Depart	Department of the Treasury Do not enter social security numbers on this form as it may be made public.									Оре	en to Public	
•		ue Service	Go to ww	vw.irs.gov/Form99	90 for instructions and	d the latest in	formatio	on.		In	spection	
<u>A</u> F	or the	2022 calend	lar year, or tax year beginn	ning		, 2022, a	and endi	ng		, 2	20	
в с	heck if a	applicable:	C Name of organization HE	ART OF THE F	FOOTHILLS ANIM	AL RESCUE			D Emplo	yer identific	cation number	
Δ Α	ddress o	change	Doing business as							83-43	57529	
<u></u> N	ame cha	ange	Number and street (or P.O. box	k if mail is not delivered to	o street address)		Room/sui	te	E Teleph	one number		
🗌 In	itial retu	Im	380 US HWY 221	N					(828) 287-7338			
		rn/terminated	City or town, state or province,		ign postal code				G Gross			
E I	mended		RUTHERFORDTON,		5 1				\$		269,509	
F		on pending	F Name and address of principal		HARDIN			H(a) Is this a gr		or subordinates		
	ppriodic	in perioding						H(b) Are all s				
		pt status: X	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		1 .		. See instruc		
				, , , ,	4947(a)(1) 01	527		1			Juons	
	lebsite:		Artofthefoothills. Corporation Trust Ass				0.01	H(c) Group e				
к г Раг		rganization: X		ociation Other		L Year of formation	on: 201	.9 M S	tate of lega	al domicile:	NC	
Fai	T											
	1	•	ibe the organization's missic	-		mission		_				
e			animals in our c									
an		permanen	it homes through o	ur adoption	process. We re	escue pet	s at 1	risk of	eutha	nsia d	lue to	
Governance		limited	space and resourc	es. We provi	de foster home	es.						
Š	2	Check this b	ox 📋 if the organization di	scontinued its oper	rations or disposed of i	more than 25%	6 of its ne	et assets.				
୍ ଅ	3	Number of v	oting members of the gover	ning body (Part VI,	line 1a)				3		7	
ŝ	4	Number of ir	ndependent voting members	of the governing b	ody (Part VI, line 1b)				4		0	
Activities &	5	Total numbe	r of individuals employed in	calendar year 2022	2 (Part V, line 2a)				5		14	
cti	6	Total numbe	r of volunteers (estimate if n	ecessary) .					6		5	
◄	7a		ed business revenue from P), line 12 • • • •				7a		0	
	b	Net unrelate	d business taxable income f	rom Form 990-T, P	Part I, line 11				7b		0	
					· ·			Prior Year	-	Cı	urrent Year	
	8	Contribution	s and grants (Part VIII, line 1	1h)					,575		224,866	
e	9		vice revenue (Part VIII, line	,					/		0	
ent	10	-	ncome (Part VIII, column (A	• /							0	
Revenue	11		ue (Part VIII, column (A), line					40	01.0			
Ľ.	12				,818		44,643					
			e - add lines 8 through 11 (n					212	,393		269,509	
	13		similar amounts paid (Part I)	. ,	,						0	
	14		d to or for members (Part IX,	., .	,						0	
Se	15		er compensation, employee		., ,			63	,256		88,702	
Expenses			fundraising fees (Part IX, co	().)						0	
cpe	b		sing expenses (Part IX, colu	., ,		0	-					
ш	17		ses (Part IX, column (A), lin					130	<u>,202</u>		136,223	
	18	Total expens	ses. Add lines 13-17 (must e	equal Part IX, colun	nn (A), line 25) •			193	,458		224,925	
	19	Revenue les	s expenses. Subtract line 1	8 from line 12 .				18	,935		44,584	
ces							Begii	nning of Curre	nt Year	En	nd of Year	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					179	,353		221,208	
d Ass d Ass	21	Total liabilitie	es (Part X, line 26)								0	
Pur	22	Net assets o	r fund balances. Subtract li	ne 21 from line 20				179	,353		221,208	
Par	tll	Signatu	ire Block									
			clare that I have examined this return				of my knowl	edge and belief	, it is			
true, c	correct,	and complete. De	claration of preparer (other than offic	cer) is based on all inform	mation of which preparer has	any knowledge.						
		KARE	N HARDIN									
Sigr	ו	Signature of office	cer						Date	e		
Here	Э	KARE	N HARDIN, CHAIRPE	RSON, BOARD	MEMBER							
		Type or print na										
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN		
Paic					Ford	07-12-20	23	self-emp	<u> </u>		33174	
_	Darei			Gina B Lankf		p:-12-20			loyeu	FUIZ	JJ1/4	
-	Only			Tax & Bookk	reeping the			irm's EIN				
030	υm,	r ⊢im's addres	Firm's address 223 Log Cabin Lane Phone no.								16	
				11s NC 28167					828-2	286-394		
			return with the preparer sho							•• 🗋	Yes X No	
	ареги		on Act Notice, see the sep	arate instructions						l	Form 990 (2022	

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

EEA

Form **990**

Form	990 (2022) HEART OF THE FOOTHILLS ANIMAL RESCUE	83-4357529	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	Our mission is to provide a safe haven for homeless animals in our county, o	jiving them the	e time
	and patience they need until placed in permanent homes through our adoption	process. We re	escue
	pets at risk of euthansia due to limited space and resources. We provide for	ster homes.	
<u> </u>	Did the experimetion undertake any eignificant program comises during the user which were not listed on the		
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.	🗌 les <u>X</u>	NO
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	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	-	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$149,692 including grants of \$) (Revenue	\$)
	PROVIDE HOUSING FOR 666 ANIMALS UNTIL 583 WERE ADOPTED OR PLACED IN FOSTER H	HOMES. \$149692	
4b	(Code:) (Expenses \$49,334 including grants of \$) (Revenue	\$)
	SPAY/NEUTER SURGERIES, AND OTHER SURGERIES, EMERGENCY VET, VISITS, XRAYS, DE	INTAL, ETC \$493	34
4c	(Code:) (Expenses \$ 25,899 including grants of \$) (Revenue	\$)
	MEDICAL TREATMENT, VACCINES, MICROCHIPS, MEDICAL SUPPLIES FOR ANIMALS. \$2589	99	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 224, 925	/	
	· · · · · · · · · · · · · · · · · · ·	CC	00 (2022)

	990 (2022) HEART OF THE FOOTHILLS ANIMAL RESCUE	83-43575	29	Р	Page 3
Pa	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"				
Ŭ	complete Schedule D, Part III		8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		- U		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		9		X
10			40		
			10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
_	VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI		11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
			11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII		12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				1
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				_
	fundraising, business, investment, and program service activities outside the United States, or aggregate				1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
-	If "Yes," complete Schedule G, Part III		19		x
20 a			20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		x

_		83-43575	29	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>		01		
-	complete Schedule N. Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		55		x
54	or IV, and Part V, line 1		34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34 35a		X
-			30d		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
26			390		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		20		
	related organization?/f "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
		I		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Х	

Page 4

Form 990 (2022)

_	990 (2022) HEART OF THE FOOTHILLS ANIMAL RESCUE 83-4357	529	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
ь 11	Section 501(c)(12) organizations. Enter:	-		
a b	Gross income from members or shareholders			
b				
40-	against amounts due or received from them.)	40-		
12a ⊾	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	42-		
а		13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	m 990 (2022) HEART OF THE FOOTHILLS ANIMAL RESCUE 83-435		F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
h	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		x
0	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
4.5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.0%		
Sec	organization's exempt status with respect to such arrangements?	16b		
<u>3ec</u> 17				
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	KAREN HARDIN			
				(0000)

Form 990 (2022	2) HEART OF THE FOOTHILLS ANIMAL RESCUE	83-4357529 F	² age 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 Compens	sated Employees	
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the	
organization's ta	ax year.		
 List all of the 	ne organization's current officers, directors, trustees (whether individuals or organizations), rega	rdless of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			<u>p 0110</u>		(C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average		(do not check more than one box, unless person is both an			1	Reportable	Reportable	Estimated amount	
	hours			•		/trustee)		compensation from the	compensation from related	of other
	per week (list any							organization (W-2/	organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Instit	Office	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related organizations	idual	Institutional trustee	e,	empl	est c oyee	ler	1000 1120)	1000 (120)	rolated organizations
	below	frust	al tru		oyee	ompe				
	dotted line)	ee	stee			ensat				
						ed				
(1) BARBARA NEUMAN	3000									
BOARD MEMBER		х						0	0	0
(2) KEVIN_HARDIN	<u>2.00</u>									
BOARD MEMBER		х						0	0	0
(3) KELLY FLOWE	<u>2.00</u>							-		
TREASURER, BOARD MEMBER				x				0	0	0
(4) GLADYS GINES	<u>17.00</u>									•
SECRETARY, BOARD MEMBER	40.00			X				0	0	0
(5) KAREN_HARDIN PRESIDENT	<u>40.00</u>			x				o	0	0
(6) STEPHANIE_HENDERSON	40.00			^				0		0
CHAIRPERSON, BOARD MEMBER				x				0	o	0
(7) JILL BRADSHAW	3.00									
VICE CHAIRPERSON, BOARD MEMBER				х				0	0	0
<u>(8)</u>										
<u>(9)</u>										
(11)										
<u>(12)</u>										
<u>(13)</u>										
(14)										
									1	

	990 (2022) HEART OF THE FOOT	HILLS AN	IMAL	RE	SCI	JE				83-4	357529		age 8
Part	VII Section A. Officers, Directors, T	rustees, I	Key E	:mp	oloy	/ee	s, an	dF	lighest Comp	ensated En	nployees	(contin	ued)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W	c	(F) mated amou of other ompensatio from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	org	anization a ad organiza	
(15)													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
<u>(24)</u>													
<u>(25)</u>													
1b c	Subtotal Total from continuation sheets to Part VII, Secti	on A .	· · · · · ·	•••	•••	 	· · · · · ·	•					
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable compensation from the organization								than \$100,000 of		0		0
3	Did the organization list any former officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>	-		/ee, (or hi	ghes	st com	pens	sated		3	Yes	0 No
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable com \$150,000? <i>If</i>	npensa [•] "Yes,"	com	plet								x
5	individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of	compensatio	n from	any	unre		-		tion or individual		· · 4 · · 5		x x
-	on B. Independent Contractors	4	1		4	4				0(
1	Complete this table for your five highest compensation from the organization. Report compensation										r.		
	(A) Name and business addres				<u> </u>		<u></u>		(B) Description of servic		(C) Comper		
		-											
2	Total number of independent contractors (including received more than \$100,000 of compensation fror			nose	liste	d ab	ove) v	vho					

Form 99	· ·	22) HEART Statement of Rev		THIL	LS ANIMAL RE	SCUE		83-43575	29 Page 9
Fait	VIII	Check if Schedule O co		or not	e to any line in this	Part VIII • •			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
sis	b	Membership dues		1b					
iran	С	Fundraising events • •		1c					
Amo Amo	d	Related organizations .	F	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr	·	1e					
ons, Sim	f	All other contributions, gift	-	4.5					
buti	g	and similar amounts not in Noncash contributions inc		1f	224,866				
dÖn	9	lines 1a-1f		1g	\$				
ရှိ ငိ	h	Total. Add lines 1a-1f	L			224,866			
					Business Code				
e	2a			[
e ric	b								
Se	С								
Program Service Revenue	d								
lgo F	e								
ā		All other program service re							
		Total. Add lines 2a-2f							
	3	Investment income (includinother similar amounts)							
	4	Income from investment of							
	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses • •	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Securities	3	(ii) Other				
		sales of assets other than inventory	7a						
	b	Less: cost or other basis	10						
ne	~	and sales expenses	7b						
Other Revenue	с	Gain or (loss)							
Rev	d	Net gain or (loss)							
her	8a	Gross income from fundrais	sing						
đ		events (not including \$							
		of contributions reported or							
		1c). See Part IV, line 18							
		Less: direct expenses . Net income or (loss) from f		8b					
		Gross income from gaming	-						
	-	activities, See Part IV, line		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from g		<u>.</u>					
	10a	Gross sales of inventory, le	SS						
		returns and allowances .		10a	44,643				
		Less: cost of goods sold		10b					
	C	Net income or (loss) from s	ales of inventory	•••		44,643	44,643		
s	44 -			ŀ	Business Code				
nou	11a b								
ent 'ent	D C			—					
Miscellanous Revenue	-	All other revenue		—					
Σ		Total. Add lines 11a-11d							
		Total revenue. See instruct				269.509	44,643	0	0

HEART OF THE FOOTHILLS ANIMAL RESCUE Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colum	nns. All other organizatio	ons must complete colui	mn (A).	
	Check if Schedule O contains a response or note to a				x
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	0 1	·
	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	33,280	33,280		
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	48,898	48,898		
8	Pension plan accruals and contributions (include	,,	,-3•		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,524	6,524		
11	Fees for services (nonemployees):		ľ		
а	Management				
b	Legal	934	934		
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,573	2,573		
13	Office expenses	1,998	1,998		
14	Information technology				
15	Royalties				
16	Оссирапсу				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,562	4,562		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,473	5,473		
23		1,978	1,978		
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 ⊾	RCAC PULL FEES	570	570		
b	VET EXP MICROCHIPS MED VACCI	25,899	25,899		
C d	SALES TAXES INCLUDED INCOME	1,223	1,223		
d e	VET EXP SPAY AND NEUTERS All other expenses	8,040	8,040		
25	Total functional expenses. Add lines 1 through 24e	82,973 224,925	82,973	0	0
26	Joint costs. Complete this line only if the	224,923	224,925	0	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) 1 Cash - non-interest-learning 47,815 190,143 90,143 2 Samps and temporary cash investments 2 3 - 47,815 190,143 3 Pedge and grants receable, net 3 - 4 -		990 (20		8:	3-435	7529 Page 11
Image: second	Par	τΧ	Balance Sheet			
Beginning of year End of year 1 Cash - non-interest-bearing 47,815 90,143 2 Savings and lamporary cash investments 3 3 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 3 4 5 Loans and other receivables from oner, substantial contributor, or 35%, controlled entity of family member of any of these persons (sc defined under section 4958(f)(1)), and persons described in section 4958(f)(3)(B) 6 6 10 Loans and other receivables from other diqualitied persons (sc defined under section 4958(f)(1)), and persons described in section 4958(f)(3)(B) 6 6 10 Loans and other receivable, net 7 7 11 Interesting and equipment: cost or other basis. Complete Part VI of Schedule D 144,522 9 11 Investments - publicly traded securities 11 11 11 11 Investments - publicly traded securities 11 12 12 Investments - publicly traded securities 11 13 13 Investments - publicly traded securities 11 14 14			Check if Schedule O contains a response of hote to any line in this Part X			
999 1 Cach - mon-interset-bearing 47,815 1 90,143 2 Solvings and temporary cash investments 3 4 3 3 Pledges and grants receivable, net 3 4 4 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of raminy member of any of these persons 6 6 6 Loans and other receivables from other disqualified persons (as defined under section 495%(1)(3)(8) 6 6 9 Prepaid expenses and deferred charges 9 9 9 9 Totals and other receivables, net 7 7 8 thremotriss for sale or use 9 9 9 Prepaid expenses and deferred charges 9 9 10 1.44,522 9 10 11 1.34,57 1.31,055 11 11 1.34,57 1.31,535 16 221,228 11 1.34 1.31 1.31 1.31 11 transestind shorin main member of any of						
2 Swings and temporary cash investments 2 3 Predges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from other disqualified persons (as defined 4 6 Loans and other receivables from other disqualified persons (as defined 6 7 Notes and loans receivables from other disqualified persons (as defined 6 9 Prepaid aspenses and defined charges 9 9 Prepaid aspenses and defined charges 9 10 Land, building, and equipment: coals or other 13, 425 2 11 Investments - publicly fraded securities 10 13, 425 2 12 Investments - publicly fraded securities 11 12 11 Investments - publicly fraded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 14 13 Investments - discust degrames 11 14 14 Intragable account is adde and account appeares 17 22 15 Tottrea asset. Add lines 1 through 15 (must equal line 3		1	Cash _ non-interest hearing		1	
3 Pledges and grants receivable, net 3 4 Accounts receivables from any current or former officer, director, trustee, key emptoyee, 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 disgualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 7 Nets and loans revelvable. In the revelvables from other disgualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 9 Penpidi expenses and deferred charges 9 10a Land, buildings, and equipment cost or other tessist. Complete Part VI of Schedule D 10a 11 Investments - program-related. See Part IV. line 11 11 12 Investments - other securities. See Part IV. line 11 13 13 Intractional securities account labelity (Complete Part V of Schedule D) 144 14 13 144 15 Tota assets. Add lines 1 through 15 (must equal line 33) 179, 353 8 221, 208 17 Recruits payable and accrued expenses 17 14 14 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 353 8 221			-	47,015		90,145
4 Accounts receivables, net 4 5 Loans and other receivables from any current or forcer, 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(r)(1)), and persons described in section 4958(r)(3)(B) 6 7 Notes and loans receivable, net 7 8 9 9 9 10a Loans receivable, net 7 10a Loans, building, and equipment, toot or other basis. Complete Part V of Schedule D 10a 144, 522 11 11 12 13 13 12 Investments - publicly traded securities 11 12 13 Investments - publicly traded securities 11 13 14 13 144 15 15 Total assets. See Part IV, line 11 13 14 16 Total assets. See Part IV, line 11 13 14 16 Total assets. See Part IV, line 11 13 14 17 Total assets. See Part IV, line 11 13 14 18 Deferred revenue 19 20 <						
S Lears 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 Lears and other receivables from other disqualified persons (as defined under section 4456(13)(8)) 6 7 Notes and learns receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, builings, and equipment cost or other besides from exerced table, for the securities 10a 11 12 Investments - policy trade described in exerced table, for the securities 11 12 Investments - policy trade described in exerced table, for the securities 11 12 14 Intragible assets 17 13 13 14 Intragible assets 17 22 12 16 Total assets. Adio table, score table and accrued expenses 17 21 22 17 Accounts payable and accrued expenses 17 21 22 22 18 0 0 21 22 22 22 22 22 18 0					-	
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gg controlled entity or family member of any of these persons s 6 Loans and other receivables from other disqualified persons (as defined under section 4968((Y1)), and persons (as defined under section 4968(Y1)),		•	-			
98 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 144,522 11 12 Investments - publicly traded descrifties 11 12 Investments - program-related. See Part IV, line 11 12 13 Investments - other savets. See Part IV, line 11 13 14 Intangible assets 17 16 Total assets. Add lines 1 through 15 (must equal line 33) 179,353 16 221,208 17 Accounts payable and accrued expenses 17 18 19 19 2 Loness and other gavables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family mether of any of these persons 22 23 24 20 2 Corans and other gavables to any current or former efficer, director, truste, and other liabilities on circulated trific parties 23 24					5	
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Seg 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8		-			6	
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Lad, buildings, and equipment to sol or other basis. Complete Part VI of Schedule D 10a 144,522 1 11 Investments - publicly traded securities 11 11 12 11 Investments - publicly traded securities 11 12 11 Investments - publicly traded securities 11 12 11 Investments - publicly traded securities 14 12 11 Investments - program-related. See Part IV. line 11 12 13 11 Investments - program-related. See Part IV. line 11 16 16 12 Other assets. See Part IV. line 11 16 17 13 Investments - program-related. See Part IV. line 11 179,353 16 221,208 13 Grants payable 18 19 212,208 17 14 Constangayable and accrued expenses 21 22 22 14 Deferred revenue 19 24 24 24		7			7	
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12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 179, 353 16 221, 208 17 Grants payable and accrued expenses 17 18 19 20 18 Grants payable and accrued expenses 19 20 21 22 20 21 20 21 22 20 21 21 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 23 Secured mortgages and notes payable to unrelated third parties 24 24 25 26 Total liabilities (including federal income tax, payables to related third parties 24 25 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 26 0 27 Net assets with donor		11				
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) 179,353 16 221,208 18 Grants payable and accrued expenses 17 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 20 21 21 Lescrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 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 mether of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties 24 25 25 26 Total liabilities. Add lines 17 through 25 0 26 0 0 28 Total liabilities. Add on toflow FASB ASC 958, check here 179, 353 27 221, 208 29 Capital stock or trust principal, or current finds 29 28 29		12			12	
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Form	990 (2022) HEART OF THE FOOTHILLS ANIMAL RESCUE	83-4357	529	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		269,	509
2	Total expenses (must equal Part IX, column (A), line 25)	2		224,	925
3	Revenue less expenses. Subtract line 2 from line 1	3		44,	584
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		179,	353
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(2,	,729)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		221,	208
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Forr	n 990	(2022)

SCHEDULE	Α
(Form 990)	

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.

OMB No. 1545-0047				
2022				
Open to Public				

Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public						Open to Public			
Internal Revenue Service Go to		www.irs.gov/Form	w.irs.gov/Form990 for instructions and the latest information.			on. Inspection			
Name of the organization				Empl			Employer identification	n number	
HEAR	т	OF THE FOO	THILLS ANIMAL	RESCUE				83-435752	29
Par					I organizations mus	st comple	ete this p		
The o	raan			•	es 1 through 12, check on			,	
1	Т		•	,	rches described in section	•	,		
2	П	-			Schedule E (Form 990).)				
3	Ы				described in section 170	(h)(1)(Δ)(ii	ii)		
4	Н			-				(A)(iii) Enter the	
-	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	П	•	· _	nefit of a college or	university owned or opera	ated by a d	overnment	al unit described in	
•		0	(1)(A)(iv). (Complete	0					
6	П	.,		,	nit described in section 17	70(h)(1)(A)	(v)		
7	Н		-	•	rt of its support from a go		.,	m the general public	
•			ction 170(b)(1)(A)(v			· on internal		in the general public	
8	П		ust described in sect						
9	Н				on 170(b)(1)(A)(ix) opera	ted in coniu	inction with	a land-grant college	
•		-	-		see instructions). Enter th			• •	
		university:	a non land grant col	lege of agriculture (io namo, oi	ity, and old		
10	x		h that normally receiv	es: (1) more than 3	3 1/3% of its support from	n contributi	ons memb	ership fees and gross	
		receipts from a	ctivities related to its	exempt functions, s	subject to certain exception	ons; and (2)) no more t	han 33 1/3% of its	
					usiness taxable income (l ection 509(a)(2). (Comple			rom businesses	
11	П		-		est for public safety. See s	,			
12	П	•	•	•	the benefit of, to perform			carry out the purposes	s of
	-	•	•	•	in section 509(a)(1) or se			• • •	
			• • • •		e of supporting organizati				
а			-	••	sed, or controlled by its su		•	-	
					y appoint or elect a major		•	,	
			-		IV, Sections A and B.				
b		_ ·· ·	-	-	ntrolled in connection with	its support	ed organiza	ation(s), by having	
					ion vested in the same pe		-	.,	
			on(s). You must com					0 11	
с		Type III fu	nctionally integrated	I. A supporting orga	nization operated in conn	ection with,	and function	onally integrated with,	
		its supporte	ed organization(s) (se	e instructions). You	must complete Part IV,	Sections /	A, D, and E		
d		Type III no	on-functionally integ	rated. A supporting	organization operated in	connection	with its sup	oported organization(s)	
		that is not	functionally integrated	d. The organization	generally must satisfy a c	listribution	requiremer	nt and an attentiveness	
		requiremen	nt (see instructions). Y	ou must complete	e Part IV, Sections A and	D, and Pa	rt V.		
е		Check this	box if the organization	on received a writter	n determination from the I	RS that it is	s a Type I,	Type II, Type III	
		functionally	/ integrated, or Type	III non-functionally i	ntegrated supporting orga	anization.			
f	Е	nter the numbe	r of supported organiz	zations					
g	Ρ	rovide the follov	ving information abou	it the supported org	anization(s).			1	
	(i) Na	ame of supported or	ganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
							1		
						Yes	No		
(A)									
(B)									
(C)									
									<u> </u>
(D)									
									+
(E)									
Total									1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $_{\mbox{\scriptsize EEA}}$

PartII Support Schedule for Organizations Described in Sections 170(b)(1/b)(iv) (Complete only if you checked the box on line 5, ro 6 of Part I or if the organization failed to qualify under Part III. If the organization faile to qualify under the tests listed below, please complete Part III.) Section A Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gits, grants, contributions, and membership fees received (Do not include any 'unsud grants') (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 2 Tax revenues level of the organization faile to the organization include any 'unsud grants') (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 3 The value of services on failties fituations by each person (other than a governmental unit or publicly aupported organization) include on interest. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 3 The value sexeets 2% to the amount situation situation from line 4. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 4 Total Addites of the mine 4. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 </th <th>Schedul</th> <th>e A (Form 990) 2022 HEART OF TH</th> <th>HE FOOTHILL</th> <th>S ANIMAL RE</th> <th>ESCUE</th> <th></th> <th>83-4357529</th> <th></th>	Schedul	e A (Form 990) 2022 HEART OF TH	HE FOOTHILL	S ANIMAL RE	ESCUE		83-4357529	
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A Public Support Calendar year (or fiscal year beginning in) 1 Gits, grants, contributions, and membership fees received. (D onot include any 'unusual grants.') 1 Tax revenues level of the relation of the organization's benefit and either pail to or expended on its behat 1 Tax revenues level of the relation of the organization's benefit and either pail to or expended on its behat 1 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the Section B. Total Support 5 Area organization without charge 1 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization include on ine 11, column (f) 6 Public support 5 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rens, royalites, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, rens, royalites, and income from similar sources 9 Net income. Do not include gain or loss from the said or captual assets 1 (Explain in Part VI). 1 Call Support Parcentage 1 Total support. Add lines 7 through 10 1 Call Support Parcentage 1 Total support Add lines 7 through 10 1 Call Support Parcentage 1 Total support Add lines 7 through 10 1 Calles as a section 5010(3) organization or the organization in the said or captual assets 1 (Explain in Part VI). 1 A Total support Parcentage 1 Total support recentage form 2021 Schedule A, Part II, line 14 1 Total support Add lines 7 through 10 1 Calles as a publicy supported organization 1 A Total Support Parcentage 1 Total support recentage form 2021 Schedule A, Part II, line 14 1 Total support Add lines 7 through 10 1 Calles as a publicy supported organization 1 T	Part							
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1 Gifs, grants, contributions and include any "unusual grants.")		• •						
membership fees received. (Do not include any "fonusual grants")	Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants.")	1	Gifts, grants, contributions, and						
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organization's benefit and either paid to or expended on its behalf		include any "unusual grants.")						
or expended on its behalf	2	Tax revenues levied for the						
3 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid to						
furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 form line 4 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Taking year to the subtract line 5 form line 4 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Total Support. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Total sources subtract and the support. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Total sources subtract and the support. Section B. Total Support Calendar year through 10 Total sources subtract and the support. Section B. Total Support Core public support here are applied by the support source and the support. Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Support test - 2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here Section C. Computation on the organization did not check a box on line 13, refa, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, refa, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, refa, or fite, sa on line 14 subic support test		or expended on its behalf						l.
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		-			-	-		· _
instructions	18							_
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	EEA			•				

	le A (Form 990) 2022 HEART OF TH	E FOOTHILL	S ANIMAL RE	SCUE		83-4357529	Page 3
Part							
	(Complete only if you checked the complete only if you checked	ie box on line	10 of Part I	or if the orgar	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		58,425	93,713	169,575	269,510	591,223
2	Gross receipts from admissions, merchandise			55,725	1007070	203/010	001/220
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		29,308	52,600	42,818		124 726
3	Gross receipts from activities that are not an		29,308	52,800	42,010		124,726
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4							
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		87,733	146,313	212,393	269,510	715,949
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						715,949
Secti	on B. Total Support						715,949
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(a) 2010					. /
10a			87,733	146,313	212,393	269,510	715,949
IVa	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	07 700	146 212	212,393	260 E10	715,949
14	First 5 years. If the Form 990 is for the org	-	87,733	146,313 fourth or fifth		269,510	
14		•			•	()()	_
Secti	organization, check this box and stop here						<u>x</u>
	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (li	ne 10c, columr	n (f), divided by	line 13, colum	n (f))	17	%
18							
19a	33 1/3% support tests - 2022. If the organ	ization did not	check the box	on line 14, and	line 15 is more	e than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this bo	ox and stop he	re. The organiz	ation qualifies	as a publicly s	upported organiz	ation
b	33 1/3% support tests - 2021. If the organization	did not check a b	ox on line 14 or li	ne 19a, and line 1	6 is more than 33	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this box a	nd stop here. Th	e organization qu	alifies as a public	ly supported orga	nization .	[]
20	Private foundation. If the organization did	•		•	• • • •		s 🗍

Page 3

Page 4 83-4357529

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990) 2022 HEART OF THE FOOTHILLS ANIMAL RESCUE Supporting Organizations Part IV (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 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)? 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. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 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? Substitutions only. Was the substitution the result of an event beyond the organization's control? С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

- b Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

Part	IV Supporting Organizations (continued)			
44	Line the ergenization eccentral a gift or contribution from any of the fall with a second 2		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.0		
octi	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
000			Yes	Ν
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	Ν
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	Ν
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ctions	<i>).</i>
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		Vee	NL
2	Activities Test. Answer lines 2a and 2b below.		Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
		2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	24		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If	24		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
3 a	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

 Form 990) 2022
 HEART OF THE FOOTHILLS ANIMAL RESCUE

 Supporting Organizations (continued)

Schedule A (Form 990) 2022

 Part IV
 Support

Page 5

83-4357529

art 1	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying the set of the organization satisfied the Integral Part Test as a set of the			in in Port VII) Soo
• [instructions. All other Type III non-functionally integrated supporting organiz			2
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	llv inte	arated Type III suppor	ting organization

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Schedule A (Form 990) 2022

	e A (Form 990) 2022 HEART OF THE FOOTHILLS AN				7529 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part \	/I)	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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
— i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j			-	
'	and 4c.				
8	Breakdown of line 7:				
	Free a s. free				
<u>a</u> b	E				
<u> </u>	Excess from 2020				
	Excess from 2021				
<u>e</u>	Excess from 2022				Oshadula A /E
EEA					Schedule A (Form 990) 2022

	olin 990) 2022
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	the state of the s
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
<u> </u>	

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

Employer identification number

HEART OF THE FOOTHILL	S ANIMAL RESCUE	83-4357529						
Organization type (check one):	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

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

Special Rules

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

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

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

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

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

\$

	(Form 990) (2022)		Page 2
	rganization OF THE FOOTHILLS ANIMAL RESCUE		mployer identification number 83-4357529
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LIL'S THRIFT SHOP	\$9,50	Person Image: Constraint of the second sec
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JENNIFER BENNETT	\$5,00	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

Name o	the organization			Employer identification number
HEARI	OF THE FOOTHILLS ANIMAL RESCUE			83-4357529
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Simi	lar Funds or Acc	ounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 6.	
		(a) Donor adv	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors ir	n writing that the assets he	ld in donor advised	
	funds are the organization's property, subject to the organization	ation's exclusive legal con	trol?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor			b
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, or fo	or any other purpose	
	conferring impermissible private benefit?			Yes 🗌 No
Par				
	Complete if the organization answered "Yes"	' on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			historically important land area
	Protection of natural habitat	, I	=	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribu	ution in the form of a	conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements .			
c	Number of conservation easements on a certified historic st			
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, r			
-	tax year	energenergenergenergenergenergenergener		
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the po		ion handling of	
•	violations, and enforcement of the conservation easements		•••••	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting			
	5, T 5	, 3 ,	5	5 ,
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations. and en	forcing conservation	easements during the year
		5 ,	5	5 7
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requiremer	its of section 170(h)(4	4)(B)(i)
				Yes No
9	In Part XIII, describe how the organization reports conserva	ation easements in its reve	nue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.	Ū		
Par	III Organizations Maintaining Collection	s of Art, Historical	Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its reve	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for p			
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue	statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furthera	nce of public service,
	provide the following amounts relating to these items:	, .,		· ·
	(i) Revenue included on Form 990, Part VIII, line 1 • •			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tr			
-	following amounts required to be reported under FASB ASC		-	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
				Ψ

-	e D (Form 990) 2022 HEART OF THE FO						83-43575		Page 2
Par	t III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, o	or Oth	ier Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the foll	lowing that mak	ke signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pro	gram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they f	urther the o	organization's e	exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit o	r receive donations	of art, histori	cal treasu	res, or other sin	nilar			
	assets to be sold to raise funds rather than t	o be maintained as	part of the or	ganization	's collection?			Yes	No
Par	t IV Escrow and Custodial Arra	angements.							
	Complete if the organization	answered "Yes	" on Forn	n 990, P	art IV, line 9	9, or re	eported an amo	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for cont	ributions o	or other assets	not			
			-					Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:				_	
			0				Amo	unt	
с	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 F						· · · · · · · · · ·	Yes	No
b	If "Yes," explain the arrangement in Part XIII					•			П
Par				<u>ae 2001 p</u> .		.,			
	Complete if the organization	answered "Yes	" on Forn	n 990. P	art IV. line 1	10.			
		(a) Current year	(b) Prio		(c) Two years b	1	(d) Three years back	(e) Foury	ears back
1a	Beginning of year balance			or year		ACK	(u) milee years back		
b	Contributions								
_	Net investment earnings, gains, and								
С									
Ь	Grants or scholarships								
d	-								
е	Other expenditures for facilities and								
f	Administrative expenses								
g	End of year balance				l				
2	Provide the estimated percentage of the cur		e (line 1g, co	olumn (a))	neid as:				
a	Board designated or quasi-endowment	%							
b	Permanent endowment %)							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are	e held and	administered for	or the		Г	-
	organization by:								Yes No
	(i) Unrelated organizations					• • • •		3a(i)	
	(ii) Related organizations					• • • •		3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize	ations listed as requ	red on Sche	dule R?		• • • •		3b	
4	Describe in Part XIII the intended uses of the	-	owment fund	s.					
Par									
	Complete if the organization	answered "Yes	" on Forn	n 990, P	art IV, line 1	11a. S	ee Form 990, F	art X, lir	ne 10.
	Description of property	(a) Cost or o (investr		.,	r other basis other)	• •	Accumulated epreciation	(d) Book	value
1a	Land								
b	Buildings				138,360		10,253	12	28,107
С	Leasehold improvements								
d	Equipment				6,162		3,204		2,958
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X	, column (B),	line 10c.)				13	31,065
EEA							Schee		n 990) 2022

Schedule D (For		OF THE FOO	THILLS ANIM	AL RESCUE		83	-4357529	Page 3
Part VII	Investments - Other S							
	Complete if the organize	ation answere	d "Yes" on For	m 990, Part	IV, line	11b. See Forn	n 990, Part X, I	ine 12.
	(a) Description of security (including name of			(b) Book va	lue		lethod of valuation: nd-of-year market value	
(1) Financial d	erivatives							
• • •	ld equity interests							
(3) Other								
(A)								
(B)								
(C) (D)								
(E)								
(F)								
(G)								
(H)								
Total. (Column	(b) must equal Form 990, Part X,	col. (B) line 12.)						
Part VIII	Investments - Progran							
	Complete if the organize	ation answere	d "Yes" on For	m 990, Part	IV, line	11c. See Form	n 990, Part X, li	ine 13.
	(a) Description of invo	estment		(b) Book va	lue	• •	lethod of valuation: nd-of-year market value	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8) (9)								
	(b) must equal Form 990, Part X,	col (B) line 13)						
Part IX	Other Assets.							
	Complete if the organiz	ation answere	d "Yes" on For	m 990, Part	IV, line	11d. See Forn	n 990, Part X, I	ine 15.
			escription	-			(b) Book v	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8) (9)								
	(b) must equal Form 990, Part X,	col (B) line 15)						
Part X	Other Liabilities.							
	Complete if the organize line 25.	ation answere	d "Yes" on For	m 990, Part	IV, line	11e or 11f. Se	e Form 990, Pa	art X,
1.	(a) Description of liability		(b) Book	voluo				
(1) Federal in	., . ,			value				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	b) must equal Form 990, Part X, col.							
-	uncertain tax positions. In Part XI			-				-
	iability for uncertain tax positions	under FASB ASC	740. Check here if	the text of the f	ootnote ha	is been provided ir		•••
EEA							Schedule D (For	m 990) 2022

Schedu	le D (Form 990) 2022 HEART OF THE FOOTHILLS ANIMAL RESCUE	83-4357529	Page 4
Part	······································	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1 2		1	
	Total expenses and losses per audited financial statements	1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2 a	Total expenses and losses per audited financial statements		
2 a b	Total expenses and losses per audited financial statements		
2 a b c	Total expenses and losses per audited financial statements	 2e	
2 a b c d	Total expenses and losses per audited financial statements		
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2e	
2 a b c d e 3	Total expenses and losses per audited financial statements	2e	
2 b c d 3 4	Total expenses and losses per audited financial statements	2e	
2 b c d 3 4 a	Total expenses and losses per audited financial statements	2e	
2 b c d 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2e 3	

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; Also complete this part to provide any additional information.

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. OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 83-4357529

HEART OF THE FOOTHILLS ANIMAL RESCUE

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

THE PERIODIC REVIEW SHALL AT A MINIMUM INCLUDE THE FOLLOWING SUBJECTS:

WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY

INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.

WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT CONFORM TO THE

WRITTEN POLICIES, ARE PROPERLY RECORDED, RELFECT REASONABLE INVESTMENT OR PAYMENTS FOR

GOODS OR SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT,

IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS

RESPONSIBILITY FOR ENSURING PERIODIC REVIEWS ARE CONDUCTED.

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

CONFLICT OF INTEREST POLICY ATTACHED IN DETAIL.

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

TAX RETURNS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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

CLEANING SUPPLIES FACILITY AND ANIMAL SHELTERS \$6160

REPAIRS AND MAINTENANCE FACILITY AND AUTO \$4331

RENT EXPENSES \$9489

UTILITIES \$14185

VETERINARY EXP SURGERIES EMERGENCY VISITS XRAYS DENTALS \$41294

	4562		Depreciatio	on and A	mortizati	on		OMB No. 1545-0172
(Including Information on Listed Property)			erty)		2022			
	nent of the Treasury	Co to v	Attacl www.irs.gov/Form4562 fo	h to your tax re		information		Attachment
	Revenue Service (s) shown on return	G0 10 V	-	s or activity to wh				Sequence No. 179
	ART OF THE FOOT	HTT.T.S ANTMA			990 - 1			357529
Par	t I Election To	Expense Cer	tain Property Und	er Section	179		05 4	337323
			property, complete Pa			Part I.		
1	Maximum amount (see instructions	s)				1	
2	Total cost of section	n 179 property p	placed in service (see	instructions)			2	
3	Threshold cost of s	ection 179 prop	erty before reduction	in limitation (see instructio	ns)	3	
4							4	
5		-	act line 4 from line 1. I			-		
	separately, see inst	ructions		1			5	
6	(a) De	scription of property		(b) Cost (busine	ess use only)	(c) Elected cost		
	Listed was sub. Ent		inem line 20					
7			rom line 29			7	8	
8 9			ller of line 5 or line 8	· · ·			9	
10							10	
11	•		•			See instructions	11	
12						11	12	
13			to 2023. Add lines 9 a					
Note			or listed property. Inst					
Par	t II Special Dep	preciation Alle	owance and Other	Depreciati	on (Don't ir	clude listed property. Se	e instr	uctions.)
14	Special depreciatio	n allowance for	qualified property (oth	her than listed	d property) pl	aced in service		
	during the tax year.	See instruction	s				14	
15	Property subject to	section 168(f)(1	1) election				15	
							16	3,376
Par	t III MACRS Dep	preciation (De	on't include listed prop		tructions.)			
47				ection A		<u> </u>	47	
			ced in service in tax ye	•	•		17	1,972
18	•	• • •	sets placed in service	•	•	· · ·		
						General Depreciation	Sveto	m
	Oection B	(b) Month and year	(c) Basis for depreciation (business/investment use		ar Using the			
(a)	Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Conventio	n (f) Method	(g) 🗆	Depreciation deduction
19a	3-year property	Scivice	only-see instructions)					
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property		5,000	20	HY	SL		125
<u> </u>	, , , ,			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
<u> </u>	property			27.5 yrs.	MM	S/L		
i	Nonresidential rea	1		39 yrs.	MM	S/L		
	property	Accote Place	d in Sonvice During (2022 Tax Voc	MM In Using the	S/L Alternative Depreciatio		tom
20-2	Class life	- ASSELS FIACE		LULL IAX TEE	a osing the	S/L	11 3ys 	
	12-year			12 yrs.		S/L		
-	30-year			30 yrs.	MM		+	
	40-year			40 yrs.	MM	S/L		
	t IV Summary (Se	e instructions.)				0,2	1	
	Listed property. En	,	n line 28				21	
			nes 14 through 17, line	es 19 and 20 i	in column (g)	and line 21. Enter		
			of your return. Partners		,		22	5,473
23			ed in service during the	-	-			
	portion of the basis	attributable to s	section 263A costs		<u>.</u>	23		

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2022 Page 1
Name(s) as shown on return HEART OF TH	E FOOTHILLS ANIMAL RESCUE		FEIN 83-4357529
Description SQUARE FORM PAYPAL DONA' FACEBOOK DOI AMAZON SMIL OTHER DONAT	NATIONS E DONATIONS IONS	Total:	Amount \$ 81,19 26,33 30,21 52 86,60 \$ 224,860
Description FORM 1099 SC		Total:	<u>Amount</u> \$ 44,64 \$ 44,64
REPAIRS AND RENT UTILITIES VETERINARY	PPLIES FACILITY AND ANIMAL SHELTERS MAINTENANCE FACILITY AND AUTO EXP SURGERIES EMERGENCY VISITS XRAYS DI SPORT, TRAVEL, MEETINGS	ENTALS	Amount \$ 6,16 4,33 9,48 14,18 41,29 7,51
		Total:	\$ <u>82,97</u>
Description BUILDING AND BARN	DUNITS		<u>Amount</u> <u>\$ 133,36</u> 5,00
		Total:	\$ <u>138,36</u>