Fax: 202-403-3888

HOMELESS ANIMALS RESCUE TEAM, INC
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

S.E. McMASTER & ASSOCIATES, PLLC 1825 K STREET, NW, STE 705 WASHINGTON DC 20006

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _ ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Name and title of officer FRANCES WITHINGTON, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b **b** Balance Due (Form 8868, line 3c) 5b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize S.E. MCMASTER & ASSOCIATES, PLL as my signature to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date $\triangleright 11/08/2019$ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 2018, and ending 20 D Employer identification number C Name of organization B Check if applicable HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change PO BOX 7261 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended FAIRFAX STATION, VA 22039-7261 G Gross receipts \$ 1,518,070. Application pending H(a) Is this a group return for F Name and address of principal officer: FRANCES WITHINGTON Yes Χ Nο subordinates' PO BOX 7261, FAIRFAX STATION, VA 22039-7261 No H(b) Are all subordinates included? Yes X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or Website: ► WWW.HART90.ORG H(c) Group exemption number L Year of formation: 1990 M State of legal domicile: Form of organization: | X | Corporation VΑ Other > Summary Part I Briefly describe the organization's mission or most significant activities: HART IS A NO-KILL ANIMAL RESCUE GROUP THAT WAS FOUNDED TO GIVE ANIMAL RESCUERS A RESOURCE, RESPONSIBLE Governance PET OWNERS AN OPTION, AND ANIMALS ON DEATH ROW A CHANCE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 6. Activities & 6. Number of independent voting members of the governing body (Part VI, line 1b) 3. 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 150. Total number of volunteers (estimate if necessary) 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 679,417. 1,326,109. 204,521. 175,490. Program service revenue (Part VIII, line 2g) 16,471. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 50. 10 0 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,518,070. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 883,988. 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Ο. 0. 14 88,362. 75,559. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 788,654 802,168. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 877,016. 877,727. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 640,343. 6,972. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 1,041,872. 423,411. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 123,020. 101,138. 21 300,391. 940,734. 22 Net assets or fund balances. Subtract line 21 from line 20. . . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/08/2019 Sign Signature of officer Date Here FRANCES WITHINGTON TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid S E MCMASTER CPA S E MCMASTER CPA 11/09/2019 self-employed P00310424 Preparer Firm's name S.E. MCMASTER & ASSOCIATES, PLLC Firm's EIN ▶ 30-0709624 Use Only 202-223-5001 Firm's address ▶1825 K STREET, NW, STE 705 WASHINGTON, DC 20006

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

No

Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: HART IS A NO-KILL ANIMAL RESCUE GROUP THAT WAS FOUNDED TO GIVE ANIMAL RESCUERS A RESOURCE, RESPONSIBLE PET OWNERS AN OPTON, AND ANIMALS ON DEATH ROW A CHANCE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 804,730. including grants of \$) (Revenue \$ 175,490. THE HOMELESS ANIMALS RESCUE TEAM (HART), A NO-KILL ANIMAL RESCUE GROUP. HART PROVIDES ASSISTANCE TO PEOPLE WHO, DUE TO FAILING HEALTH, FINANCIAL DISTRESS, OR OTHER PERSONAL CIRCUMSTANCES, REQUIRE ASSISTANCE RELATING TO THEIR PETS. HART WORKS WITH SHELTERS AND THOSE WITH UNWANTED PETS TO FACILITATE ADOPTIONS AND RESCUE ANIMALS FROM SHELTERS WHERE THEY ARE FACING BEING PUT TO DEATH. REVENUE FOR THIS PROGRAM IS FROM ADOPTION FEES. DURING 2016 OVER 803 ANIMIALS WERE ASSISTED BY HART.) (Expenses \$ including grants of \$) (Revenue \$ **4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$ 804,730. **4e** Total program service expenses ▶

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Form 990 (2018) Page **3**

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	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		Х
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Λ
	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		
25 a	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	· · · · · · · · · · · · · · · · · · ·	27		Х
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		- 21
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.7
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• •	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		7.7	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Form 990 (2018) Page 5

Par	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		Х
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C In		
_	gifts were not tax deductible?	6b		
	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	_	v	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			3.5
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	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		
	If "Yes," see 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		
	If "Yes," complete Form 4720, Schedule O.			

HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 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 Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed \triangleright $\frac{VA}{r}$
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these a<u>vailable</u>. Check all that apply.
 - | X | Own website | Another's website | X | Upon request | Other (explain in Schedule O)
- 19 Describe in 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 ► THE ORGANIZATION PO BOX 7261 FAIRFAX STATION, VA 22039-7261 703-691-4278

organization's exempt status with respect to such arrangements?

Form **990** (2018)

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos heck ss pe	rson	e than of is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)CHARLENE BOFINGER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(2)PATRICIA KUROWSKI	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(3)SANDRA SCHOLAR	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)F NEVILLE WITHINGTON	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)RICHARD ORTH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)CYNTHIA VOCCIA	1.00									
SECRETARY	0.	X		Х				0.	0.	0.
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

Form **990** (2018)

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Pa	rt VII Section A. Officers, Directors, Tru		y Em	plo			and F	ligi					
	(A) Name and title	Average hours per week (list any hours for related organizations	box,	unles er and	s pe	ition more rson irect	than o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo or comp froi	(F) mated ount of ther ensation the nization	on
		below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		and	related	t
			-										
			-										
			-										
1b	Sub-total							>	0.	0.			0.
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	-						>	0.	0.			0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste			e) who	re					
	reportable compensation from the organization			•								Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for such	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	rom	any	uni	related organization	on or individual	5		X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization. Report cyear.												
								1					

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse or note to a	ny line in this Part VI	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants lar Amounts	1a b c	Federated campaigns	1a 125,693. 1b 1c 20,570.				
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f:	1e 1,179,846. \$ 78,861.				
	h	Total. Add lines 1a-1f		1,326,109.			
nue			Business Code				
Program Service Revenue	2a b c d	ADOPTION FEES		175,490.	175,490.		
ogr	f	All other program service revenue					
<u>-</u>	g	Total. Add lines 2a-2f	<u></u>	175,490.			
	3	and other similar amounts)	_	3,459.			3,459.
	4	Income from investment of tax-exempt	•	0.			
	5	Royalties		0.			
	6a	Gross rents		-			
	b	Less: rental expenses					
	C d	Rental income or (loss) Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securi					
		assets other than inventory Less: cost or other basis	13,012.	-			
	b	and sales expenses					
	С	Gain or (loss)	13,012.				
	d	Net gain or (loss)		13,012.			
enne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c). See Part IV, line 18					
ᅙ		Less: direct expenses					
	9a	Net income or (loss) from fundraising e Gross income from gaming activities.		0.			
	.	See Part IV, line 19					
	b	Less: direct expenses Net income or (loss) from gaming activ	. 0	0.			
		Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold	. b 0.	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions		1,518,070.	175,490.		3,459.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response			· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		охроносс	general expenses	скропосо
•	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	69,940.	65,044.	3,497.	1,399.
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	5,619.	5,226.	281.	112.
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.		0.064	
	Accounting	8,364.		8,364.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
9	Other. (If line 11g amount exceeds 10% of line 25, column	664 700	660 303		4 217
	(A) amount, list line 11g expenses on Schedule O.) ATCH 1	1,076.	660,392. 1,076.		4,317.
	Advertising and promotion	5,148.	1,394.	2,625.	1,129.
13	Office expenses	3,157.	2,936.	158.	63.
14	Information technology	0.	2,930.	130.	
15	Royalties	9,203.	8,559.	460.	184.
16	Occupancy	26,639.	26,639.	400.	
17	Travel	20,035.	20,037.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40	• • • • • • • • •	46,989.			46,989.
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	13,232.	13,232.		
22 23	Depreciation, depletion, and amortization	12,213.	11,358.	611.	244.
24	Insurance			, , ,	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
•	BANK FEES	4,542.	4,517.	25.	
	TAXES AND LICENSES	3,878.	3,587.	274.	17.
	PRINTING AND PUBLICATIONS	3,018.	770.	99.	2,149.
d					·
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	877,727.	804,730.	16,394.	56,603.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
_	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

Та	I L A	Bululio Gilot					
		Check if Schedule O contains a response of	r no	te to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			110,576.	1	54,275.
	2	Savings and temporary cash investments	260,342.	2	950,056.		
	3	Pledges and grants receivable, net	0.	3	0.		
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and t	s and other receivables from current and former officers, directors,				
		trustees, key employees, and highest co					
		Complete Part II of Schedule L			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
G		organizations (see instructions). Complete Part II of Sche	edule		0.		0.
Assets	7	Notes and loans receivable, net			0.		0.
As	8	Inventories for sale or use			0.		0.
	9	Prepaid expenses and deferred charges		,	6,727.	9	5,007.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation	10b	46,088.	45,016.		
	11					11	0.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			750.		750.
	16	Total assets. Add lines 1 through 15 (must equal			423,411. 123,020.		1,041,872.
	17	Accounts payable and accrued expenses				_	101,138.
	18	Grants payable		18	0.		
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities	o mt 1\/	of Cohodula D	0.		0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for					
Ē		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedule			0	22	0.
Lia	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.		0.
	25	Other liabilities (including federal income tax,			<u> </u>	24	-
	23	parties, and other liabilities not included on lines					
		of Schedule D		,	0.	25	0.
	26	Total liabilities. Add lines 17 through 25			123,020.	26	101,138.
s		Organizations that follow SFAS 117 (ASC 958),	chec				
Fund Balances	27	complete lines 27 through 29, and lines 33 and Unrestricted net assets			300,391.	27	940,734.
3al	28	Temporarily restricted net assets			0.	28	0.
٦٩	29	Permanently restricted net assets			0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, che	ck here ▶ and			
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ıipme			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33	T . I			300,391.	33	940,734.
	34	Total liabilities and net assets/fund balances			423,411.	34	1,041,872.

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OIIII 30	70 (2010)				ıα	JC • =
Part						
	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			18,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			77,7	
3	Revenue less expenses. Subtract line 2 from line 1	3	640,34			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	00,3	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		9	40,7	734.
Part	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit acc	counta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2018 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total contributions, Gifts. grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by (other each person governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). % 15 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this

ıva	33 1/3 // Support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3 // or more, check this	
	box and stop here . The organization qualifies as a publicly supported organization	
b	331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check	_
	this box and stop here . The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	_
	organization	
b	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	_
	supported organization	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

 Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	538,271.	519,092.	479,114.	644,335.	1,326,109.	3,506,921.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	135,729.	110,060.	176,094.	204,521.	175,490.	801,894.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	674,000.	629,152.	655,208.	848,856.	1,501,599.	4,308,815.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	44,253.		35,505.	1,000.	1,227.	81,985.
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						0.
_	Add lines 7a and 7b	44,253.		35,505.	1,000.	1,227.	81,985.
8	Public support. (Subtract line 7c from						
	line 6.)						4,226,830.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	674,000.	629,152.	655,208.	848,856.	1,501,599.	4,308,815.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	62.	84.	56.	50.	3,459.	3,711.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	62.	84.	56.	50.	3,459.	3,711.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						0.
40	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)	674,062.	629,236.	655,264.	848,906.	1,505,058.	4,312,526.
14	First five years. If the Form 990 is f					L	
•	organization, check this box and stop here	ŭ			•		` ^ ` / _
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2018 (line 8			nn (f))		. 15	98.01%
16	Public support percentage from 2017 Sche		•			16	97.22%
	tion D. Computation of Investmen						
<u> 17</u>	Investment income percentage for 2018 (lin			3 column (f))		17	.09%
18	Investment income percentage for 2017					18	.01%
	331/3% support tests - 2018. If the org						
134	17 is not more than 331/3%, check th						
h		-	-	•			
D	331/3% support tests - 2017. If the orgaline 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization			•	. ,		H 1
		OHOUR	~~	.,	,		

JSA 8E1221 1.000

Yes No

Schedule A (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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 (b) and (c) 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 disqualified persons (as defined in 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 in 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.**
- 10 a 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 determine whether the organization had excess business holdings.)

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	10b	

Schedule A (Form 990 or 990-EZ) 2018 Page 5

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Part	Supporting Organizations (continued)			
			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 in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secti	on B. Type i Supporting Organizations		Yes	No
			163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
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		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 (2), 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		
Secti	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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	Activities Test Anguay (a) and (b) halou		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		
	or to supported organizations: ii 100, accombe in rait fr aid fold played by the organization in tillo fedald.	JU	1	i .

Schedule A (Form 990 or 990-EZ) 2018 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	zations r	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y integra	ated Type III supporting	g organization (see
instructions).			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part V

Schedule A (Form 990 or 990-EZ) 2018 Page 8

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number Name of the organization HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** $\lfloor exttt{X}
floor$ 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 or 990-EZ), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization HOMELESS ANIMALS RESCUE TEAM, INC

Employer identification number 54-1564904

Part I Con	tributors (s	see instructions).	Use duplicate copies of	Part I if additional	space is needed.
------------	--------------	--------------------	-------------------------	----------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMMA L NIKL TRUST 5538 TALON CT FAIRFAX, VA 22032	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JULIE ANNE BELL REV LIVING TRUST 100 N PITT STREET STE 206 ALEXANDRIA, VA 22314	\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	RICHARD S STONEBURNER ESTATE 13215 PENNYPACKER LANE FAIRFAX, VA 22033	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JEFFREY FORBES 3305 EDENVALE ROAD FAIRFAX, VA 22031	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)			
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 WILLIAM SCHUILING 12500 FAIR LAKES CIRCLE, STE 375	Total contributions	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization HOMELESS ANIMALS RESCUE TEAM, INC

Employer identification number 54-1564904

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	MARY DOLAN ESTATE	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	PETSMART CHARITIES 19601 N. 27TH AVE. PHOENIX, AZ 85027	- - \$\$	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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization HOMELESS ANIMALS RESCUE TEAM, INC

Employer identification number 54-1564904

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \\$	

Name of o	organization HOMELESS ANIMALS RESCUE	TEAM, INC	Employer identification number				
			54-1564904				
Part III	(10) that total more than \$1,000 for t	he year from any one contri ons completing Part III, enter the year. (Enter this information of	ns described in section 501(c)(7), (8), or butor. Complete columns (a) through (e) and ne total of exclusively religious, charitable, etc. once. See instructions.) ► \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(a) the of rife	(d) Description of how gift is held				
Part I	(b) Purpose of glit	(c) Use of gift	(d) Description of now glit is neid				
		(e) Transfer of gift					
	Transferee's name, address, and	i ZIP + 4	Relationship of transferor to transferee				
(a) No.							
From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- Revenue included on Form 990, Part VIII, line 1.

Schedule D (Form 990) 2018

Assets included in Form 990, Part X......

▶ \$

Schedule D (Form 990) 2018 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures	, or Othe	r Similar Assets (age =
3	Using the organization's acquisition								of its
	collection items (check all that app			,	,		3 · · · · · · · 3		
а	Public exhibition	.,,,	d	Loan o	r excha	nge progra	ams		
b	Scholarly research		e	Other					
C	Preservation for future gene	rations		_					
4	Provide a description of the organ		s and expla	ain how t	hev furt	her the o	rganization's exemp	t purpose in	Part
-	XIII.		o aa o,.p		,		.gaa.ioo	. pa.pooo	
5	During the year, did the organization	on solicit or receive	donations o	f art. histo	orical tre	easures, oi	other similar		
	assets to be sold to raise funds rath							Yes	No
Pa	rt IV Escrow and Custodial A				<u> </u>			100	
	Complete if the organiza		es" on For	m 990. P	art IV. I	line 9. or	reported an amou	nt on Form	
	990, Part X, line 21.				,				
1a	Is the organization an agent, truste	e, custodian or oth	er intermed	liary for co	ontributi	ons or oth	er assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	llowing tab	le:				_
	, ,		•	J			Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow o	r custodia	I account liability?	Yes	No
b	If "Yes," explain the arrangement i	•					, .		1
	rt V Endowment Funds.								
	Complete if the organiza	ation answered "Ye	es" on For	m 990, P	art IV,	line 10.			
		(a) Current year	(b) Prio	r year	(c) Two	years back	(d) Three years back	(e) Four years	back
1 a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
·	and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current year	end halanc	e (line 1a	column	(a)) held a	¢.		
a	Board designated or quasi-endown		%	o (iiilo 19,	COIGITIT	(a)) Hold d	o.		
b	Permanent endowment	%	_						
С	Temporarily restricted endowment	▶ %							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.						
3a	Are there endowment funds not in			ation that	are held	I and adm	inistered for the		
	organization by:							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	ed on Sch	edule R?	?		3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	/" -	000 [) t \ /	U 44 -	O F 000 D	out V. Die e. 40	
	Description of property	ation answered Y	r other basis	(b) Cost o				art X, IINE 10. d) Book value	•
	Description of property		r otner basis stment)		r otner bas her)		ccumulated (e preciation	J DOUK VAIUE	
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				77,87	2.	46,088.	31,7	84.
_е	Other								
	I. Add lines 1a through 1e. (Column		m 990. Part	X. column	(B). line	e 10c.)	•	31,7	784.

Schedule D (Form 990) 2018 Page **3**

Part VII	Complete if the organization answered	"Yes" on Form 990). Part	IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	,,	(c) Method of valuation	on:
(1) Financi	al derivatives				
	-held equity interests				
(3) Other_					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990), Part	IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuati Cost or end-of-year marke	
_(1)					
(2)					
(3)					
_(4)					
_(5)					
(6)					
(7)					
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990) Part	IV line 11d See Form 990	Part X line 15
		scription	, r art	110, 1110 110. Gee 1 61111 556,	(b) Book value
(1)	(a) 500	ooription			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)			
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990), Part	IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie I		
	ral income taxes	(1)			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	text of the footnote to th	e organ	nization's financial statements that rep	oorts the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018 Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return.	Tage 4
1 Total revenue, gains, and other support per audited financial statements	1	1,518,070.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		1,518,070.
3 Subtract line 2e from line 1	3	1,310,070.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.		
a investment expenses not included of 1 of 11 330, 1 art vin, inc 75 1 1 1 1 1 1		
b Other (Describe in Part XIII.)	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,518,070.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	877,727.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e 3	877,727.
3 Subtract line 2e from line 1		077,727.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7h 4a		
a investment expenses need included on Form 500, Fart Vin, into 75 T T T T T		
b Other (Describe in Part XIII.)	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		877,727.
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional experience of the complete this part to provide any additional experience.		

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Schedule D (Form 990) 2018

2-HART

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

HOMELESS ANIMALS RESCUE TEAM, INC

54-1564904

Employer identification number

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	l .						
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		205	E0 0E1				
25	Other ►(ATCH 1)		325.	78,871.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	-			20			
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	jement	29		Vaa	Na
20-	During the year did the conscient		h	ut., usus uts al in Dout I line	. 4 41		Yes	NO
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the he wood for exempt purposes for					30a		Х
L	to be used for exempt purposes for		ording period?			Sua		21
	If "Yes," describe the arrangement i		cance nation that require	on the review of any	nonatandard			
31	Does the organization have a					31		Х
222	contributions? Does the organization hire or use					31		
s∠a	•	•	•	•		323		Х
L	contributions?					32a		-25
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	alumn (a) for a type of area	norty for which column (a)	vie chooked			
33	describe in Part II.	amount III C	ordinin (c) for a type of pro	perty for writeri column (a)	ъ спескец,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
VETERINARY MEDICAL SERV	/IC X	250.	58,266.	FAIR MARKET VALUE
DONATED AUCTION ITEMS	X	75.	20,605.	FAIR MARKET VALUE
TOTALS	-	325.	78,871.	

Schedule M (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

HOMELESS ANIMALS RESCUE TEAM, INC

Employer identification number

54-1564904

990 REVIEW

THE 990 IS CIRCULATED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING

PUBLIC DISCLOSURE

HART'S 990 AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OR THROUGH THE VIRGINIA DEPTARTMENT OF AGRICULTURE AND CONSUMER AFFAIRS.

BOARD MEETING MINUTES

BOARD OF DIRECTOR MEETING MINUTES ARE DOCUMENTED AND DISTRIBUTED TO ALL BOARD MEMBERS.

CONFFLICT OF INTEREST POLICY

ON AN ANNUAL BASIS, EACH DIRECTOR REVIEWS THE CONFLICT OF INTEREST POLICY
AND COMPLETES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE FORM, IN WHICH
HE/SHE IDENTIFIES POTENTIAL CONFLICTS OF INTEREST OR STATES THAT THERE
ARE NONE. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE BOARD MEMBER
RECUSES HIMSELF/HERSELF FROM DISCUSSIONS AND VOTES ON THAT MATTER.

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
MEDICAL AND BOARDING	659,200.	659,200.		
KENNEL CONTRACTORS	1,192.	1,192.		
DEVELOPMENT SUPPORT	4,317.			4,317.
TOTALS	664,709.	660,392.		4,317.

Form 4797

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Identifying number

HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (a) Gain or (loss) 2 (b) Date acquired allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale 13,012. ATTACHMENT 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 13,012. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 12 12 13 13 14 15 15 16 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 18b For Paperwork Reduction Act Notice, see separate instructions.

54-1564904 Form 4797 (2018) Page 2

Part III Gain From Disposition of Property (see instructions)			- ,			(1)
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (m day, yr.)
A						
В						
С						
D						
		Property A	Property B		Property C	Property D
These columns relate to the properties on lines 19A through 19E). >	1 Topcity A	1 Topcity B		Troperty 0	1 Topcity 2
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22						
b Enter the smaller of line 24 or 25a.	25b					
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject						
to section 291.						
a Additional depreciation after 1975. See instructions .	26a					
b Applicable percentage multiplied by the smaller of						
line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property	00-					
• •	26c					
d Additional depreciation after 1969 and before 1976.						
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
dispose of farmland or if this form is being completed for						
a partnership.	270					
a Soil, water, and land clearing expenses						
b Line 27a multiplied by applicable percentage. See instructionsc Enter the smaller of line 24 or 27b	276 27c					
28 If section 1254 property:	276					
a Intangible drilling and development costs, expenditures						
for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	202					
b Enter the smaller of line 24 or 28a	28a					
29 If section 1255 property:	200					
a Applicable percentage of payments excluded from						
income under section 126. See instructions	202					
b Enter the smaller of line 24 or 29a. See instructions						
Summary of Part III Gains. Complete propert		lumns A through	D through line	29h	before going to	line 30.
, , , , , , , , , , , , , , , , , , ,	,				gamig is	
30 Total gains for all properties. Add property columns <i>I</i>	A thro	ugh D, line 24				30
31 Add property columns A through D, lines 25b, 26g, 2						31
32 Subtract line 31 from line 30. Enter the portion from						
other than casualty or theft on Form 4797, line 6						32
Part IV Recapture Amounts Under Section (see instructions)	ıs 17	79 and 280F(b)(2)	When Busine	ess	Use Drops to 50	0% or Less
,					(a) Section	(b) Section
					179	280F(b)(2)
33 Section 179 expense deduction or depreciation allow	ahle	in prior years		33		
34 Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. Se				35		
The state of the s	0				ı	Form 4797 (

ATTACHMENT 1

Description	Date Acquired VARIOUS	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year 13,012.
DISPOSAL OF VAN	VARIOUS	VARIOUS	13,012.	21,484.	21,484.	13,012.
Totals						13,012.