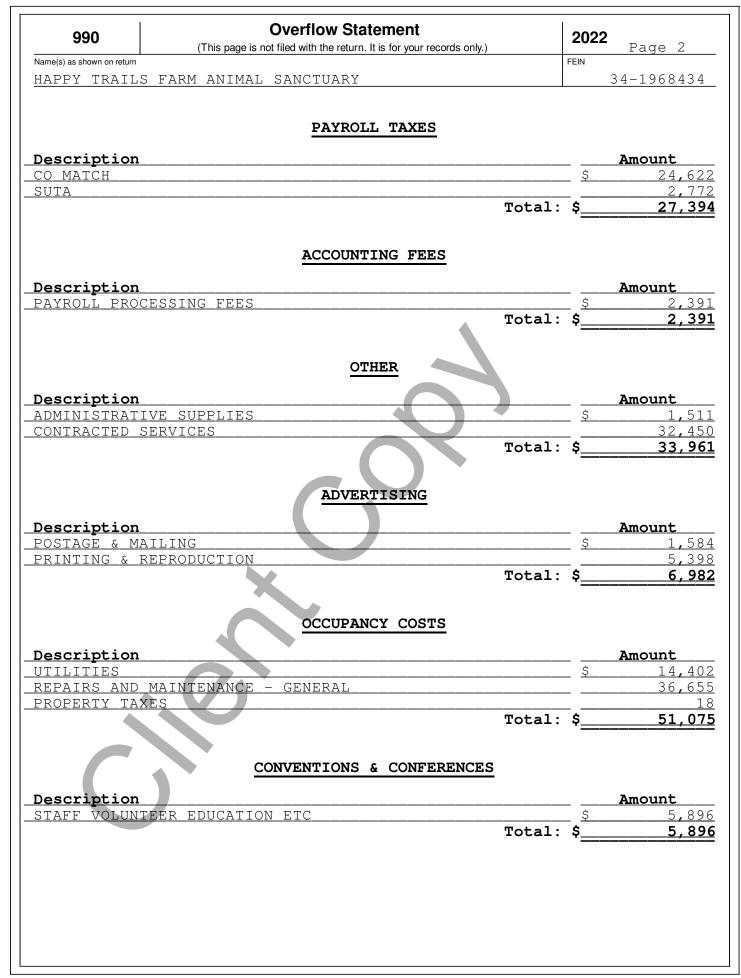
PART III, ITEM 1 - BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION

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

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

Schedule O (Form 990) 2022	Page 2
Name of the organization HAPPY TRAILS FARM ANIMAL SANCTUARY	Employer identification number 34–1968434
ABUSED, ABANDONED AND NEGLECTED FARM ANIMALS SUCH AS HORSES, PONIES, POT	BELLY PIGS, FARM
PIGS, CHICKENS, DUCKS, TURKEYS, SHEEP, GOATS AND CATTLE. HAPPY TRAILS SH	ERVES THE ENTIRE
STATE OF OHIO, AND WORKS IN COOPERATION WITH COUNTY HUMANE SOCIETIES, AND	IMAL PROTECTIVE
LEAGUES AND LOCAL AND STATE LAW ENFORCEMENT OFFICERS. THE CRITERIA FOR A	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 RE	EPRESENTATIVE.





990	Overflow Statement	2022
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	Page 3 FEIN
HAPPY TRAIL	S FARM ANIMAL SANCTUARY	34-1968434
	INSURANCE	
Description		_ <u>Amount</u>
<u>GENERAL INS</u> WORKERS COM		<u>\$ 13,476</u> 9,213
WORKERS COM	Total:	\$22,689
	OTHER EXPENSES	
Description		Amount
TOTAL ANIMA		\$ 88,367
_MISC		4
	Total:	\$ <u>88,371</u>

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

August 16, 2023

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

Happy Trails Farm Animal Sanctuary:

Enclosed is the 2022 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

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:	August 16, 2023
Ravenna, OH 44266	Phone:	(330)296-5914
	E-mail:	

2022 Tax Year Statement

Description		Fe
Federal And Supplemental		
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 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 ELEC	Election Statement	
EF Notice	General Information for Electronic Filing	
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	49	Forms Subtotal	1,908.00
Adjustments			
Donated Services			-435.00
		Subtotal	1,473.00
Char Regis Fee			55.00
		Total Balance Due	1,528.00

Payment due upon receipt. Thank you for your business!

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

August 16, 2023

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

Subject: Preparation of 2022 Tax Returns

Happy Trails Farm Animal Sanctuary:

Thank you for choosing ADVANTAGE TAX GROUP LLC - NPH to assist with the 2022 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 2022 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 2022 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,

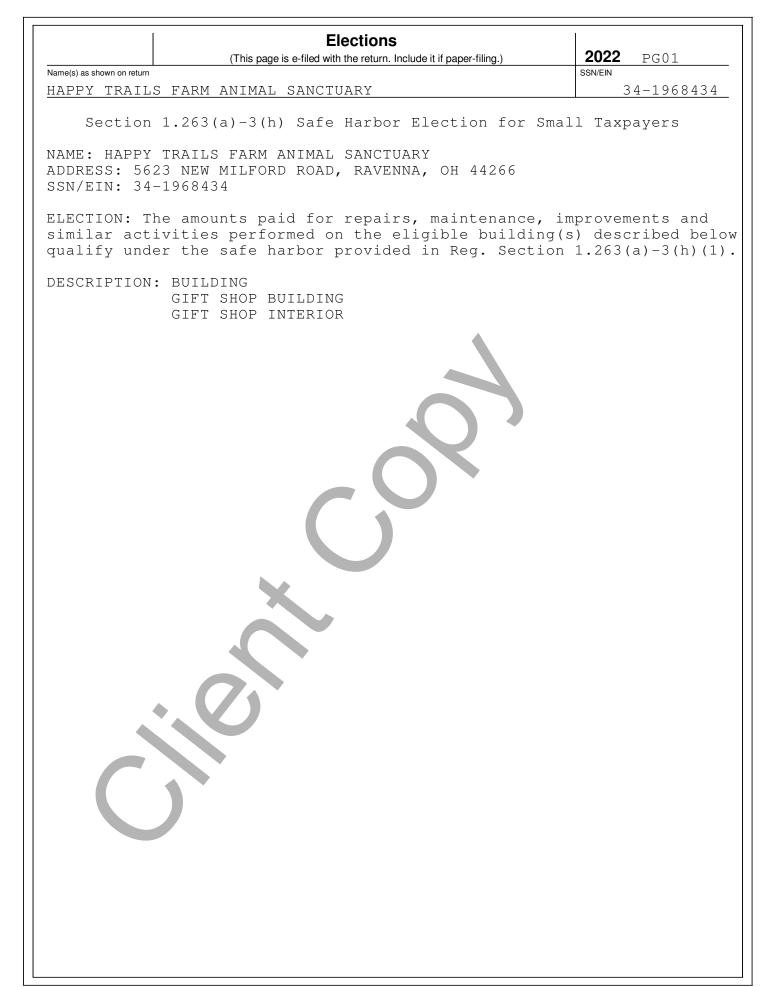
Taonie L Stead EA ADVANTAGE TAX GROUP LLC - NPH

Accepted By:

Officer

Date

	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return		Employer Identification Number
Entity address	ARM ANIMAL SANCTUARY	**-**8434
_5623 NEW MILF	ORD ROAD	
RAVENNA, OH 4	4266	
Thank you for pa	rticipating in IRS e-file.	
1. x 2022 8868 The electronic fil	-01 income tax return for Federal was filed end of the services were provided by ADVANTAGE TAX GROUP LLC - NPH	electronically.
-	income tax return was accepted on <u>02–25–2023</u> using a Person nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter ID assigned to this return is <u>34035520230561nfd51a</u>	nal Identification Number (PIN) as er or generate a PIN signature.
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TOU DO, IT WILL DELAY THE PROCESSING OF THE RET	
C		



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 5623 NEW MILFORD ROAD RAVENNA, OH 44266 Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

HAPPY TRAILS FARM ANIMAL SANCTUARY FEDERAL DEPRECIATION SCHEDULE Asset Category: 100 - Vehicles Tax Year End : 12-31-2022 ID Number : 34-1968434

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Bonus	CY Depr	Accum Depr
APPALACHIAN TRAILER	08-02-2004	11,235	11,235		L	0	0	11,235
CHEVY SILVERADO	12-31-2009	25,848	25,848		5	0	0	25,848
2015 SUNDOWNER STOCK TRAILER	09-05-2014	10,000	10,000		7	0	0	10,000
INTL 2500 TRACTOR	10-14-2014	1,039	1,039		L	0	0	1,039
LIVESTOCK TRAILER	03-17-2015	7,644	7,644	SL НҮ	L	0	546	7,644
1991 FORD DUMP TRUCK	04-19-2017	14,500	14,500	200 DBHY	5	0	835	14,499
2019 16FT SUNDOWNER TRLR	02-09-2019	13,842	13,842	200 DBHY	5	0	1,595	11,450
2021 F-250 SUPER DUTY XL	03-24-2021	46,530	46,530	200 DBHY	5	0	14,890	24,196
INTL TRACTOR CLUTCH RPR	11-01-2022	3,568	3,568	200 DBMQ	7	0	127	127
1991 FORD LTL 9000 - TURBO	12-28-2022	2,560	2,560	200 DBMQ	5	0	128	128
Total		136,766	136,766			0	18,121	106,166

HAPPY TRAILS FARM ANIMAL SANCTUARY FEDERAL DEPRECIATION SCHEDULE

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Bonus	CY Depr	Accum Depr
HAY ELEVATOR	03-23-2004	849	849		7	0	0	849
ROUND PEN	08-15-2004	400	400		7	0	0	400
SKID SHEER FORKS	03-14-2007	650	650		L	0	0	650
BOBCAT	12-31-2010	12,650	12,650		2	0	0	12,650
MINI EXCAVATOR	10-17-2014	3,000	3,000		L	0	0	3,000
HAY ELEVATOR	12-18-2014	1,411	1,411		2	0	0	1,411
LAWN TRACTOR	11-23-2015	1,576	1,576	SL HY	L	0	113	
2017 KAWASAKI MULE 4010 4X4	06-04-2018	10,199	10,199	SL HY	L	0	1,457	6,556
HEMATOLOGY & CHEMISTRY ANALYZER	09-07-2021	4,352	4,352	200 DBHY	L	0	1,066	
Total		35,087	35,087			0	2,636	28,780

HAPPY TRAILS FARM ANIMAL SANCTUARY

FEDERAL DEPRECIATION SCHEDULE Tax Year End : 12-31-2022 ID Number : 34-1968434

Method Depr. Basis Cost

Description

OFFICE EQUIPMENT 2010

OFFICE EQUIPMENT 2012 OFFICE EQUIPMENT 2011

Tota]

Life Asset Category: 303 - Office Equipment

250 228 2,2042,204250 228 Date Acq'd 12-31-2010 12-31-2012 12-31-2011

2,682

2,682

HAPPY TRAILS FARM ANIMAL SANCTUARY FEDERAL DEPRECIATION SCHEDULE Tax Year End : 12-31-2022

250 228 2,682

0 0 0

0 0

5 ŝ

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2,204Accum Depr

0

-

CY Depr

CY Bonus

Tax Year End : 12-31-2022 ID Number : 34-1968434 Asset Category: 300 - Machinery & Equipment

		ID Numb Asset Catego	ID Number : 34-1968434 Asset Category: 401 - Buildings	Sgr				
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Bonus	CY Depr	Accum Depr
CHICKEN BARN	12-15-2007	8,110	8,110	SL MQ	20	0	405	6,280
GIFT SHOP BUILDING	12-21-2007	5,853	5,853	SL MM	31.5	0	186	2,950
GIFT SHOP INTERIOR	12-31-2009	3,345	3,345	SL MM	31.5	0	106	1,432
BUILDING	10-17-2011	56,748	56,748	SL MM	27.5	0	2,064	25,364
FARM BUILDING	12-17-2012	9,000	9,000	SL MQ	20	0	450	4,725
FARM BUILDING	06-30-2013	20,842	20,842	SL НҮ	20	0	1,042	9,899
GOAT AND SHEEP BARN	10-24-2014	15,005	15,005	SL MQ	20	0	750	6,094
HORSE BARN - ROOF	11-17-2014	4,207	4,207	SL MQ	20	0	210	1,706
RIDING ARENA	11-17-2014	67,970	67,970	SL MQ	20	0	3,398	27,609
PIG BARN	12-10-2014	38,874	38,874	SL MQ	20	0	1,944	15,795
MULTI PURPOSE BUILDING	12-29-2014	32,313	32,313	SL MQ	20	0	1,616	13,130
CORRAL PANELS	02-27-2015	552	552	200 DBHY	L	0	25	552
MED CENTER	07-01-2015	8,039	8,039	150 DBHY	20	0	364	3,556
PAVILION	06-03-2016	8,782	8,782	150 DBHY	20	0	429	3,486
HAY STORAGE BLDG - TARP	07-03-2018	2,500	2,500	150 DBMQ	15	0	175	921
FARM PIG BARN 2.0	07-01-2019	14,816	14,816	200 DBHY	10	0	1,707	7,990
PIGGERTON BLDG 2.0	07-23-2019	18,831	18,831	200 DBHY	10	0	2,169	10,154
NEIGH-VIARY	10-01-2020	7,435	7,435	150 DBMQ	15	0	661	1,489
ISS EDGERTON BLDG	12-31-2021	98,110	0		39	0	0	0
WELCOME CENTER BLDG	12-31-2021	6,705	0		31.5	0	0	0
Total		428,037	323,222			0	17,701	143,132

HAPPY TRAILS FARM ANIMAL SANCTUARY FEDERAL DEPRECIATION SCHEDULE Tax Year End : 12-31-2022 ID Number : 34-1968434 rrv⁻ 403 - I and Accet Cateor

Description Dat						
	d Cost	Depr. Basis	Method	Life CY Bonus	CY Depr	Accum Depr
LAND 10-17-2011	1 79,540	0		0	0	0
LAND - 5661 NEW MILFORD KEPT 12-18-2014	4 19,707	0		0	0	0
LAND - ISS EDGERTON 12-31-2021	1 13,060	0		0	0	0
Total	112,307	0		0	0	0

HAPPY TRAILS FARM ANIMAL SANCTUARY FEDERAL DEPRECIATION SCHEDULE Tax Year End : 12-31-2022 ID Number : 34-1968434

Asset Category: 404 - Land Improvements

		0						
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	CY Bonus	CY Depr	Accum Depr
LAND IMPROVEMENTS 2010	12-31-2010	2,275	2,275	SL MQ	15	0	152	1,899
LAND IMPROVEMENTS 2011	12-31-2011	2,600	2,600		15	0	173	1,990
LAND IMP INCL FENCING	07-27-2015	7,700	7,700		15	0	454	4,289
PERIMETER FENCING	05-01-2016	33,050	33,050		20	0	1,615	13,123
SOUTH PASTURE FENCING	12-14-2018	11,265	11,265		20	0	662	3,095
MP BLDG FENCING	08-13-2019	3,198	3,198		15	0	246	983
EQUIP GARAGE - ROOF	11-01-2019	2,733	2,733	150 DBHY	15	0	210	841
SEPTIC WASTEWATER TREATMENT	12-29-2021	8,175	0		15	0	0	0
LOOP RD PROJECT	12-31-2022	12,988	0		15	0	0	0

Total		83,984	62,821			0	3,512	26,220
	IAAPI	PY TRAILS FAF	HAPPY TRAILS FARM ANIMAL SANCTUARY	NCTUARY				
	ц	EDERAL DEPR	FEDERAL DEPRECIATION SCHEDULE	EDULE				
		Tax Year	Tax Year End : 12-31-2022					
		ID Numb	ID Number : 34-1968434					
		Grand total	Grand total for all departments	ts				
Description	Date Acq'd	Cost	Depr. Basis	Method	Life	Life CY Bonus	CY Depr Accum Depr	Accum Depr
Grand Total		798,863	560,578			0	41,970	306,980

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Note to Drake Tax Preparer*

Use the Customized Supplemental Letter to create a document such as a customer survey, package or product offering sheet, generic letter, or client coupon. See the left column of the Client Communications Editor for the keywords that can be used in this document.

To generate the Customized Supplemental Letter with all client returns, go to Setup > Options > Client Communications. Under Additional Letter Options, select "Include customized supplemental letter with returns."

To generate the Customized Supplemental Letter for selected returns only, go to the COMM screen of the return. Under Letter Options Override, select "Yes" for Customized Supplemental Letter.

If you have selected to generate the Customized Supplemental Letter with all returns, you can suppress it for a selected return. To do so, go to the COMM screen of the return. Under Letter Options Override, select "No" for Customized Supplemental Letter.

*This note should be deleted before generating your Customized Supplemental Letter with any returns.