

Mansour Partners LLC
321 Main Street, Woodbridge, NJ 07095
Phone: 732-709-0137 or 201-377-5965
Office@MansourPartners.com

November 2, 2024

CONFIDENTIAL

Herd & Flock Animal Sanctuary
3448 Laguna Creek Trail
Vacaville, CA 95688

Dear Herd & Flock Animal Sanctuary:

Herd and Flock had a year of tremendous revenue growth, with incoming jumping up by over 40%. This is incredibly exciting for the growth of your organization and the work you are doing to support your mission. As you grow, if you need additional support with your accounting and finances, I am always happy to help to make sure you have the information you need to make decisions and continue to grow.

In addition to the tax preparation work, we also closed your books as of 06/30/24 and took care of your Venmo account bookkeeping, as well as some adjusting entries and clean up at year end. I added an Adoption Fees account for you so that adoption income can be recorded separately from donations. This will allow you to track that program service revenue separately, which reflects well on your return.

Your annual charity registration with the California Attorney General's office needs to be submitted, so please make sure that is completed timely. If you have any questions about completing these processes, please let me know.

If you have any questions about your return, compliance, accounting, or your finances, please let me know. I will be happy to assist or answer any questions you might have.

Wishing you the best in the upcoming year and a happy Thanksgiving.

Warm regards,

Haley Johnson, EA

Dear Herd and Flock Animal Sanctuary:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Mansour Partners LLC

Filing Instructions

Herd & Flock Animal Sanctuary

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2024

Federal Filing Instructions

Your Form 990 for the year ended 6/30/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be e-signed or signed and dated by an authorized officer of the organization.

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 6/30/24 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 199 to the California Franchise Tax Board it will delay processing of your return. Initial and date the copy, and retain it for your records.

Your electronically filed return is not complete without your signature. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned to Mansour Partners LLC before the electronic file is transmitted to the California Franchise Tax Board.

If you scheduled an electronic funds withdrawal and wish to cancel it, you must call the California Franchise Tax Board at (916) 845-0353 at least two working days prior to the date of withdrawal.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 6/30/24 shows a balance due of \$75. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$75. Write "E.I.N. 84-3648087, RRF-1 Balance Due for the year ended 6/30/24" on the check. Mail the return by

November 15, 2024 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 20 24

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

2023

Department of the Treasury
Internal Revenue Service

Name of filer

HERD & FLOCK ANIMAL SANCTUARY

EIN or SSN

84-3648087

Name and title of officer or person subject to tax **KATIE DWIGHT
CFO**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>248,421</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

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

PIN: check one box only

I authorize MANSOUR PARTNERS LLC to enter my PIN 48087 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date 11/04/24

Part III Certification and Authentication

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

20032061700

Do not enter all zeros

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

ERO's signature HALEY JOHNSON, EA Date 11/04/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Herd & Flock Animal Sanctuary
3448 Laguna Creek Trail
Vacaville, CA 95688

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470



MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p>HERD & FLOCK ANIMAL SANCTUARY Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used 3448 LAGUNA CREEK TRAIL</p> <p>Address (Number and Street) VACAVILLE CA 95688</p> <p>City or Town, State, and ZIP Code 415-359-4638</p> <p>Telephone Number KDWIGHT@AOL.COM</p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. 4529899</p> <p>Federal Employer ID No. 84-3648087</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/23 ending 06/30/24) list:

Total Revenue \$ 248,421 (including noncash contributions) Noncash Contributions \$ 0 Total Assets \$ 25,944

Program Expenses \$ 234,667 Total Expenses \$ 256,404

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

 <small>Katie Dwight (Nov 4, 2024 09:45 PST)</small>	KATIE DWIGHT Printed Name	CFO Title	Nov 4, 2024 Date
Signature of Authorized Agent	Printed Name	Title	Date

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

HERD & FLOCK ANIMAL SANCTUARY

Identifying number

84-3648087

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	248,421
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	248,421
3 Total expenses and disbursements (Form 199, line 9)	3	257,321
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)


10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here  **11/04/24** **CFO**
Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature: **HALEY JOHNSON, EA** Date: **11/02/24** Check if also paid preparer: Check if self-employed: ERO's PTIN: **P02270956**

Firm's name (or yours if self-employed) and address: **MANSOUR PARTNERS LLC**
321 MAIN STREET
WOODBRIIDGE NJ Firm's FEIN: **20-8159668**
 ZIP code: **07095**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature: _____ Date: _____ Check if self-employed: Paid preparer's PTIN: _____

Firm's name (or yours if self-employed) and address: _____ Firm's FEIN: _____
 ZIP code: _____

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

HERD & FLOCK ANIMAL SANCTUARY

Identifying number

84-3648087

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2
3 Total expenses and disbursements (Form 199, line 9)	3
4 Tax due (Form 109, line 23)	4
5 Overpayment (Form 109, line 24)	5

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

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	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)


10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

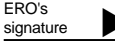
Sign Here  _____ **CFO**

Signature of officer Date Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature  **HALEY JOHNSON, EA** Date _____ Check if also paid preparer Check if self-employed ERO's PTIN **P02270956**

Firm's name (or yours if self-employed) and address **MANSOUR PARTNERS LLC**
321 MAIN STREET
WOODBIDGE NJ Firm's FEIN **20-8159668**
ZIP code **07095**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature  Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____
ZIP code _____

Filing Instructions

Herd & Flock Animal Sanctuary

California Form 3520-BE - Power of Attorney Declaration

Date Due: AS SOON AS POSSIBLE

Signature: The form should be signed and dated on Page 3 by an officer representing the organization.

Herd & Flock Animal Sanctuary
3448 Laguna Creek Trail
Vacaville, CA 95688

Use this legal document to authorize a specific individual(s) to receive confidential information and represent you in all matters before the Franchise Tax Board (FTB).

Part I – Business Entity Information

Check only one box below. If you select both boxes, your power of attorney (POA) Declaration will be invalid and will be rejected.

Business Entity
(A subsidiary not included with the unitary taxpayer's group tax return must file its own POA Declaration)

540NR Group Nonresident Return
(If the POA Declaration is related to matters for a 540NR group nonresident return)

Full legal business name

HERD & FLOCK ANIMAL SANCTUARY

CA corporation number

4529899

CA SOS number (or FTB issued number)

FEIN

84-3648087

Phone

415-359-4638

Street address (number and street) or PO box

3448 LAGUNA CREEK TRAIL

Apt. no./ste. no.

City (If the business entity has a foreign address, see instructions.)

State

ZIP code

VACAVILLE

CA

95688

Foreign country name

Foreign province/state/country

Foreign postal code

Part II – Representative(s)

Only individuals may be named as representatives. You must list a primary representative below. The business entity in Part I appoints the following individual(s) as attorney(s)-in-fact. To appoint additional representatives, complete Side 4. Each representative listed on your POA Declaration will have the ability to remove a representative from your POA Declaration.

Primary representative's name (first name, middle initial, and last name)

TIMOTHY N. MANSOUR, EA

CA CPA

CA state bar number

CTEC

Enrolled agent number

PTIN

P00501954

Street address (number and street) or PO box

321 MAIN STREET

Apt. no./ste. no.

City (If the representative has a foreign address, see instructions.)

State

ZIP code

WOODBIDGE

NJ

07095

Email (include your representative's email address to ensure they receive email notifications)

Phone

Fax

TNM@MANSOURPARTNERS.COM

732-709-0137

732-750-3038

Additional representative's name (first name, middle initial, and last name)

HALEY JOHNSON, EA

CA CPA

CA state bar number

CTEC

Enrolled agent number

PTIN

P02270956

Street address (number and street) or PO box

321 MAIN STREET

Apt. no./ste. no.

City (If the representative has a foreign address, see instructions.)

State

ZIP code

WOODBIDGE

NJ

07095

Email (include your representative's email address to ensure they receive email notifications)

Phone

Fax

HALEY@MANSOURPARTNERS.COM

732-709-0137

732-750-3038



HERD & FLOCK ANIMAL SANCTUARY

84-3648087

Part III – Authorization for All Years or Specific Income Periods Your POA Declaration Covers

You must check either the "Yes" or "No" box below. Your selection authorizes representatives in Part II and on Side 4 to contact FTB about your account, receive and inspect your confidential information, represent you in all FTB matters, and request information we receive from the Internal Revenue Service for either question 1 or 2 indicated below.

If you authorize "all years" and "specific income periods," the specific income periods privilege prevails. Enter "NA" (not applicable) or strike through any blank year fields in boxes 2a through 2d. If you do not check either the "Yes" or "No" box or check both the "Yes" and "No" box, we will process the authorization as a "No." This may cause your POA Declaration to be invalid, and it may be rejected. If you authorize "all years," this will include previous, current, and future years up to the expiration date. If you authorize "specific income periods," you can designate future years or income periods up to **five years** from the POA Declaration signature date.

- 1. **Authorize All Years** Yes No
- Or
- 2. **Authorize Specific Income Periods*** Yes No

	Year Begins: (mm/dd/yyyy)	–	Year Ends: (mm/dd/yyyy)	
2a.	<input style="width: 100%;" type="text"/>	–	<input style="width: 100%;" type="text"/>	
2b.	<input style="width: 100%;" type="text"/>	–	<input style="width: 100%;" type="text"/>	
2c.	<input style="width: 100%;" type="text"/>	–	<input style="width: 100%;" type="text"/>	
2d.	<input style="width: 100%;" type="text"/>	–	<input style="width: 100%;" type="text"/>	

* For example,
 Single Year: 01/01/2023 – 12/31/2023
 Short Income Period: 01/01/2023 – 06/30/2023
 Multiple Years: 01/01/2021 – 12/31/2023

Part IV – Additional Authorizations

Check either the "Yes" or "No" box below for additional authorizations you would like to grant your representative(s) in addition to those described in Part III. If you do not check either the "Yes" or "No" box or check both the "Yes" and "No" box for any additional authorizations below, we will process the authorization as a "No." For more information, see instructions.

- 1. Add representative(s) Yes No
- 2. Receive, but not endorse, refund check(s) Yes No
- 3. Waive the California statutes of limitations (SOL) Yes No
- 4. Execute settlement and closing agreements (only in extenuating circumstances) Yes No
- 5. Other acts (describe on Side 5) Yes No



HERD & FLOCK ANIMAL SANCTUARY

84-3648087

Part V – Request or Retain MyFTB Full Online Account Access for Tax Professional(s)

You must check either the “Yes” or “No” box below. If you check the “Yes” box, you are requesting to authorize or retain full online account access for your tax professional(s), including the ability to view tax returns and take available actions based upon the year(s) designated on this declaration. If you request full online account access for your tax professional(s) on your POA declaration, a separate notice will be mailed to you with an authorization code and instructions to approve or deny the online account access request. An authorization code will not be sent for tax professional(s) that have existing full online account access.

If you check the “No” box, both the “Yes” and “No” boxes, or do not check any box, we will process the authorization as a “No.” In that instance, your tax professional(s) will be granted limited online account access. In addition, any existing relationships with full online account access will be changed to limited online account access. Limited online account access includes viewing notices and most correspondence issued by FTB in the last 12 months.

Note: Tax professional(s) with limited or full online account access may have access to notices and correspondence in MyFTB for any tax year(s).

This online account access authorization does not affect your tax professional(s) ability to take actions on your behalf or the information they can receive by phone, chat, correspondence, or in person.

If your POA declaration is rejected, this request for online access will not be processed and no updates will be made to online access levels for any existing relationships.

Note: Online access is not available for 540NR group nonresident return accounts.

Authorize MyFTB Full Online Account Access for Tax Professional(s)..... Yes No

Part VI – Signature Authorizing Power of Attorney Declaration

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

The authority granted to the representative(s) in this POA Declaration will generally expire **six years** from the date this form is signed, or on the date that a POA declaration is revoked, whichever occurs first.

I declare under penalty of perjury under the laws of the State of California that I am a corporate officer, general partner, authorized managing member, or tax matter partner on behalf of the business entity listed in Part I, and that I have the authority to sign this form on behalf of the business entity and by my signature below, I authorize the representative(s) in Part II and Side 4 (if included) to be appointed as the taxpayer’s attorney(s)-in-fact. When required, supporting document for such authority is attached.

I understand that submitting this POA Declaration will not revoke any previously submitted POA Declarations with overlapping privileges.

FTB will reject this POA Declaration if not signed and dated by an authorized individual.

By signing this POA declaration, I understand that FTB will grant limited online account access to my tax professional representative(s) unless full online account access has been requested in Part V. If you do not want your tax professional representative(s) to have any online access, refer to the Specific Line Instructions for Part V.


Print name

KATIE DWIGHT

Title (required for business entities)

CFO

Signature

X 
Katie Dwight (Nov 4, 2024 09:45 PST)

Date

Nov 4, 2024



HERD & FLOCK ANIMAL SANCTUARY

84-3648087

Other Acts Authorization(s)

Submit this side if you selected "Yes" to the Other Acts Authorization box from Part IV. If you did not select "Yes," or selected both "Yes" and "No" within Part IV, we will disregard this side without the listed authorizations being granted. Describe the specific other acts you authorize your representative(s) named in Part II and on Side 4 to perform before FTB. Authorizations listed in Part III and Part IV prevail over conflicting authorizations listed in this section. Do not return this side if blank.





The business entity in Part I appoints the following additional representative(s) as attorney(s)-in-fact. Include additional copies of this side as needed to list all representatives. **Do not return this side if blank.**

Additional representative's name (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address (number and street) or PO box	Apt. no./ste. no.
<input type="text"/>	<input type="text"/>

City (If the representative has a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (include your representative's email address to ensure they receive email notifications)	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional representative's name (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street address (number and street) or PO box	Apt. no./ste. no.
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City (If the representative has a foreign address, see instructions.)	State	ZIP code
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Email (include your representative's email address to ensure they receive email notifications)	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional representative's name (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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City (If the representative has a foreign address, see instructions.)	State	ZIP code
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Email (include your representative's email address to ensure they receive email notifications)	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional representative's name (first name, middle initial, and last name)

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<input type="text"/>	<input type="text"/>

City (If the representative has a foreign address, see instructions.)	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email (include your representative's email address to ensure they receive email notifications)	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

4103 Herd & Flock Animal Sanctuary
 84-3648087
 FYE: 6/30/2024

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
FEATHERLITE TRAILERS	3/13/20	\$ 2,299	\$ 1,102	MACRS	7	\$ 342	\$
DUMP TRAILER	4/02/20	4,490	1,283	MACRS	7	916	
WESTERN FEATHERLITE	6/09/20	10,284	2,938	MACRS	7	2,099	
TOTAL		\$ <u>17,073</u>	\$ <u>5,323</u>			\$ <u>3,357</u>	\$ <u>0</u>


Herd & Flock Animal Sanctuary_4103_2023_990E_GovtCopyActionRequired

Final Audit Report

2024-11-04

Created:	2024-11-04
By:	Mansour Partners Office (office@mansourpartners.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAammF8Mu4WvJMSzJwATPXwVsi8LAYMQLg

"Herd & Flock Animal Sanctuary_4103_2023_990E_GovtCopyActionRequired" History

 Document created by Mansour Partners Office (office@mansourpartners.com)

2024-11-04 - 2:29:20 PM GMT- IP address: 73.80.50.221

 Document emailed to Katie Dwight (kdwight@aol.com) for signature

2024-11-04 - 2:31:06 PM GMT

 Email viewed by Katie Dwight (kdwight@aol.com)

2024-11-04 - 3:03:44 PM GMT- IP address: 172.226.212.31

 Document e-signed by Katie Dwight (kdwight@aol.com)

Signature Date: 2024-11-04 - 5:45:43 PM GMT - Time Source: server- IP address: 174.227.173.195

 Agreement completed.

2024-11-04 - 5:45:43 PM GMT