

Return of Organization Exempt From Income Tax

2023

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Check if applicable: C Name of organization ODD MAN INN ANIMAL REFUGE D Employer identification number 81-0880635 E Telephone number G Gross receipts \$ 847,803 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: 501(c)(3) 501(c) 4947(a)(1) or 527 J Website: WWW.ODDMANINN.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: TN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here WENDY SMITH Signature of officer Date WENDY SMITH, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Tiffany Crabtree, CPA Preparer's signature Date 09-30-2024 Check if self-employed PTIN P01241826 Firm's name Crabtree Public Accounting LLC Firm's EIN Firm's address PO Box 1315 Jamestown TN 38556 Phone no. 931-400-2492

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**OUR MISSION IS TO PROVIDE LIFELONG SANCTUARY CARE TO VULNERABLE ANIMALS AND EDUCATE TO INSPIRE COMPASSIONATE LIVING.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 521,287 including grants of \$ ) (Revenue \$ )  
**WORKED WITH LOCAL AND SURROUNDING COMMUNITIES TO HELP VULNERABLE FARMED ANIMALS IN NEED OF MEDICAL CARE AND SAFE PLACEMENT. PROVIDED COMMUNITY EDUCATION IN REGARDS TO APPROPRIATE ANIMAL CARE, RESOURCE MANAGEMENT, DISASTER PREPAREDNESS, ENVIRONMENTAL CONSERVATION AND SUSTAINABILITY PRACTICES.**

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

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

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

4e Total program service expenses **521,287**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	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 . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		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 . . . . .		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 . . . . .		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? If "Yes," complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		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 . . . . .		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	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 . . . . .		X
c	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 . . . . .		X
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 . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	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 . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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 . . . . .		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 . . . . .		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 . . . . .		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .		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? If "Yes," complete Schedule G, Part II . . . . .	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
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 . . . . .		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b 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 organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed Tennessee 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. [X] 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. WENDY SMITH (503)318-8426, PO BOX 1328, Jamestown, TN 38556

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDY SMITH EXECUTIVE DIRECTOR	40.00			X			20,160	0	0	
(2) VARUN RATHI SECRETARY	15.00			X			0	0	0	
(3) MICHAEL PEARCE TREASURER	5.00			X			0	0	0	
(4) JACKLYN LAHAV PRESIDENT	10.00			X			0	0	0	
(5) PAMELA MACIEL CABANAS VICE PRESIDENT	3.00			X			0	0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>20,160</b>	<b>0</b>	<b>0</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	24,245			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	791,866			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . .		816,111			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue . . . . .					
g	<b>Total.</b> Add lines 2a-2f . . . . .						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		25,287	25,287		
	4	Income from investment of tax-exempt bond proceeds . . . . .					
	5	Royalties . . . . .					
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses . . . . .	6b				
	c	Rental income or (loss) . . . . .	6c				
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other		2,460		
			7a		2,460		
	b	Less: cost or other basis and sales expenses . . . . .	7b				
	c	Gain or (loss) . . . . .	7c		2,460		
	d	Net gain or (loss) . . . . .		2,460	2,460		
8a	Gross income from fundraising events (not including \$ <u>24,245</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
b	Less: direct expenses . . . . .	8b					
c	Net income or (loss) from fundraising events . . . . .						
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
b	Less: direct expenses . . . . .	9b					
c	Net income or (loss) from gaming activities . . . . .						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
b	Less: cost of goods sold . . . . .	10b					
c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue			Business Code				
	11a	<b>OTHER INCOME</b> _____	900099	3,945	3,945		
	b	_____					
	c	_____					
	d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .		3,945				
12	<b>Total revenue.</b> See instructions . . . . .		847,803	31,692	0	0	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Advertising, and Total functional expenses.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	67,314	1	57,800
	<b>2</b> Savings and temporary cash investments	454,258	2	519,193
	<b>3</b> Pledges and grants receivable, net		3	
	<b>4</b> Accounts receivable, net		4	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	1,980	9	3,435
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	996,313		
	<b>b</b> Less: accumulated depreciation	159,294	10c	837,019
	<b>11</b> Investments - publicly traded securities		11	
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets	14,188	14	12,492
	<b>15</b> Other assets. See Part IV, line 11	35,000	15	8,000
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,348,426	16	1,437,939	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	37,507	17	32,851
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	200,005	23	187,436
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	237,512	26	220,287
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	1,110,914	27	1,217,652
	<b>28</b> Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
<b>32</b> Total net assets or fund balances	1,110,914	32	1,217,652	
<b>33</b> Total liabilities and net assets/fund balances	1,348,426	33	1,437,939	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (847,803); Line 2: Total expenses (724,467); Line 3: Revenue less expenses (123,336); Line 4: Net assets at beginning of year (1,110,914); Line 5: Net unrealized gains (losses) on investments; Line 6: Donated services and use of facilities; Line 7: Investment expenses; Line 8: Prior period adjustments (16,598); Line 9: Other changes in net assets or fund balances (0); Line 10: Net assets or fund balances at end of year (1,217,652).

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other. If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.

[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.

[ ] Separate basis [x] 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? 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?

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

Table with 3 columns: Question, Yes, No. Row 2a: Yes, No (x). Row 2b: Yes (x), No. Row 2c: Yes, No (x). Row 3a: Yes, No (x). Row 3b: Yes, No.

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

<b>Name of the organization</b> ODD MAN INN ANIMAL REFUGE	<b>Employer identification number</b> 81-0880635
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (95.61%); 15 Public support percentage from 2022 Schedule A, Part II, line 14 (95.74%); 16a 33 1/3% support test - 2023 (checked); b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

ODD MAN INN ANIMAL REFUGE

81-0880635

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
  - b** Permanent endowment \_\_\_\_\_%
  - c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations? . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations? . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		265,888		265,888
<b>b</b> Buildings . . . . .		419,234	159,294	259,940
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . . <b>STMD1E</b>		311,191		311,191
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B) . . . . .				837,019

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	8,000
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15 col. (B)) . . . . .	8,000

**Part X Other Liabilities**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>847,803</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>847,803</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	<b>847,803</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>724,467</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>724,467</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	<b>724,467</b>

**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.

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**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

ODD MAN INN ANIMAL REFUGE

81-0880635

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

**Total** . . . . .

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<u>1</u> (event type)	(event type)	<b>None</b> (total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

- 9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No
- b** If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No
- b** If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

ODD MAN INN ANIMAL REFUGE

Employer identification number

81-0880635

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

FORM 990 IS MADE AVAILABLE TO THE OFFICES AND BOARD FOR REVIEW PRIOR TO FILING.

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

ANY DIRECTOR WITH A CONFLICTING INTEREST IN A TRANSACTION MUST DISCLOSE SUCH TO THE BOARD,  
WHO THEN MUST APPROVE BY A MAJORITY FOR THE TRANSACTION TO BE MADE.

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

990 MADE AVAILABLE UPON REQUEST. NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

**04. List of other fees for services expenses (Part IX, line 11g)**

FEED \$115,656

VET & MEDICINE \$98,182

MISCELLANEOUS \$13,578

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

TAXES AND LICENSES \$762

POSTAGE & SHIPPING \$6,225

AUTO EXPENSES \$7,663

MISCELLANEOUS \$3,172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

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

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: ODD MAN INN ANIMAL REFUGE, FORM 990 - 1, 81-0880635

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows (14-16) for special depreciation allowance and other depreciation.

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

Section A

Table with 2 rows (17-18) for MACRS deductions and election to group assets.

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

Table with 7 columns (a-g) and 10 rows (19a-i) for general depreciation system assets.

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

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

Part IV Summary (See instructions.)

Table with 3 rows (21-23) for summary of listed property, total depreciation, and basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))**

**2023**

Attachment Sequence No. **27**

Attach to your tax return.  
 Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>ODD MAN INN ANIMAL REFUGE</b>	Identifying number <b>81-0880635</b>
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<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	<b>1a</b>
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets . . . . .	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .	<b>1c</b>

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>2012 FORD E55 SHUTTLE</b>	<b>01-27-2021</b>	<b>06-21-2023</b>	<b>3,700</b>	<b>3,983</b>	<b>8,240</b>	<b>(557)</b>
<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b> <b>0</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b> <b>(557)</b>
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .						<b>9</b>

**Part II Ordinary Gains and Losses (see instructions)**

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
	<b>2017 RED STOCK TRAILER</b>	<b>06-01-2022</b>	<b>05-30-2023</b>	<b>4,750</b>	<b>542</b>	<b>5,000</b>	<b>292</b>
<b>11</b>	Loss, if any, from line 7 . . . . .						<b>11</b> <b>( 557 )</b>
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .						<b>12</b>
<b>13</b>	Gain, if any, from line 31 . . . . .						<b>13</b> <b>2,725</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>16</b>
<b>17</b>	Combine lines 10 through 16 . . . . .						<b>17</b> <b>2,460</b>
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
	<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .						<b>18a</b>
	<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .						<b>18b</b>

**For Paperwork Reduction Act Notice, see separate instructions.**

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
<b>A YANMAR DIESEL TRACTOR</b>	01-01-2018	10-11-2023
<b>B 2006 DUMP TRAILER</b>	03-29-2021	06-22-2023
<b>C</b>		
<b>D</b>		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
<b>20</b> Gross sales price (Note: See line 1a before completing.) . . . . .	<b>20</b>	5,100	5,000		
<b>21</b> Cost or other basis plus expense of sale . . . . .	<b>21</b>	6,500	7,500		
<b>22</b> Depreciation (or depletion) allowed or allowable . . . . .	<b>22</b>	3,250	3,375		
<b>23</b> Adjusted basis. Subtract line 22 from line 21 . . . . .	<b>23</b>	3,250	4,125		
<b>24</b> Total gain. Subtract line 23 from line 20 . . . . .	<b>24</b>	1,850	875		
<b>25 If section 1245 property:</b>					
<b>a</b> Depreciation allowed or allowable from line 22 . . . . .	<b>25a</b>	3,250	3,375		
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a . . . . .	<b>25b</b>	1,850	875		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
<b>a</b> Additional depreciation after 1975. See instructions . . . . .	<b>26a</b>				
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions . . . . .	<b>26b</b>				
<b>c</b> Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>				
<b>d</b> Additional depreciation after 1969 and before 1976 . . . . .	<b>26d</b>				
<b>e</b> Enter the <b>smaller</b> of line 26c or 26d . . . . .	<b>26e</b>				
<b>f</b> Section 291 amount (corporations only) . . . . .	<b>26f</b>				
<b>g</b> Add lines 26b, 26e, and 26f . . . . .	<b>26g</b>				
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
<b>a</b> Soil, water, and land clearing expenses . . . . .	<b>27a</b>				
<b>b</b> Line 27a multiplied by applicable percentage. See instructions . . . . .	<b>27b</b>				
<b>c</b> Enter the <b>smaller</b> of line 24 or 27b . . . . .	<b>27c</b>				
<b>28 If section 1254 property:</b>					
<b>a</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>				
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a . . . . .	<b>28b</b>				
<b>29 If section 1255 property:</b>					
<b>a</b> Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	<b>29a</b>				
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .	<b>29b</b>				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties. Add property columns A through D, line 24 . . . . .	<b>30</b>	2,725
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	<b>31</b>	2,725
<b>32</b> Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	<b>32</b>	0

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years . . . . .	<b>33</b>	
<b>34</b> Recomputed depreciation. See instructions . . . . .	<b>34</b>	
<b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	<b>35</b>	

**Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>ODD MAN INN ANIMAL REFUGE</b>	Taxpayer identification number (TIN) <b>81-0880635</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1328</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Jamestown TN 38556</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **WENDY SMITH, PO BOX 1328 Jamestown TN 38556**  
Telephone No. **503-318-8426** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 2023 or  
 tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

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

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20

**2023**

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer **ODD MAN INN ANIMAL REFUGE** EIN or SSN **81-0880635**

Name and title of officer or person subject to tax **WENDY SMITH, EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Line 5b has amount 0.

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

[x] I authorize Crabtree Public Accounting to enter my PIN 80635 as my signature. ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 09-27-2024

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

627888 41826

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 09-30-2024

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



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

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20

**2023**

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

**ODD MAN INN ANIMAL REFUGE**

**81-0880635**

Name and title of officer or person subject to tax

**WENDY SMITH, EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> <u>847,803</u>
<b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Crabtree Public Accounting to enter my PIN 80635 as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 09-27-2024

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

627888 41826

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 09-30-2024

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

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2023 PG01**

Name(s) as shown on return

Tax ID Number

ODD MAN INN ANIMAL REFUGE

81-0880635

**Form 990 - Schedule D - Part VI - Line 1e**      Statement #D1e  
Investments - Other

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
FURNITURE & FIXTURES	0	161,408	0	161,408
VEHICLES	0	149,783	0	149,783
<b>Total</b>	<u>0</u>	<u>311,191</u>	<u>0</u>	<u>311,191</u>

**Form 4562 - Line 19b**

**PG01**  
Statement #567

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
7,000	5	HY	SL	700
450	5	HY	SL	45
12,900	5	HY	SL	1,290
7,500	5	HY	SL	750
4,999	5	HY	SL	500
<b>Total</b>				<u>3,285</u>

**Federal Supporting Statements**

**2023 PG01**

Name(s) as shown on return

Tax ID Number

ODD MAN INN ANIMAL REFUGE

81-0880635

**Form 4562 - Line 19d**

Statement #568

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
1,770	10	HY	SL	89
3,805	10	HY	SL	190
1,773	10	HY	SL	89
2,497	10	HY	SL	125
7,168	10	HY	SL	358
2,807	10	HY	SL	140
27,000	10	HY	SL	1,350
4,096	10	HY	SL	205
742	10	HY	SL	37
1,632	10	HY	SL	82
747	10	HY	SL	37
1,781	10	HY	SL	89
2,839	10	HY	SL	142
<b>Total</b>				<u><u>2,933</u></u>

**Form 4562 - Line 19e**

PG01  
Statement #569

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
1,615	15	HY	SL	54
6,364	15	HY	SL	212
<b>Total</b>				<u><u>266</u></u>

**Form 4562 - Line 19i**

PG01  
Statement #570

<u>Date</u>	<u>Cost</u>	<u>RP</u>	<u>Deduction</u>
07-2023	2,460	30	38
12-2023	76,677	30	107
<b>Total</b>			<u><u>145</u></u>

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Overflow Statement

2023

Page 1

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Name(s) as shown on return

FEIN

ODD MAN INN ANIMAL REFUGE

81-0880635

Description	Amount
FEED	\$ 70,240
VET & MEDICINE	126,159
MISCELLANEOUS	22,419
PROFESSIONAL FEES	6,150
AUTO EXPENSE	27,271
<b>Total:</b>	<b>\$ 252,239</b>

Description	Amount
TAXES & LICENSES	\$ 14,523
POSTAGE & SHIPPING	8,975
BANK FEES	111
MISCELLANEOUS	3,581
PROFESSIONAL FEES	28,902
<b>Total:</b>	<b>\$ 56,092</b>

Description	Amount
MERCHANDISE	\$ 6,773
MISCELLANEOUS	24,548
<b>Total:</b>	<b>\$ 31,321</b>

**Nonrecaptured Net Section 1231  
Losses Carryover Worksheet**

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**2023**

Name(s) as shown on return

Tax ID Number

**ODD MAN INN ANIMAL REFUGE**

**81-0880635**

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2023	Remaining Carryover
2018	0		0
2019	0		0
2020	0		0
2021	0		0
2022	0		0
2023	557		557
<b>Totals</b>	<b>557</b>		<b>557</b>

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2024 tax return.) Code Sec. 1231(c)(1-2).

ODD MAN INN ANIMAL REFUGE  
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2023

ID Number : 81-0880635

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
YANMAR DIESEL TRACTOR	01-01-2018	6,500	6,500	SL HY	5	0	0	3,900	1,300
16 FT FLATBED TRAILER	06-30-2019	1,100	1,100	SL HY	5	0	0	660	220
UTILITY TRAILER	01-01-2020	800	800	SL HY	5	0	0	480	160
2020 17' THUROBILT STOCK TRAILER	06-12-2020	8,300	8,300	SL HY	5	0	0	4,980	1,660
PIG SCALE	06-30-2020	2,000	2,000	SL HY	5	0	0	1,200	400
2002 PT CRUISER	10-02-2020	1,500	1,500	SL HY	5	0	0	900	300
CAMPER VAN	01-01-2021	5,500	5,500	SL HY	5	0	0	3,300	1,100
2012 FORD E55 SHUTTLE	01-27-2021	8,240	8,240	SL HY	5	0	0	4,807	1,648
NEW HOLLAND T75 DIESEL TRACTOR	03-01-2021	18,000	18,000	SL HY	5	0	0	10,200	3,600
2014 POLARIS RANGER	03-24-2021	4,000	4,000	SL HY	5	0	0	2,200	800
RESCUE GLIDE	03-24-2021	1,500	1,500	SL HY	5	0	0	825	300
2000 DODGE RAM 3500	03-29-2021	12,500	12,500	SL HY	5	0	0	6,875	2,500
2006 DUMP TRAILER	03-29-2021	7,500	7,500	SL HY	5	0	0	4,125	1,500
2006 GOOSENECK FLATBED	03-29-2021	9,000	9,000	SL HY	5	0	0	4,950	1,800
ATTORNEY COSTS TPP	04-01-2021	11,060	11,060	AMT	10	0	0	3,042	1,106
CARPET HOUSE	04-01-2021	1,500	1,500	SL HY	5	0	0	825	300
DAMIEN'S HOUSE	04-01-2021	2,000	2,000	SL HY	5	0	0	1,100	400
FERAL HOUSE 1	04-01-2021	2,500	2,500	SL HY	5	0	0	1,375	500
FERAL HOUSE 2	04-01-2021	2,500	2,500	SL HY	5	0	0	1,375	500
FERAL HOUSE 3	04-01-2021	2,500	2,500	SL HY	5	0	0	1,375	500
GREEN BARN ON SOLSBURY HILL	04-01-2021	2,500	2,500	SL HY	5	0	0	1,375	500
LAND	04-01-2021	265,888	0			0	0	0	0
LITTLE PIG'S BARN	04-01-2021	2,500	2,500	SL HY	5	0	0	1,375	500
MAIN BARN	04-01-2021	15,000	15,000	SL HY	10	0	0	4,125	1,500
MAIN HOUSE	04-01-2021	25,000	25,000	SL HY	15	0	0	4,584	1,667
OLIVER'S BLUE HOUSE	04-01-2021	3,932	3,932	SL HY	10	0	0	1,081	393
PEACHLET BIG HOUSE	04-01-2021	3,000	3,000	SL HY	5	0	0	1,650	600
PEACHLET LITTLE HOUSE	04-01-2021	2,000	2,000	SL HY	5	0	0	1,100	400
POND HOUSE 1	04-01-2021	2,000	2,000	SL HY	10	0	0	550	200
POND HOUSE 2	04-01-2021	2,000	2,000	SL HY	10	0	0	550	200
POND HOUSE 3	04-01-2021	2,000	2,000	SL HY	10	0	0	550	200
RHETT'S HOUSE	04-01-2021	2,000	2,000	SL HY	5	0	0	1,100	400
1985 FORD ECONOLINE FRANKENV	04-12-2021	2,638	2,638	SL HY	5	0	0	1,452	528
20' SHADOW STOCK TRAILER	04-30-2021	15,631	15,631	SL HY	5	0	0	8,336	3,126
BIG RED GOAT BARN	07-01-2021	6,000	6,000	SL HY	10	0	0	1,500	600
MELVIN'S HOUSE	07-01-2021	4,699	4,699	SL HY	10	0	0	1,175	470
RED COW SHED	07-01-2021	5,723	5,723	SL HY	10	0	0	1,430	572
RED ROOF RUN IN SHED	07-01-2021	4,699	4,699	SL HY	10	0	0	1,175	470
LAND SURVEY	08-13-2021	5,900	5,900	AMT	10	0	0	1,426	590
1999 DODGE RAM 3500	08-26-2021	13,700	13,700	SL HY	5	0	0	6,393	2,740
1995 DIAHATSU HIJET	09-03-2021	6,875	6,875	SL HY	5	0	0	3,208	1,375
BIG RED GOAT BARN	09-13-2021	6,559	6,559	SL HY	10	0	0	1,531	656
RED BARN ON SALSBUURY HILL	09-20-2021	7,200	7,200	SL HY	10	0	0	1,620	720
2000 RAM TRANSMISSION	09-24-2021	3,834	3,834	SL HY	5	0	0	1,726	767

ALFA ROMEO	10-22-2021	1,800	1,800	SL HY	5	0	0	780	360
SMALL TAN GOAT BARN	11-22-2021	3,195	3,195	SL HY	10	0	0	665	319
BIG BLUE TRACTOR REPAIR	12-08-2021	4,515	4,515	SL HY	5	0	0	1,881	903
POLARIS REPAIR	12-16-2021	4,978	4,978	SL HY	5	0	0	1,992	996
FEED BINS	12-23-2021	3,998	3,998	SL HY	10	0	0	800	400
FEET FIRST SOW LIFT	12-27-2021	12,191	12,191	SL HY	5	0	0	4,876	2,438
FENCING ASSET 2022	01-01-2022	20,000	20,000	SL HY	15	0	0	2,666	1,333
TWO MOBILE FEED BINS	01-05-2022	3,998	3,998	SL HY	10	0	0	800	400
YODA'S HOUSE	02-22-2022	4,308	4,308	SL HY	10	0	0	790	431
MEDICAL RECOVERY BARN	03-01-2022	4,600	4,600	SL HY	10	0	0	843	460
MINNESOTA BARN	03-21-2022	6,702	6,702	SL HY	10	0	0	1,173	670
SECOND MEEPMEEP (SUBURU)	05-06-2022	5,900	5,900	SL HY	5	0	0	1,967	1,180
FEED TROUGH FOR ANIMALS	05-11-2022	7,573	7,573	SL HY	5	0	0	2,525	1,515
2017 RED STOCK TRAILER	06-01-2022	5,000	5,000	SL HY	10	0	0	792	500
CATTLE BARN	06-22-2022	18,801	18,801	SL HY	10	0	0	2,820	1,880
GRAVEL IMPROVEMENTS	07-01-2022	31,009	31,009	SL HY	15	0	0	3,101	2,067
POLE BARN BUILDING	07-01-2022	27,000	27,000	SL MM	30	0	0	1,350	900
2017 WHITE TAIM 3500 DIESEL	08-11-2022	49,994	49,994	SL HY	5	0	0	14,165	9,999
NEW 'FERAL' BARN VALUE \$6500	08-15-2022	6,251	6,251	SL HY	10	0	0	885	625
SIDE BY SIDE REPAIR	08-19-2022	3,985	3,985	SL HY	5	0	0	1,063	797
MOBILE CATCH PEN	08-30-2022	1,200	1,200	SL HY	5	0	0	320	240
FIRETRUCK	09-01-2022	5,000	5,000	SL HY	5	0	0	1,333	1,000
CARPET HOUSE 1	09-06-2022	6,251	6,251	SL HY	5	0	0	1,667	1,250
CARPET HOUSE 2	09-06-2022	6,250	6,250	SL HY	5	0	0	1,667	1,250
SKID STEER	09-09-2022	30,600	30,600	SL HY	10	0	0	4,080	3,060
DIESEL POWER TRUCK	09-22-2022	1,500	1,500	SL HY	5	0	0	375	300
SKID STEER ATTACHMENT	09-30-2022	3,125	3,125	SL HY	10	0	0	390	312
MEDICAL LASER	10-03-2022	11,522	11,522	SL HY	10	0	0	1,440	1,152
COW BARN	10-21-2022	18,216	18,216	SL MM	30	0	0	708	607
1982 CHEVY C30 DUMPTRUCK	10-31-2022	4,200	4,200	SL HY	5	0	0	980	840
BIG TRACTOR REPAIR	10-31-2022	11,928	11,928	SL HY	5	0	0	2,784	2,386
RED TRUCK	11-10-2022	1,357	1,357	SL HY	5	0	0	316	271
1987 CHEVY VAN	12-01-2022	1,500	1,500	SL HY	5	0	0	325	300
GENERATOR	12-16-2022	600	600	SL HY	10	0	0	60	60
GRAVEL ROAD	12-19-2022	13,066	13,066	SL HY	15	0	0	871	871
AMBULANCE	01-18-2023	7,000	7,000	SL HY	5	0	0	700	700
GARDEN	01-31-2023	1,615	1,615	SL HY	15	0	0	54	54
GOLF CART	01-31-2023	4,999	4,999	SL HY	5	0	0	500	500
ROAD IMPROVEMENTS	02-03-2023	6,364	6,364	SL HY	15	0	0	212	212
AWNING FOR CABIN HOUSE	03-10-2023	1,770	1,770	SL HY	10	0	0	89	89
1982 VW RABBIT	03-31-2023	450	450	SL HY	5	0	0	45	45
MELVIN'S HOUSE	04-07-2023	3,805	3,805	SL HY	10	0	0	190	190
RHETT'S HOUSE AWNING	05-04-2023	1,773	1,773	SL HY	10	0	0	89	89
MINNESOTA HOUSE AWNING	05-19-2023	2,497	2,497	SL HY	10	0	0	125	125
SENECA'S HOUSE	05-30-2023	7,168	7,168	SL HY	10	0	0	358	358
OLIVER'S HOUSE AWNING	06-13-2023	2,807	2,807	SL HY	10	0	0	140	140
2017 NISSAN	06-22-2023	12,900	12,900	SL HY	5	0	0	1,290	1,290
COMPLETED AWNINGS	06-30-2023	27,000	27,000	SL HY	10	0	0	1,350	1,350
YODA'S HOUSE AWNING	07-03-2023	4,096	4,096	SL HY	10	0	0	205	205
MED BARN AWNING	07-14-2023	742	742	SL HY	10	0	0	37	37

RED BARN - NEW ROOF	07-24-2023	2,460	2,460	SL MM	30	0	0	38	38
60" HUSTLER FASTRAK	08-01-2023	7,500	7,500	SL HY	5	0	0	750	750
FERAL HOUSE AWNING	08-04-2023	1,632	1,632	SL HY	10	0	0	82	82
CARPET HOUSE 1 AWNING	08-15-2023	747	747	SL HY	10	0	0	37	37
CARPET HOUSE 2 AWNING	09-13-2023	1,781	1,781	SL HY	10	0	0	89	89
COW PAVILLION	11-02-2023	2,839	2,839	SL HY	10	0	0	142	142
TINY HOUSE	12-14-2023	76,677	76,677	SL MM	30	0	0	107	107
CONSTRUCTION IN PROGRESS - FENCING	12-31-2023	8,000	0			0	0	0	0
**Total**		1,048,513	774,625			0	0	177,385	88,469



\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

**2023**

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Name(s) as shown on return

Social security number/EIN

ODD MAN INN ANIMAL REFUGE

81-0880635

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	LAND SURVEY	08-13-2021	5,900		100.00			5,900	10	AMT-AMT	10	836	590	1,426	
2	ATTORNEY COSTS TPP	04-01-2021	11,060		100.00			11,060	10	AMT-AMT	10	1,936	1,106	3,042	
3	1999 DODGE RAM 3500	08-26-2021	13,700		100.00			13,700	5	SL HY	20	3,653	2,740	6,393	
4	1995 DIAHATSU HIJET	09-03-2021	6,875		100.00			6,875	5	SL HY	20	1,833	1,375	3,208	
5	2000 DODGE RAM 3500	03-29-2021	12,500		100.00			12,500	5	SL HY	20	4,375	2,500	6,875	
7	1985 FORD ECONOLINE F	04-12-2021	2,638		100.00			2,638	5	SL HY	20	924	528	1,452	
8	2002 PT CRUISER	10-02-2020	1,500		100.00			1,500	5	SL HY	20	600	300	900	
9	CAMPER VAN	01-01-2021	5,500		100.00			5,500	5	SL HY	20	2,200	1,100	3,300	
10	ALFA ROMEO	10-22-2021	1,800		100.00			1,800	5	SL HY	20	420	360	780	
11	BIG BLUE TRACTOR REPA	12-08-2021	4,515		100.00			4,515	5	SL HY	20	978	903	1,881	
12	POLARIS REPAIR	12-16-2021	4,978		100.00			4,978	5	SL HY	20	996	996	1,992	
13	2000 RAM TRANSMISSION	09-24-2021	3,834		100.00			3,834	5	SL HY	20	959	767	1,726	
14	SMALL TAN GOAT BARN	11-22-2021	3,195		100.00			3,195	10	SL HY	10	346	319	665	
15	OLIVER'S BLUE HOUSE	04-01-2021	3,932		100.00			3,932	10	SL HY	10	688	393	1,081	
16	BIG RED GOAT BARN	09-13-2021	6,559		100.00			6,559	10	SL HY	10	875	656	1,531	
17	RED BARN ON SALSBU	09-20-2021	7,200		100.00			7,200	10	SL HY	10	900	720	1,620	
18	POND HOUSE 1	04-01-2021	2,000		100.00			2,000	10	SL HY	10	350	200	550	
19	POND HOUSE 2	04-01-2021	2,000		100.00			2,000	10	SL HY	10	350	200	550	
20	POND HOUSE 3	04-01-2021	2,000		100.00			2,000	10	SL HY	10	350	200	550	
21	RED ROOF RUN IN SHED	07-01-2021	4,699		100.00			4,699	10	SL HY	10	705	470	1,175	
22	MELVIN'S HOUSE	07-01-2021	4,699		100.00			4,699	10	SL HY	10	705	470	1,175	
23	BIG RED GOAT BARN	07-01-2021	6,000		100.00			6,000	10	SL HY	10	900	600	1,500	
24	RED COW SHED	07-01-2021	5,723		100.00			5,723	10	SL HY	10	858	572	1,430	
25	MAIN HOUSE	04-01-2021	25,000		100.00			25,000	15	SL HY	6.667	2,917	1,667	4,584	
26	CARPET HOUSE	04-01-2021	1,500		100.00			1,500	5	SL HY	20	525	300	825	
27	RHETT'S HOUSE	04-01-2021	2,000		100.00			2,000	5	SL HY	20	700	400	1,100	
28	GREEN BARN ON SOLSBU	04-01-2021	2,500		100.00			2,500	5	SL HY	20	875	500	1,375	
29	PEACHLET BIG HOUSE	04-01-2021	3,000		100.00			3,000	5	SL HY	20	1,050	600	1,650	
30	PEACHLET LITTLE HOUSE	04-01-2021	2,000		100.00			2,000	5	SL HY	20	700	400	1,100	
31	DAMIEN'S HOUSE	04-01-2021	2,000		100.00			2,000	5	SL HY	20	700	400	1,100	

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## Depreciation Detail Listing

Management & General

**2023**

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Social security number/EIN

ODD MAN INN ANIMAL REFUGE

81-0880635

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
32	FERAL HOUSE 1	04-01-2021	2,500		100.00			2,500	5	SL	HY	20	875	500	1,375	
33	FERAL HOUSE 2	04-01-2021	2,500		100.00			2,500	5	SL	HY	20	875	500	1,375	
34	FERAL HOUSE 3	04-01-2021	2,500		100.00			2,500	5	SL	HY	20	875	500	1,375	
35	MAIN BARN	04-01-2021	15,000		100.00			15,000	10	SL	HY	10	2,625	1,500	4,125	
36	LITTLE PIG'S BARN	04-01-2021	2,500		100.00			2,500	5	SL	HY	20	875	500	1,375	
37	LAND	04-01-2021	265,888	265,888	100.00			0	0			0				
38	NEW HOLLAND T75 DIESEL	03-01-2021	18,000		100.00			18,000	5	SL	HY	20	6,600	3,600	10,200	
40	FEEET FIRST SOW LIFT	12-27-2021	12,191		100.00			12,191	5	SL	HY	20	2,438	2,438	4,876	
41	2006 GOOSENECK FLATBED	03-29-2021	9,000		100.00			9,000	5	SL	HY	20	3,150	1,800	4,950	
43	2014 POLARIS RANGER	03-24-2021	4,000		100.00			4,000	5	SL	HY	20	1,400	800	2,200	
44	RESCUE GLIDE	03-24-2021	1,500		100.00			1,500	5	SL	HY	20	525	300	825	
45	2020 17' THUROBILT ST	06-12-2020	8,300		100.00			8,300	5	SL	HY	20	3,320	1,660	4,980	
46	20' SHADOW STOCK TRAILER	04-30-2021	15,631		100.00			15,631	5	SL	HY	20	5,210	3,126	8,336	
47	PIG SCALE	06-30-2020	2,000		100.00			2,000	5	SL	HY	20	800	400	1,200	
48	UTILITY TRAILER	01-01-2020	800		100.00			800	5	SL	HY	20	320	160	480	
49	16 FT FLATBED TRAILER	06-30-2019	1,100		100.00			1,100	5	SL	HY	20	440	220	660	
50	FEED BINS	12-23-2021	3,998		100.00			3,998	10	SL	HY	10	400	400	800	
51	SECOND MEEPMEEP (SUBU	05-06-2022	5,900		100.00			5,900	5	SL	HY	20	787	1,180	1,967	
52	2017 WHITE TAIM 3500	08-11-2022	49,994		100.00			49,994	5	SL	HY	20	4,166	9,999	14,165	
53	FIRETRUCK	09-01-2022	5,000		100.00			5,000	5	SL	HY	20	333	1,000	1,333	
54	1982 CHEVY C30 DUMPT	10-31-2022	4,200		100.00			4,200	5	SL	HY	20	140	840	980	
55	1987 CHEVY VAN	12-01-2022	1,500		100.00			1,500	5	SL	HY	20	25	300	325	
56	YODA'S HOUSE	02-22-2022	4,308		100.00			4,308	10	SL	HY	10	359	431	790	
57	MEDICAL RECOVERY BARN	03-01-2022	4,600		100.00			4,600	10	SL	HY	10	383	460	843	
58	MINNESOTA BARN	03-21-2022	6,702		100.00			6,702	10	SL	HY	10	503	670	1,173	
59	CATTLE BARN	06-22-2022	18,801		100.00			18,801	10	SL	HY	10	940	1,880	2,820	
60	NEW 'FERAL' BARN VALU	08-15-2022	6,251		100.00			6,251	10	SL	HY	10	260	625	885	
61	CARPET HOUSE 1	09-06-2022	6,251		100.00			6,251	5	SL	HY	20	417	1,250	1,667	
62	CARPET HOUSE 2	09-06-2022	6,250		100.00			6,250	5	SL	HY	20	417	1,250	1,667	
63	POLE BARN BUILDING	07-01-2022	27,000		100.00			27,000	30	SL	MM	3.333	450	900	1,350	

\* Item is included in UBIA  
for Section 199A calculations.  
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## Depreciation Detail Listing

Management & General

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Social security number/EIN

ODD MAN INN ANIMAL REFUGE

81-0880635

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
64	COW BARN	10-21-2022	18,216		100.00			18,216	30	SL	MM	3.333	101	607	708	
65	FEED TROUGHS FOR ANIM	05-11-2022	7,573		100.00			7,573	5	SL	HY	20	1,010	1,515	2,525	
66	MOBILE CATCH PEN	08-30-2022	1,200		100.00			1,200	5	SL	HY	20	80	240	320	
67	FENCING ASSET 2022	01-01-2022	20,000		100.00			20,000	15	SL	HY	6.667	1,333	1,333	2,666	
68	GRAVEL IMPROVEMENTS	07-01-2022	31,009		100.00			31,009	15	SL	HY	6.667	1,034	2,067	3,101	
69	GRAVEL ROAD	12-19-2022	13,066		100.00			13,066	15	SL	HY	6.667		871	871	
70	TWO MOBILE FEED BINS	01-05-2022	3,998		100.00			3,998	10	SL	HY	10	400	400	800	
72	SKID STEER	09-09-2022	30,600		100.00			30,600	10	SL	HY	10	1,020	3,060	4,080	
73	MEDICAL LASER	10-03-2022	11,522		100.00			11,522	10	SL	HY	10	288	1,152	1,440	
74	GENERATOR	12-16-2022	600		100.00			600	10	SL	HY	10		60	60	
75	SKID STEER ATTACHMENT	09-30-2022	3,125		100.00			3,125	10	SL	HY	10	78	312	390	
76	BIG TRACTOR REPAIR	10-31-2022	11,928		100.00			11,928	5	SL	HY	20	398	2,386	2,784	
77	SIDE BY SIDE REPAIR	08-19-2022	3,985		100.00			3,985	5	SL	HY	20	266	797	1,063	
78	DIESEL POWER TRUCK	09-22-2022	1,500		100.00			1,500	5	SL	HY	20	75	300	375	
79	RED TRUCK	11-10-2022	1,357		100.00			1,357	5	SL	HY	20	45	271	316	
80	AMBULANCE	01-18-2023	7,000		100.00			7,000	5	SL	HY	10		700	700	
81	1982 VW RABBIT	03-31-2023	450		100.00			450	5	SL	HY	10		45	45	
82	2017 NISSAN	06-22-2023	12,900		100.00			12,900	5	SL	HY	10		1,290	1,290	
83	60" HUSTLER FASTRAK	08-01-2023	7,500		100.00			7,500	5	SL	HY	10		750	750	
84	GOLF CART	01-31-2023	4,999		100.00			4,999	5	SL	HY	10		500	500	
85	GARDEN	01-31-2023	1,615		100.00			1,615	15	SL	HY	3.333		54	54	
86	ROAD IMPROVEMENTS	02-03-2023	6,364		100.00			6,364	15	SL	HY	3.333		212	212	
87	AWNING FOR CABIN HOUS	03-10-2023	1,770		100.00			1,770	10	SL	HY	5		89	89	
88	MELVIN'S HOUSE	04-07-2023	3,805		100.00			3,805	10	SL	HY	5		190	190	
89	RHETT'S HOUSE AWNING	05-04-2023	1,773		100.00			1,773	10	SL	HY	5		89	89	
90	MINNESOTA HOUSE AWNIN	05-19-2023	2,497		100.00			2,497	10	SL	HY	5		125	125	
91	SENECA'S HOUSE	05-30-2023	7,168		100.00			7,168	10	SL	HY	5		358	358	
92	OLIVER'S HOUSE AWNING	06-13-2023	2,807		100.00			2,807	10	SL	HY	5		140	140	
93	COMPLETED AWNINGS	06-30-2023	27,000		100.00			27,000	10	SL	HY	5		1,350	1,350	
94	YODA'S HOUSE AWNING	07-03-2023	4,096		100.00			4,096	10	SL	HY	5		205	205	

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

**2023**

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ODD MAN INN ANIMAL REFUGE

81-0880635

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
95	MED BARN AWNING	07-14-2023	742		100.00			742	10	SL	HY	5		37	37
96	RED BARN - NEW ROOF	07-24-2023	2,460		100.00			2,460	30	SL	MM	1.528		38	38
97	FERAL HOUSE AWNING	08-04-2023	1,632		100.00			1,632	10	SL	HY	5		82	82
98	CARPET HOUSE 1 AWNING	08-15-2023	747		100.00			747	10	SL	HY	5		37	37
99	CARPET HOUSE 2 AWNING	09-13-2023	1,781		100.00			1,781	10	SL	HY	5		89	89
100	COW PAVILLION	11-02-2023	2,839		100.00			2,839	10	SL	HY	5		142	142
101	TINY HOUSE	12-14-2023	76,677		100.00			76,677	30	SL	MM	.139		107	107
Assets Sold/Abandoned															
6	2012 FORD E55 SHUTTLE	01-27-2021	8,240		100.00			8,240	5	SL	HY	20	3,159	824	3,983
39	YANMAR DIESEL TRACTOR	01-01-2018	6,500		100.00			6,500	5	SL	HY	20	2,600	650	3,250
42	2006 DUMP TRAILER	03-29-2021	7,500		100.00			7,500	5	SL	HY	20	2,625	750	3,375
71	2017 RED STOCK TRAILER	06-01-2022	5,000		100.00			5,000	10	SL	HY	10	292	250	542
<b>Totals</b>			<b>1,040,513</b>					<b>774,625</b>				<b>88,916</b>	<b>85,995</b>	<b>174,911</b>	

Land Amount  
Net Depreciable Cost

1,040,513

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

85,995

ST ADJ:

## Depreciation Reconciliation for ODD MAN INN ANIMAL REFUGE

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	861,891	596,003	79,366	168,282	
Placed in Service in Current Year	178,622	178,622	6,629	6,629	
Removed from Service in Current Year	27,240	27,240	2,474	11,150	
End of Year	1,013,273	747,385	83,521	163,761	

## Next Year's Depreciation Worksheet

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**2023**

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**ODD MAN INN ANIMAL REFUGE**

**81-0880635**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	LAND SURVEY	08-13-2021	5,900	AMT	10	590
MGT	1	ATTORNEY COSTS TPP	04-01-2021	11,060	AMT	10	1,106
MGT	1	1999 DODGE RAM 3500	08-26-2021	13,700	SL HY	5	2,740
MGT	1	1995 DIAHATSU HIJET	09-03-2021	6,875	SL HY	5	1,375
MGT	1	2000 DODGE RAM 3500	03-29-2021	12,500	SL HY	5	2,500
MGT	1	1985 FORD ECONOLINE FRAN	04-12-2021	2,638	SL HY	5	528
MGT	1	2002 PT CRUISER	10-02-2020	1,500	SL HY	5	300
MGT	1	CAMPER VAN	01-01-2021	5,500	SL HY	5	1,100
MGT	1	ALFA ROMEO	10-22-2021	1,800	SL HY	5	360
MGT	1	BIG BLUE TRACTOR REPAIR	12-08-2021	4,515	SL HY	5	903
MGT	1	POLARIS REPAIR	12-16-2021	4,978	SL HY	5	996
MGT	1	2000 RAM TRANSMISSION	09-24-2021	3,834	SL HY	5	767
MGT	1	SMALL TAN GOAT BARN	11-22-2021	3,195	SL HY	10	319
MGT	1	OLIVER'S BLUE HOUSE	04-01-2021	3,932	SL HY	10	393
MGT	1	BIG RED GOAT BARN	09-13-2021	6,559	SL HY	10	656
MGT	1	RED BARN ON SALSBURY HIL	09-20-2021	7,200	SL HY	10	720
MGT	1	POND HOUSE 1	04-01-2021	2,000	SL HY	10	200
MGT	1	POND HOUSE 2	04-01-2021	2,000	SL HY	10	200
MGT	1	POND HOUSE 3	04-01-2021	2,000	SL HY	10	200
MGT	1	RED ROOF RUN IN SHED	07-01-2021	4,699	SL HY	10	470
MGT	1	MELVIN'S HOUSE	07-01-2021	4,699	SL HY	10	470
MGT	1	BIG RED GOAT BARN	07-01-2021	6,000	SL HY	10	600
MGT	1	RED COW SHED	07-01-2021	5,723	SL HY	10	572
MGT	1	MAIN HOUSE	04-01-2021	25,000	SL HY	15	1,667
MGT	1	CARPET HOUSE	04-01-2021	1,500	SL HY	5	300
MGT	1	RHETT'S HOUSE	04-01-2021	2,000	SL HY	5	400
MGT	1	GREEN BARN ON SOLSBURY H	04-01-2021	2,500	SL HY	5	500
MGT	1	PEACHLET BIG HOUSE	04-01-2021	3,000	SL HY	5	600
MGT	1	PEACHLET LITTLE HOUSE	04-01-2021	2,000	SL HY	5	400
MGT	1	DAMIEN'S HOUSE	04-01-2021	2,000	SL HY	5	400
MGT	1	FERAL HOUSE 1	04-01-2021	2,500	SL HY	5	500
MGT	1	FERAL HOUSE 2	04-01-2021	2,500	SL HY	5	500
MGT	1	FERAL HOUSE 3	04-01-2021	2,500	SL HY	5	500
MGT	1	MAIN BARN	04-01-2021	15,000	SL HY	10	1,500
MGT	1	LITTLE PIG'S BARN	04-01-2021	2,500	SL HY	5	500
MGT	1	LAND	04-01-2021			0	
MGT	1	NEW HOLLAND T75 DIESEL T	03-01-2021	18,000	SL HY	5	3,600
MGT	1	FEET FIRST SOW LIFT	12-27-2021	12,191	SL HY	5	2,438
MGT	1	2006 GOOSENECK FLATBED	03-29-2021	9,000	SL HY	5	1,800
MGT	1	2014 POLARIS RANGER	03-24-2021	4,000	SL HY	5	800
MGT	1	RESCUE GLIDE	03-24-2021	1,500	SL HY	5	300
MGT	1	2020 17' THUROBILT STOCK	06-12-2020	8,300	SL HY	5	1,660
MGT	1	20' SHADOW STOCK TRAILER	04-30-2021	15,631	SL HY	5	3,126
MGT	1	PIG SCALE	06-30-2020	2,000	SL HY	5	400
MGT	1	UTILITY TRAILER	01-01-2020	800	SL HY	5	160
MGT	1	16 FT FLATBED TRAILER	06-30-2019	1,100	SL HY	5	220
MGT	1	FEED BINS	12-23-2021	3,998	SL HY	10	400
MGT	1	SECOND MEEPMEEP (SUBURU)	05-06-2022	5,900	SL HY	5	1,180
MGT	1	2017 WHITE TAIM 3500 DIE	08-11-2022	49,994	SL HY	5	9,999
MGT	1	FIRETRUCK	09-01-2022	5,000	SL HY	5	1,000
MGT	1	1982 CHEVY C30 DUMPTRUCK	10-31-2022	4,200	SL HY	5	840
MGT	1	1987 CHEVY VAN	12-01-2022	1,500	SL HY	5	300

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Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	YODA'S HOUSE	02-22-2022	4,308	SL HY	10	431
MGT	1	MEDICAL RECOVERY BARN	03-01-2022	4,600	SL HY	10	460
MGT	1	MINNESOTA BARN	03-21-2022	6,702	SL HY	10	670
MGT	1	CATTLE BARN	06-22-2022	18,801	SL HY	10	1,880
MGT	1	NEW 'FERAL' BARN VALUE \$	08-15-2022	6,251	SL HY	10	625
MGT	1	CARPET HOUSE 1	09-06-2022	6,251	SL HY	5	1,250
MGT	1	CARPET HOUSE 2	09-06-2022	6,250	SL HY	5	1,250
MGT	1	POLE BARN BUILDING	07-01-2022	27,000	SL MM	30	900
MGT	1	COW BARN	10-21-2022	18,216	SL MM	30	607
MGT	1	FEED TROUGHS FOR ANIMALS	05-11-2022	7,573	SL HY	5	1,515
MGT	1	MOBILE CATCH PEN	08-30-2022	1,200	SL HY	5	240
MGT	1	FENCING ASSET 2022	01-01-2022	20,000	SL HY	15	1,333
MGT	1	GRAVEL IMPROVEMENTS	07-01-2022	31,009	SL HY	15	2,067
MGT	1	GRAVEL ROAD	12-19-2022	13,066	SL HY	15	871
MGT	1	TWO MOBILE FEED BINS	01-05-2022	3,998	SL HY	10	400
MGT	1	SKID STEER	09-09-2022	30,600	SL HY	10	3,060
MGT	1	MEDICAL LASER	10-03-2022	11,522	SL HY	10	1,152
MGT	1	GENERATOR	12-16-2022	600	SL HY	10	60
MGT	1	SKID STEER ATTACHMENT	09-30-2022	3,125	SL HY	10	312
MGT	1	BIG TRACTOR REPAIR	10-31-2022	11,928	SL HY	5	2,386
MGT	1	SIDE BY SIDE REPAIR	08-19-2022	3,985	SL HY	5	797
MGT	1	DIESEL POWER TRUCK	09-22-2022	1,500	SL HY	5	300
MGT	1	RED TRUCK	11-10-2022	1,357	SL HY	5	271
MGT	1	AMBULANCE	01-18-2023	7,000	SL HY	5	1,400
MGT	1	1982 VW RABBIT	03-31-2023	450	SL HY	5	90
MGT	1	2017 NISSAN	06-22-2023	12,900	SL HY	5	2,580
MGT	1	60" HUSTLER FASTRAK	08-01-2023	7,500	SL HY	5	1,500
MGT	1	GOLF CART	01-31-2023	4,999	SL HY	5	1,000
MGT	1	GARDEN	01-31-2023	1,615	SL HY	15	108
MGT	1	ROAD IMPROVEMENTS	02-03-2023	6,364	SL HY	15	424
MGT	1	AWNING FOR CABIN HOUSE	03-10-2023	1,770	SL HY	10	177
MGT	1	MELVIN'S HOUSE	04-07-2023	3,805	SL HY	10	380
MGT	1	RHETT'S HOUSE AWNING	05-04-2023	1,773	SL HY	10	177
MGT	1	MINNESOTA HOUSE AWNING	05-19-2023	2,497	SL HY	10	250
MGT	1	SENECA'S HOUSE	05-30-2023	7,168	SL HY	10	717
MGT	1	OLIVER'S HOUSE AWNING	06-13-2023	2,807	SL HY	10	281
MGT	1	COMPLETED AWNINGS	06-30-2023	27,000	SL HY	10	2,700
MGT	1	YODA'S HOUSE AWNING	07-03-2023	4,096	SL HY	10	410
MGT	1	MED BARN AWNING	07-14-2023	742	SL HY	10	74
MGT	1	RED BARN - NEW ROOF	07-24-2023	2,460	SL MM	30	82
MGT	1	FERAL HOUSE AWNING	08-04-2023	1,632	SL HY	10	163
MGT	1	CARPET HOUSE 1 AWNING	08-15-2023	747	SL HY	10	75
MGT	1	CARPET HOUSE 2 AWNING	09-13-2023	1,781	SL HY	10	178
MGT	1	COW PAVILLION	11-02-2023	2,839	SL HY	10	284
MGT	1	TINY HOUSE	12-14-2023	76,677	SL MM	30	2,556
		<b>TOTAL</b>					<b>92,498</b>