

FOR TAX YEAR 2024

LITTLE LONGEARS MINI DONKEY RESCUE INC

On Point Tax & Accounting LLC

2314 E Joppa Road

Parkville, MD 21234

(410)391-2500

On Point Tax & Accounting LLC

2314 E Joppa Road
Parkville, MD 21234
info@optaxacct.com
Phone: (410)391-2500 | Fax: (410)391-2544

August 13, 2025

LITTLE LONGEARS MINI DONKEY RESCUE INC
1079 TURKEY PIT ROAD
New Oxford, PA 17350

LITTLE LONGEARS MINI DONKEY RESCUE INC:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for LITTLE LONGEARS MINI DONKEY RESCUE INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

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

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (410)391-2500.

Sincerely,

Gwen James
On Point Tax & Accounting LLC

On Point Tax & Accounting LLC

2314 E Joppa Road
Parkville, MD 21234
info@optaxacct.com
Phone: (410)391-2500 | Fax: (410)391-2544

August 13, 2025

LITTLE LONGEARS MINI DONKEY RESCUE INC
1079 TURKEY PIT ROAD
New Oxford, PA 17350

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (410)391-2500.

Sincerely,

Gwen James
On Point Tax & Accounting LLC

2024 Filing Instructions
LITTLE LONGEARS MINI DONKEY RESCUE INC
Tax year ending 12-31-2024

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-17-2025

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Return of Organization Exempt From Income Tax

2024

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: C Name of organization LITTLE LONGEARS MINI DONKEY RESCUE INC D Employer identification number 46-4921857 E Telephone number (601) 454-5956 G Gross receipts \$ 2,626,694 F Name and address of principal officer: VALERIE LOWE Same as C above H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No H(c) Group exemption number

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... 3-7a Activities & Governance metrics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here VALERIE LOWE Signature of officer Date VALERIE LOWE, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only Preparer's name Gwen James Preparer's signature Date 08-13-2025 Check self-employed if PTIN P01486983 Firm's name On Point Tax & Accounting LLC Firm's address 2314 E Joppa Road Parkville MD 21234 Firm's EIN Phone no. 410-391-2500

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

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:
LITTLE LONGEARS IS DEDICATED TO THE RESCUE, CARE, & SAFE SANCTUARY OF NEGLECTED, ABUSED, OR OTHERWISE UNWANTED DONKEYS. WE ALSO PROVIDE A SAFE HAVEN FOR OWNERS TO SURRENDER THEIR DONKEYS IN THE EVENT THEY ARE NO LONGER ABLE TO CARE FOR THEM.

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 \$ 1,520,500 including grants of \$ _____) (Revenue \$ 2,613,882)
RESCUE, CARE AND SANCTUARY OF DONKEYS

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 1,520,500

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No responses. Includes questions 2a through 17 regarding employee reporting, foreign accounts, tax shelter transactions, and charitable contributions.

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 of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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: a The governing body? b 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; 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

- 17 List the states with which a copy of this Form 990 is required to be filed Statement #17
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.

ON POINT TAX & ACCOUNTING LLC (443)952-7300, PO BOX 234, Hampstead, MD 21074

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 the 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) VALERIE LOWE EXECUTIVE DIRECTOR	40.00	X		X			78,457	0	0	
(2) CHERYL POKORNY TREASURER/COFOUNDER	40.00			X			0	0	0	
(3) JANE OLVERA VICE PRESIDENT/SECRETARY	10.00			X			0	0	0	
(4) BARBARA BRENKWORTH BOARD MEMBER	2.00			X			0	0	0	
(5) ALEXANDRA CHRISOSTOMO BOARD MEMBER	2.00			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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows 15-25 and a subtotal row.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes rows for contractor information.

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)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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			
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,571,842		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		2,571,842		
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		18,944	18,944	
	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			
			7a			
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8a	24,855			
b	Less: direct expenses	8b	7,132			
c	Net income or (loss) from fundraising events		17,723		17,723	
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	6,459			
b	Less: cost of goods sold	10b	5,680			
c	Net income or (loss) from sales of inventory		779	779		
Miscellaneous Revenue	11a	Business Code				
	SALE OF MANURE	900099	4,594	4,594		
	b					
	c					
	d	All other revenue				
e	Total. Add lines 11a-11d		4,594			
12	Total revenue. See instructions		2,613,882	24,317	0	17,723

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,869	59,152	19,717	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	297,619	297,619		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits				
10	Payroll taxes	32,106	30,559	1,547	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	18,875		18,875	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 . .	128,073			128,073
f	Investment management fees	47	47		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion	1,875	1,875		
13	Office expenses	4,918		4,918	
14	Information technology				
15	Royalties				
16	Occupancy	32,567	32,567		
17	Travel	3,906	3,906		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,601	113,601		
23	Insurance	35,787	35,787		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	FARM SUPPLIES	158,015	158,015		
b	VETERINARY CARE	90,744	90,744		
c	FARRIER	22,300	22,300		
d	DENTAL CARE	7,520	7,520		
e	All other expenses	898,833	666,808	34,326	197,699
25	Total functional expenses. Add lines 1 through 24e . .	1,925,655	1,520,500	79,383	325,772
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	958,290	605,510	27,007	325,773

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	724,555	1	902,147	
	2 Savings and temporary cash investments		2	520,135	
	3 Pledges and grants receivable, net	70,808	3	115,233	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8	1,788	
	9 Prepaid expenses and deferred charges	30,566	9	45,394	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,385,101			
	b Less: accumulated depreciation	10b 345,609	1,054,264	10c	1,039,492
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13,545	13	26,777
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,893,738	16	2,650,966	
Liabilities	17 Accounts payable and accrued expenses	54,574	17	123,394	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25		54,574	26	123,394
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,839,164	27	2,527,572	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	1,839,164	32	2,527,572	
33 Total liabilities and net assets/fund balances		1,893,738	33	2,650,966	

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 (2,613,882); Line 2: Total expenses (1,925,655); Line 3: Revenue less expenses (688,227); Line 4: Net assets at beginning of year (1,839,164); Line 5: Net unrealized gains (181); Line 6: Donated services (0); Line 7: Investment expenses (0); Line 8: Prior period adjustments (0); Line 9: Other changes (0); Line 10: Net assets at end of year (2,527,572).

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant? [] Separate basis [] Consolidated basis [] Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? [X] Separate basis [] Consolidated basis [] Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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, X; Row 2b: Yes, X; Row 2c: Yes, X; Row 3a: Yes, X.

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

Employer identification number

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

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 must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part III 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: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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 2024; 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024; b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; b 10%-facts-and-circumstances test - 2023; 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer lines 2a and 2b below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... Row 2b: Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

LITTLE LONGEARS MINI DONKEY RESCUE INC

Employer identification number

46-4921857

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

LITTLE LONGEARS MINI DONKEY RESCUE INC

Employer identification number

46-4921857

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	JUDITH WEIDT 17843 179TH TRL W Lakeville, MN 55044	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>2</u>	WILLIAM HOWARD FLOWERS JR FOUND PO BOX 6100 Thomasville, GA 31758	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>3</u>	JOAN BALLITCH 6723 TOWNSHIP RD 13 Centerburg, OH 43011	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>4</u>	CONGREGATION OF MASPETH JEWISH CTR 6664 GRAND AVE Maspeth, NY 11378	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>5</u>	ROBERT & PATRICIA SCHOCKE 4001 BEVERLY RD Rockville, MD 20853	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
<u>6</u>	WYNNE & JOHN MILNER 11 INGLETON CIRCLE Kennett Square, PA 19348	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization LITTLE LONGEARS MINI DONKEY RESCUE INC	Employer identification number 46-4921857
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<u>SEASHOLES-SHERIDAN FAMILY FUND</u> <u>PO BOX 15203</u> <u>Albany, NY 12212</u>	\$ <u>40,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	<u>WILLIAM & JEANNE MARTIN JR</u> <u>209 LITTLE FISHER TRAIL</u> <u>Mount Airy, NC 27030</u>	\$ <u>30,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	<u>GLIDE FOUNDATION</u> <u>28120 PIERCE RANCH RD</u> <u>Davis, CA 95616</u>	\$ <u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	<u>BRENDA WALKER</u> <u>1879 CHRIS COLE RD</u> <u>Sanford, NC 27332</u>	\$ <u>11,301</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	<u>TANYA NIELSEN</u> <u>5329 PALM DR</u> <u>La Canada Flintridge, CA 91011</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	<u>PATRICIA BROOKHART</u> <u>514 LIMERICK CIRCLE UNIT 301</u> <u>Lutherville Timonium, MD 21093</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LITTLE LONGEARS MINI DONKEY RESCUE INC	Employer identification number 46-4921857
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>MR & MRS PETER STEWART</u> <u>4021 166TH AVE NE</u> <u>Redmond, WA 98052</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>TERI BRESCHINI</u> <u>381 CORRAL DE TIERRA RD</u> <u>Salinas, CA 93908</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>W SADOWINSKI</u> <u>8746 LOS COYOTES DR</u> <u>Buena Park, CA 90621</u>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>CAROLYN SHINE</u> <u>36 COLLEGE PARK</u> <u>Davis, CA 95616</u>	\$ <u>7,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<u>DOREEN DYKES</u> <u>5345 MARIAN LN APT 110</u> <u>Virginia Beach, VA 23462</u>	\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<u>EDNA ROGERS</u> <u>135 STRATFORD AVE</u> <u>Ventura, CA 93003</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LITTLE LONGEARS MINI DONKEY RESCUE INC	Employer identification number 46-4921857
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	VICTORIA GROVE C/O FRS INC Mc Lean, VA 22102	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BARBARA TARCZYNSKI C/O BNY MELLON TRUST OF DE Newark, DE 19711	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BESSEMER TRUST 100 WOODBRIDGE CENTER DR Woodbridge, NJ 07095	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CARTWRIGHT FOUNDATION PO BOX 474 West Chester, OH 45071	\$ 6,047	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	LESLIE ALEXANDER TRUST 110 E ATLANTIC AVE STE 320 Delray Beach, FL 33444	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	LIFE INSURANCE FOR LINDA GOODHART C/O LINCOLN FNCL 1301 S HARRISON ST Fort Wayne, IN 46802	\$ 45,329	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LITTLE LONGEARS MINI DONKEY RESCUE INC** Employer identification number **46-4921857**

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	LINDA THOMAS C/O SCHWAB CHARITABLE 211 MAIN ST San Francisco, CA 94105	\$ 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
26	PETTUS CROWE FOUNDATION C/O FINCH ASSOC PO BOX 16523 Saint Louis, MO 63105	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
27	ROSEMARIE HAWKINS C/O TIAA PO BOX 1281 Charlotte, NC 28201	\$ 5,835	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
28	WELLS FARGO ADVISORS ONE NORTH JEFFERSON Saint Louis, MO 63103	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
29	DOREEN GUBERNAT 302 CAPITOL HILL RD Dillsburg, PA 17019	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
30	JERRI HATCH & LARRY TRAXLER C/O BOA GIFT FUND 100 FEDERAL ST Boston, MA 02110	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

LITTLE LONGEARS MINI DONKEY RESCUE INC

Employer identification number

46-4921857

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<p><u>NANCY NEWMAN</u></p> <p><u>C/O BOA GIFT FUND 100 FEDERAL ST</u></p> <p><u>Boston, MA 02110</u></p>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<p><u>SEATTLE FOUNDATION</u></p> <p><u>1601 5TH AVE 1900</u></p> <p><u>Seattle, WA 98101</u></p>	\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
LITTLE LONGEARS MINI DONKEY RESCUE INC

Employer identification number
46-4921857

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization LITTLE LONGEARS MINI DONKEY RESCUE INC	Employer identification number 46-4921857
---	---

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization: LITTLE LONGEARS MINI DONKEY RESCUE INC Employer identification number: 46-4921857

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form with multiple sections for conservation easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form with questions 1a-1b regarding art collections and 2a-2b regarding financial gain reporting.

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (I) Unrelated organizations? | 3a(I) | |
| (II) Related organizations? | 3a(II) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	1,044,215		201,552	842,663
c Leasehold improvements				
d Equipment	218,108		115,409	102,699
e Other STMDIR	122,778		28,648	94,130
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,039,492

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows 2-9 are blank.

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.

1	Total revenue, gains, and other support per audited financial statements		1	2,626,829
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	181	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	12,813	
e	Add lines 2a through 2d	2e	12,994	
3	Subtract line 2e from line 1		3	2,613,835
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,613,882

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.

1	Total expenses and losses per audited financial statements		1	1,938,424
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,816	
e	Add lines 2a through 2d	2e	12,816	
3	Subtract line 2e from line 1		3	1,925,608
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,925,655

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.

01. Part XI, Line 2d-Other revenue included on Sch D but not on 990

DIRECT EXPENSES OF FUNDRAISING EVENTS SHOWN ON PART VIII LINE 8B \$7131

COST OF GOODS SOLD SHOWN ON PART VIII LINE 10B \$5680

ROUNDING \$2

02. Part XII, Line 2d-Other expenses included on Sch D but not on 990

DIRECT EXPENSES OF FUNDRAISING EVENTS SHOWN ON PART VIII LINE 8B \$7131

COST OF GOODS SOLD SHOWN ON PART VIII LINE 10B \$5680

ROUNDING \$5

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

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 nongovernment 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			
1 FUND RAISING STRATEGIES I	FUNDRAISING COUNSEL		X		128,073	(128,073)
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					128,073	(128,073)

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.

Alabama, Arkansas, California, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky
Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey
New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, South Carolina
Tennessee, Utah, Virginia, West Virginia, Wisconsin

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
		<u>OPEN HOUSE</u> (event type)	<u>DINNER EVENT</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	5,635	16,500	22,135
	2	Less: Contributions	1,445	1,275	2,720
	3	Gross income (line 1 minus line 2)	4,190	15,225	19,415
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	125	926	1,051
	7	Food and beverages		5,889	5,889
	8	Entertainment			
	9	Other direct expenses		192	192
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				12,283

Part III

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE L
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990) (Rev. 12-2024)

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LITTLE LONGEARS MINI DONKEY RESCUE INC

Employer identification number

46-4921857

01. Officer, directors, etc. family relationship (Part VI, line 2)

THE COFOUNDERS ARE MARRIED.

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

OUR BOARD OF DIRECTORS MET WITH THE TAX PREPARER TO REVIEW AND APPROVE THE 990 PRIOR TO FILING.

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

ANY POTENTIAL ISSUES ARE BROUGHT TO THE ATTENTION OF THE BOARD AND REVIEWED FOR COMPLIANCE WITH POLICY.

04. CEO, executive director, top management comp (Part VI, line 15a)

COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DETERMINED AFTER SALARY RESEARCH ON OTHER SIMILAR NONPROFIT DIRECTORS AND BASED ON THE DIRECTOR'S EXPERIENCE IN THE FIELD AND THE LEVEL OF EFFORT INVOLVED IN DIRECTING THE MISSION OF THE RESCUE.

05. Form 990 availability to public (Part VI, line 18)

THE 990 IS POSTED ON OUR WEBSITE AS WELL AS AN ANNUAL FINANCIAL REPORT SUMMARY UNDER OUR FINANCIALS TAX TO PROVIDE THIS INFORMATION TO OUR CURRENT AND FUTURE CONTRIBUTORS.

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

OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

THE LIST OF ALL OTHER EXPENSES UNDER ITEM 24E ARE CONTAINED IN THE OVERFLOW STATEMENTS ATTACHED TO THIS 990.

08. Part VII, response or note to any other line in Part VII

SECTION A, COLUMN D - THE COMPENSATION PAID TO VALERIE LOWE IS SPECIFICALLY FOR HER DIRECTOR DUTIES. SHE IS AN UNPAID OFFICER.

09. General explanation attachment

PROGRAM SERVICES DESCRIPTION: SINCE OUR INCEPTION IN 2014, WE HAVE ACCEPTED AND RESCUED MORE THAN 200 DONKEYS (WITH A FEW MINI MULES AND PONIES) AND ADOPTED OUT 106 INTO NEW HOMES. SINCE OUR MOVE TO OUR NEW, 100-ACRE FACILITY IN JUNE 2021, WE HAVE TRANSITIONED TO A SANCTUARY MODEL AND NO LONGER ADOPT OUT OUR DONKEYS.

WE CONTINUE TO SEE A SIGNIFICANT INCREASE IN THE NUMBER OF DONKEYS SURRENDERED BY OWNERS WHO CAN NO LONGER CARE FOR THEM. MOST OF THESE DONKEYS ARE OLDER DONKEYS REQUIRING EXTENSIVE REHABILITATIVE TREATMENT. AT THIS TIME, MORE THAN 30% OF THE DONKEYS IN OUR CARE ARE SENIOR DONKEYS, DEMONSTRATING THE NEED FOR THESE DONKEYS TO STAY IN SANCTUARY AT OUR RESCUE WHERE THEY CAN RECEIVE THE EXPERT CARE THAT THEY NEED.

ADDITIONAL PROGRAM SERVICES INFORMATION:

WE TAKE PRIDE IN OUR ABILITY TO WORK WITH SOME OF THE MOST CHALLENGING DONKEYS; THOSE WHOSE BEHAVIORAL ISSUES REQUIRE EXPERT HANDLING AND TRAINING. THESE ARE THE DONKEYS MOST FREQUENTLY AT RISK OF ENDING UP IN THE AUCTION/SLAUGHTERHOUSE PIPELINE. MANY OF THESE DONKEYS REMAIN CAUTIOUS AND DISTRUSTFUL OF PEOPLE, AND WOULD NOT BE SUITABLE FOR ADOPTION EVEN IF WE STILL MADE DONKEYS AVAILABLE FOR REHOMING. THEY WILL REMAIN SAFE HERE IN SANCTUARY.

990

Overflow Statement

2024

Page 1

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

Name(s) as shown on return

FEIN

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

Overflow Statement

Description	Amount
EQUIPMENT RENTAL & MAINTENANCE	\$ 17,802
NETWORK FOR GOOD SUBSCRIPTION	5,851
RECRUITMENT	18,407
STAFF APPRECIATION	853
MAILING COSTS	337,868
PRINTING	204,022
BOOKKEEPING	10,217
COMPUTER	15,765
MISCELLANEOUS	14,435
LIST RENTAL	16,789
DUES & REGISTRATIONS	6,413
EMPLOYEE HOUSING	16,736
AUCTION FEES	1,650
Total:	\$ 666,808

Overflow Statement

Description	Amount
BANK SERVICE CHARGES	\$ 18
MEMBERSHIP DUES	1,000
MERCHANT SERVICE FEES	2,883
POSTAGE	1,379
PAYROLL PROCESSING FEES	2,040
MAILING COSTS	15,070
PRINTING	9,100
BOOKKEEPING	456
COMPUTER	703
MISCELLANEOUS	644
LIST RENTAL	749
DUES & REGISTRATIONS	284
Total:	\$ 34,326

990

Overflow Statement

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

2024

Page 2

Name(s) as shown on return

LITTLE LONGEARS MINI DONKEY RESCUE INC

FEIN

46-4921857

Overflow Statement

<u>Description</u>	<u>Amount</u>
MAILING COSTS	\$ 110,314
PRINTING	66,613
BOOKKEEPING	3,336
COMPUTER	5,147
MISCELLANEOUS	4,713
LIST RENTAL	5,482
DUES & REGISTRATIONS	2,094
Total:	\$ 197,699

Overflow Statement

<u>Description</u>	<u>Amount</u>
COST OF GOODS SOLD	\$ 5,680
FUNDRAISING EVENT EXPENSE	7,131
ROUNDING	2
Total:	\$ 12,813

Overflow Statement

<u>Description</u>	<u>Amount</u>
COST OF GOODS SOLD	\$ 5,680
FUNDRAISING EVENT EXPENSE	7,131
ROUNDING	5
Total:	\$ 12,816

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return LITTLE LONGEARS MINI DONKEY RESC	Business or activity to which this form relates FORM 990 - 1	Identifying number 46-4921857
--	--	---

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.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS)	16	107,669

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	1,850
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					1,180
c 7-year property						
d 10-year property						
e 15-year property	#568					2,902
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	113,601
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990
is required to be filed:

Alabama
Arkansas
California
Florida
Georgia
Hawaii
Illinois
Kansas
Kentucky
Massachusetts
Maryland
Michigan
Minnesota
Mississippi
North Carolina
New Hampshire
New Jersey
New Mexico
New York
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Wisconsin
West Virginia

FOR YOUR RECORDS ONLY

Form 990 - Schedule D - Part VI - Line 1e
Investments - Other

PG01
Statement #D1e

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
LAND DEVELOPMENT/SITWORK	<u>122,778</u>	<u>0</u>	<u>28,648</u>	<u>94,130</u>
Total	<u>122,778</u>	<u>0</u>	<u>28,648</u>	<u>94,130</u>

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

Form 4562 - Line 19b

Statement #567

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
6,000	5	HY	SL	600
5,799	5	HY	SL	580
Total				<u>1,180</u>

Form 4562 - Line 19e

**PG01
Statement #568**

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
10,010	15	HY	SL	334
27,020	15	HY	SL	901
50,000	15	HY	SL	1,667
Total				<u>2,902</u>

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

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

2024

Name(s) as shown on return

LITTLE LONGEARS MINI DONKEY RESCUE INC

Tax ID Number

46-4921857

2% of the amount on Schedule A, Part II, line 11, column (f)

202,722

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
JUDITH WEIDT			10,000	10,000	10,000	30,000	
WILLIAM HOWARD FLOWERS JR FOUND			10,000	10,000	10,000	30,000	
JOAN BALLITCH			5,000	11,000	18,000	34,000	
CONGREGATION OF MASPETH JEWISH CTR			5,000	25,000	17,000	47,000	
ROBERT & PATRICIA SCHOCKE			5,000	5,000	5,000	15,000	
WYNNE & JOHN MILNER			5,000	20,000	15,000	40,000	
SEASHOLES-SHERIDAN FAMILY FUND			5,000	10,000	40,000	55,000	
WILLIAM & JEANNE MARTIN JR			25,000	27,500	30,000	82,500	
GLIDE FOUNDATION				8,000	6,000	14,000	
BRENDA WALKER				5,187	11,301	16,488	
TANYA NIELSEN					5,000	5,000	
PATRICIA BROOKHART					10,000	10,000	
MR & MRS PETER STEWART					5,000	5,000	
TERI BRESCHINI					5,000	5,000	
W SADOWINSKI					5,000	5,000	
CAROLYN SHINE					7,000	7,000	
DOREEN DYKES					15,000	15,000	
EDNA ROGERS					10,000	10,000	
VICTORIA GROVE					10,000	10,000	
BARBARA TARCZYNSKI					5,000	5,000	
BESSEMER TRUST					26,000	26,000	
CARTWRIGHT FOUNDATION					6,047	6,047	
LESLIE ALEXANDER TRUST					30,000	30,000	
LIFE INSURANCE FOR LINDA GOODHART					45,329	45,329	
LINDA THOMAS					5,700	5,700	
PETTUS CROWE FOUNDATION					10,000	10,000	
ROSEMARIE HAWKINS					5,835	5,835	
WELLS FARGO ADVISORS					5,000	5,000	
DOREEN GUBERNAT					7,000	7,000	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

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

2024

Name(s) as shown on return

LITTLE LONGEARS MINI DONKEY RESCUE INC

Tax ID Number

46-4921857

2% of the amount on Schedule A, Part II, line 11, column (f)

202,722

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
JERRI HATCH & LARRY TRAXLER					10,000	10,000	
NANCY NEWMAN					5,000	5,000	
SEATTLE FOUNDATION					5,000	5,000	

Total

=====

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

Depreciation Detail Listing

Program Services

2024

PAGE 1

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

Name(s) as shown on return

Social security number/EIN

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

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	TRAILER	10-01-2016	10,986		100.00			10,986	7			10,986		10,986	
3	12 X 16 SHED	12-02-2018	3,620		100.00			3,620	5			3,620		3,620	
4	LAWNMOWER	01-16-2020	6,000		100.00			6,000	7	200 DB MQ	8.75	4,361	525	4,886	
5	SKIDSTEER	12-02-2020	13,200		100.00			13,200	7	200 DB MQ	10.04	8,562	1,325	9,887	
6	PALLET FORKS FOR SKID	02-26-2021	650		100.00			650	5	SL HY	20	325	130	455	
7	WOODS FINISHING MOWER	04-06-2021	4,553		100.00			4,553	7	SL HY	14.286	1,625	650	2,275	
8	LAND DEVELOPMENT/SITE	06-01-2021	122,778		100.00			122,778	15	SL HY	6.667	20,463	8,185	28,648	
9	BARN/OUTBUILDINGS	06-01-2021	612,323		100.00			612,323	15	SL HY	6.667	102,055	40,822	142,877	
10	UTILITY TERRAIN VEHIC	06-29-2021	4,200		100.00			4,200	5	SL HY	20	2,100	840	2,940	
11	KUBOTA TRACTOR WITH L	12-16-2022	51,900		100.00			51,900	5	SL HY	20	15,570	10,380	25,950	
12	NEW HOLLAND SKID STEE	09-19-2022	28,000		100.00			28,000	5	SL HY	20	8,400	5,600	14,000	
13	NEW HOLLAND MECHANICA	06-02-2022	15,978		100.00			15,978	5	SL HY	20	4,794	3,196	7,990	
14	2015 MAHINDRA SIDE BY	03-28-2022	12,500		100.00			12,500	5	SL HY	20	3,750	2,500	6,250	
15	SOUTH BARNS & FENCING	09-01-2022	281,059		100.00			281,059	15	SL HY	6.667	28,106	18,737	46,843	
16	SOUTH BARN AREA WELL	10-31-2022	4,673		100.00			4,673	15	SL HY	6.667	468	312	780	
17	SOLAR PUMP FOR WELL	10-31-2022	3,199		100.00			3,199	5	SL HY	20	960	640	1,600	
18	RUBBER MATS FOR STALL	03-16-2022	6,826		100.00			6,826	5	SL HY	20	2,048	1,365	3,413	
19	HAY FEEDERS	05-02-2022	4,462		100.00			4,462	5	SL HY	20	1,338	892	2,230	
20	GENERATOR	06-07-2022	2,146		100.00			2,146	5	SL HY	20	644	429	1,073	
21	RUBBER MATS FOR STALL	06-23-2022	7,893		100.00			7,893	5	SL HY	20	2,368	1,579	3,947	
22	FANS FOR BARNS	08-09-2022	3,923		100.00			3,923	5	SL HY	20	1,177	785	1,962	
23	RUBBER MATS FOR STALL	08-31-2022	3,635		100.00			3,635	5	SL HY	20	1,091	727	1,818	
24	LIGHTNING RODS	11-21-2022	1,100		100.00			1,100	5	SL HY	20	330	220	550	
25	DONKEY CHUTE	04-27-2022	6,370		100.00			6,370	5	SL HY	20	1,911	1,274	3,185	
26	3 SHEDS	03-13-2023	9,330		100.00			9,330	7	SL HY	14.286	666	1,333	1,999	
27	10 X 24 SHED	03-08-2023	5,820		100.00			5,820	7	SL HY	14.286	416	831	1,247	
28	BARN EXTENSION	06-08-2023	31,888		100.00			31,888	15	SL HY	6.667	1,063	2,126	3,189	
29	SENIOR DONKEY EXPANSI	10-27-2023	8,894		100.00			8,894	15	SL HY	6.667	296	593	889	
30	2012 RANGER	09-05-2023	8,000		100.00			8,000	5	SL HY	20	800	1,600	2,400	
31	POLARIS RANGER EV - U	10-18-2023	9,614		100.00			9,614	5	SL HY	20	961	1,923	2,884	

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

Depreciation Detail Listing

Program Services

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

2024

PAGE 2

Name(s) as shown on return

LITTLE LONGEARS MINI DONKEY RESCUE INC

Social security number/EIN

46-4921857

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	RANGER EV UTV	06-04-2024	6,000		100.00			6,000	5	SL HY	10		600	600	
33	ARENA HARROW ATTACHM	07-26-2024	5,799		100.00			5,799	5	SL HY	10		580	580	
34	EQUIPMENT STORAGE GAR	12-02-2024	10,010		100.00			10,010	15	SL HY	3.333		334	334	
35	SENIOR BARN EXTENSION	12-27-2024	27,020		100.00			27,020	15	SL HY	3.333		901	901	
36	DRIVEWAY PAVING	08-27-2024	50,000		100.00			50,000	15	SL HY	3.333		1,667	1,667	
Totals			1,384,349					1,384,349				231,254	113,601	344,855	

Land Amount
Net Depreciable Cost

1,384,349

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

113,601

ST ADJ:

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

Depreciation Detail Listing

Management & General

2024

PAGE 1

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

Name(s) as shown on return

Social security number/EIN

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

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
2	COMPUTER	06-08-2017	754		100.00			754	5		0	754		754	
Totals			754					754				754		754	

Land Amount
Net Depreciable Cost

754

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

ST ADJ:

Next Year's Depreciation Worksheet

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

2024

Name(s) as shown on return

Tax ID Number

LITTLE LONGEARS MINI DONKEY RESCUE INC

46-4921857

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	TRAILER	10-01-2016	10,986		7	
MGT	1	COMPUTER	06-08-2017	754		5	
PRG	1	12 X 16 SHED	12-02-2018	3,620		5	
PRG	1	LAWNMOWER	01-16-2020	6,000	200 DBMQ	7	524
PRG	1	SKIDSTEER	12-02-2020	13,200	200 DBMQ	7	1,152
PRG	1	PALLET FORKS FOR SKIDSTE	02-26-2021	650	SL HY	5	130
PRG	1	WOODS FINISHING MOWER	04-06-2021	4,553	SL HY	7	650
PRG	1	LAND DEVELOPMENT/SITEWOR	06-01-2021	122,778	SL HY	15	8,185
PRG	1	BARN/OUTBUILDINGS	06-01-2021	612,323	SL HY	15	40,822
PRG	1	UTILITY TERRAIN VEHICLE	06-29-2021	4,200	SL HY	5	840
PRG	1	KUBOTA TRACTOR WITH LOAD	12-16-2022	51,900	SL HY	5	10,380
PRG	1	NEW HOLLAND SKID STEER L	09-19-2022	28,000	SL HY	5	5,600
PRG	1	NEW HOLLAND MECHANICAL D	06-02-2022	15,978	SL HY	5	3,196
PRG	1	2015 MAHINDRA SIDE BY SI	03-28-2022	12,500	SL HY	5	2,500
PRG	1	SOUTH BARNS & FENCING	09-01-2022	281,059	SL HY	15	18,737
PRG	1	SOUTH BARN AREA WELL	10-31-2022	4,673	SL HY	15	312
PRG	1	SOLAR PUMP FOR WELL	10-31-2022	3,199	SL HY	5	640
PRG	1	RUBBER MATS FOR STALL &	03-16-2022	6,826	SL HY	5	1,365
PRG	1	HAY FEEDERS	05-02-2022	4,462	SL HY	5	892
PRG	1	GENERATOR	06-07-2022	2,146	SL HY	5	429
PRG	1	RUBBER MATS FOR STALLS	06-23-2022	7,893	SL HY	5	1,579
PRG	1	FANS FOR BARNS	08-09-2022	3,923	SL HY	5	785
PRG	1	RUBBER MATS FOR STALLS	08-31-2022	3,635	SL HY	5	727
PRG	1	LIGHTNING RODS	11-21-2022	1,100	SL HY	5	220
PRG	1	DONKEY CHUTE	04-27-2022	6,370	SL HY	5	1,274
PRG	1	3 SHEDS	03-13-2023	9,330	SL HY	7	1,333
PRG	1	10 X 24 SHED	03-08-2023	5,820	SL HY	7	831
PRG	1	BARN EXTENSION	06-08-2023	31,888	SL HY	15	2,126
PRG	1	SENIOR DONKEY EXPANSION	10-27-2023	8,894	SL HY	15	593
PRG	1	2012 RANGER	09-05-2023	8,000	SL HY	5	1,600
PRG	1	POLARIS RANGER EV - UTV	10-18-2023	9,614	SL HY	5	1,923
PRG	1	RANGER EV UTV	06-04-2024	6,000	SL HY	5	1,200
PRG	1	ARENA HARROW ATTACHMENT	07-26-2024	5,799	SL HY	5	1,160
PRG	1	EQUIPMENT STORAGE GARAGE	12-02-2024	10,010	SL HY	15	667
PRG	1	SENIOR BARN EXTENSION	12-27-2024	27,020	SL HY	15	1,801
PRG	1	DRIVEWAY PAVING	08-27-2024	50,000	SL HY	15	3,333
		TOTAL					117,506

990

Tax Exempt
Diagnostic Summary

2024

Name LITTLE LONGEARS MINI DONKEY RESCUE INC	Employer Identification # 46-4921857
---	--

Demographics

Mailing Address:
1079 TURKEY PIT ROAD
New Oxford, PA 17350

Phone: (601) 454-5956
Email:

Resident State: PA

Signor of Return

Officer: VALERIE LOWE

Title: EXECUTIVE DIRECTOR

Diagnostics

Preparer: Gwen James

Invoice:

Date: 08-13-2025

Return Information

Item on Return	2024 Federal	2023 Federal (If available)
Total Revenue	2,613,882	2,062,022
Total Expenses	1,925,655	1,750,259
Net Excess (Deficit)	688,227	311,763
Net Assets or Fund Balances	2,527,572	1,839,164

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
-------------------	----------------------------	---------------------------	--------------------------------	-------------	----------------------	----------------------------------