Fax: 202-403-3888

HOMELESS ANIMALS RESCUE TEAM, INC
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2023

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-TE 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, 2024. 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-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning ______ and ending _____

ling _____ 2(0)**2**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Internal Revenue Service EIN or SSN HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Name and title of officer or person subject to tax FRANCES WITHINGTON, TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,785,068. 1a Form 990 check here 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a b Balance due (Form 8868, line 3c) 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or L I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 1 1 8 2 1 1 3 as my signature X I authorize S.E. MCMASTER & ASSOCIATE to enter my PIN **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11/14/2024 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |7|8|0|8|8|9|3|0|0|7| Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date ERO's signature **ERO Must Retain This Form - See Instructions**

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Form 990

Return of Organization Exempt From Income Tax

ons) 202

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

A	For th	ie 2023 caie	endar year, or tax year beginning		and ending	3					
В	Check if a	applicable:	C Name of organization					Employe	er identification number		
_	_		HOMELESS ANIMALS RES	CUE TEAM, INC							
	Addre	ess change	Doing business as					54-15			
	Name	change	Number and street (or P.O. box if m	ail is not delivered to street addres	S)	Room/su	ite E	Telephor	ne number		
	Initial		PO BOX 7261					()	_		
	4	return/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code			G	Gross re	ceipts \$		
	_	ded return	FAIRFAX STATION, VA						1,785,068.		
	Applic	cation pending	F Name and address of principal office	er: FRANCES WITHING	TON		H(a) Is this a subordina		for Yes X No		
			PO BOX 7261, FAIRFAX	STATION, VA 22039	-7261		H(b) Are all s		ncluded? Yes No		
<u> </u>	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 494	7(a)(1) or	527	If "No,"	attach a list	t. See instructions.		
J	Webs	ite: WW	W.HART90.ORG				H(c) Group	exemption r	number		
K	Form	of organization	on: X Corporation Trust	Association Other	L	Year of forma	tion: 1990	M State	of legal domicile: VA		
Р	art I	Summ	ary								
	1	Briefly des	scribe the organization's mission o	or most significant activities:	HART IS A	NO-KIL	L ANIMA	L RES	CUE GROUP		
e	, , , , , , , , , , , , , , , , , , , ,										
яľ		PET OWNERS AN OPTION, AND ANIMALS ON DEATH ROW A CHANCE.									
/eri	2	Check this	s box if the organization	discontinued its operations	or disposed	of more	han 25%	of its r	net assets.		
Governance	3	Number of	f voting members of the governing	body (Part VI, line 1a)				. 3	6		
			f independent voting members of						6		
Activities &	5		ber of individuals employed in cale						7		
Ξ̈́	6		ber of volunteers (estimate if neces						140		
Ac	7a		lated business revenue from Part V								
			ated business taxable income from								
							Prior Yea		Current Year		
	8	Contribution	ons and grants (Part VIII, line 1h)				1,019	,706.	1,428,275.		
Revenue	9		service revenue (Part VIII, line 2g)					,574.	345,319.		
eve	10		at income (Part VIII, column (A), line					575.	6,197.		
Ř	11		enue (Part VIII, column (A), lines 5,				4	,119.	5,277.		
	12		nue - add lines 8 through 11 (mus				1,416		1,785,068.		
	13		d similar amounts paid (Part IX, col					NONE	NONE		
	14		aid to or for members (Part IX, colu					NONE	NONE		
	4-		other compensation, employee ben				124	,070.	151,648.		
Expenses	16a		nal fundraising fees (Part IX, column					NONE	NONE		
ber	. I ou		raising expenses (Part IX, column (NOIVE	110111		
ŭ	17		enses (Part IX, column (A), lines 11				1,134	469	1,227,934.		
	18		enses. Add lines 13-17 (must equal				1,258		1,379,582.		
	19		ess expenses. Subtract line 18 from					,435.	405,486.		
or es		ivevenue i	ess expenses. Subtract line 10 nor	irillie iz			ning of Curre		End of Year		
ets (20	Total acco	ts (Part X, line 16)			203		,358.	1,474,905.		
Ass. Bal	21		ities (Part X, line 26)					,097.	100,659.		
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21			• • •		,261.	1,374,246.		
	art II		ture Block	i iioiii iiile 20			703	, 201.	1,3/1,210.		
			rjury, I declare that I have examined th	is return including accompanyin	g schedules and	statements	and to the be	st of my	knowledge and belief it is		
tru	e, corre	ect, and comp	plete. Declaration of preparer (other than	n officer) is based on all information	on of which prep	arer has any k	nowledge.				
							1	1/14/	2024		
Sig	gn	Signature of	of officer				Date	1/14/	2024		
He	-			m							
			S WITHINGTON nt name and title	1.	REASURER						
		,,,,,,,	preparer's name	Preparer's signature	Dat	e.			PTIN		
Pai	d	1					Check 24 self-em	<u></u> ". I			
Pre	parer		MASTER CPA	S E MCMASTER CPA	11	1/15/202	1		P00310424		
Use	Only			· · · · · · · · · · · · · · · · · · ·			Firm's EIN		0-0709624		
N 4 -	41	Firm's add		STE 705 WASHINGTON, DC 200			Phone no.		02-223-5001		
$\overline{}$			ss this return with the prepare		Ctions				X Yes No		
For	rape	erwork Red	uction Act Notice, see the separat	te instructions.					Form 990 (2023)		

Form 990 (2023) Page **2**

Pa		Statement of Program Service	e Accomplishments a response or note to any line in this Par	+ III						
1		scribe the organization's missic								
•	-	-	 ESCUE GROUP THAT WAS FOUNDE	ED TO GIVE ANIMAL						
			NSIBLE PET OWNERS AN OPTON							
		ROW A CHANCE.								
2			nificant program services during the ye							
	prior Forn	n 990 or 990-EZ?			Yes X No					
		lescribe these new services on								
3			g, or make significant changes in							
					Yes X No					
		lescribe these changes on Sche								
4			ervice accomplishments for each of							
			e)(4) organizations are required to reported.	ort the amount of grants and	d allocations to others,					
	the total t	expenses, and revenue, if any, if	or each program service reported.							
12	(Code:) (Expenses \$ 1	,334,399. including grants of \$) (Revenue \$	245 210					
Tu			E TEAM (HART), A NO-KILL AN							
	GROUP. HART PROVIDES ASSISTANCE TO PEOPLE WHO, DUE TO FAILING HEALTH, FINANCIAL DISTRESS, OR OTHER PERSONAL CIRCUMSTANCES,									
	REOUIRE 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									
			OGRAM IS FROM ADOPTION FEES							
	2022 (OVER 803 ANIMIALS WER	E ASSISTED BY HART.							
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)					
					· · · · · · · · · · · · · · · · · · ·					
4d		ogram services (Describe on Sc	•							
	(Expense			e \$)						
4e	Total prod	gram service expenses	1,334,399.							

JSA 3E1020 2.000 Page 3
Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		3.5
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11.0		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		37
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023)
Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
	Did the approximation person than \$5,000 of prosts on other assistance to an fau demostic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.5
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	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?			
	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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		X
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			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		•		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2023) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 7			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- Cu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	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.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
D	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17		

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Form 990 (2023) Part VI

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

Soct	ion A. Governing Body and Management			Λ
Seci	Ton A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year		100	
1a	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	-		
L	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
	Enter the number of voting members included on line 14, above, who are independent.	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х
	supervision of officers, directors, 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?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		3.5
	one or more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		3.5
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	. (000		0.(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy.
	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 record THE ORGANIZATION PO BOX 7261 FAIRFAX STATION, VA 22039-7261	ls.		

703-691-4278

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson	e than of is both tor/trust	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NEC)	related organizations
(1) CHARLENE BOFINGER	1.00									
VICE PRESIDENT	NONE	Х		Х				0	0	0
(2) PATRICIA KUROWSKI	1.00									
PRESIDENT	NONE	Х		Х				0	0	0
(3) F NEVILLE WITHINGTON	1.00									
TREASURER	NONE	Х		Х				0	0	0
(4) MICHAEL BOWMAN	1.00									
DIRECTOR	NONE	Х						0	0	0
(5) CYNTHIA VOCCIA	1.00									
SECRETARY	NONE	Х		Х				0	0	0
(6) AMY HARRISON	1.00									
DIRECTOR	NONE	X						0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	Hig	hest Compensat	ed Employe	es (co	ntinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	am com	(F) timated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	orga and	om the anizatio d related inization	t
													
	 												
1b Sub-total c Total from continuation sheets to Part VII, S	Section A						>	NONE NONE		NONE			NONE None
d Total (add lines 1b and 1c)	limited to t					e) who	o re	NONE eceived more than		NONE		:	NONE
reportable compensation from the organizatio	n ►				NO	NE						Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	^l If	"Yes	5, "				4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	from	n any	un				5		X
Section B. Independent Contractors	, <u>-</u>						,			•			
Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	Со	(C) mpens	ation	
							+						

JSA 3E1055 1.000

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more than \$100,000 in compensation from the organization ▶

Total number of independent contractors (including but not limited to those listed above) who received

NONE

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s,	1a	Federated campaigns 1a	76,110.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ည် ရို	C	Fundraising events	70,732.				
fts, r A	d	Related organizations 1d					
≘ق	e	Government grants (contributions) 1e					
ns, Sin	f	All other contributions, gifts, grants,					
er.		and similar amounts not included above . 1f	1,281,433.				
혈본	g	Noncash contributions included in					
E D		lines 1a-1f 1g	\$ 605,782.				
g g	h	Total. Add lines 1a-1f		1,428,275.			
			Business Code				
<u>8</u>	2a	ADOPTION FEES		345,319.	345,319.		
Program Service Revenue	b						
n Si	С						
Fan	d						
og R	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		345,319.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		6,197.			6,197.
	4	Income from investment of tax-exempt bond	•	NONE			
	5	Royalties	(ii) Personal	NONE			
	_		(II) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	NONE				
	C	rtoritar income or (loco)	1	NONE			
	d 7a	Net rental income or (loss)	(ii) Other	NONE			
	l la	sales of assets	(ii) Guilei				
		other than inventory 7a					
Ф	b	Less: cost or other basis					
evenue	_	and sales expenses 7b					
eve	С	Gain or (loss) 7c					
~	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ö		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
Snc		MICCELL AMEQUE	Business Code	F 088	E 085		
Miscellaneous Revenue	11a	MISCELLANEOUS		5,277.	5,277.		
la ver	b						
Sce	C	All other revenue					
Ξ	d	All other revenue		5,277.			
		Total. Add lines 11a-11d Total revenue. See instructions		1,785,068.	350,596.		6,197.

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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 resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	140,842.	130,982.	7,043.	2,817.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	10,806.	10,050.	540.	216
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	NONE			
	Accounting	18,866.		18,866.	
	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O	1 005 155	0.0	2.5
	(A), amount, list line 11g expenses on Schedule O.)	1,095,281.	1,095,155.	90.	36
	Advertising and promotion	288.	268.	14.	6
13	Office expenses	12,047.	11,204.	602.	241
14	Information technology	3,943.	3,667.	197.	79
15	Royalties	NONE	11 001	624	0.5.4
16	Occupancy	12,679.	11,791.	634.	254
17	Travel	17,776.	17,776.		
18	Payments of travel or entertainment expenses	170177			
	for any federal, state, or local public officials	NONE			0.000
	Conferences, conventions, and meetings	9,928.			9,928
	Interest	NONE			
	Payments to affiliates	NONE	10 (00	1 050	400
	Depreciation, depletion, and amortization	21,172.	19,690.	1,059.	423
	Insurance	13,737.	12,775.	687.	275
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
		12,994.	12,084.	650.	260
	BANK FEES			190.	76
	TAXES AND LICENSES	3,804. 5,419.	3,538. 5,419.	190.	7.6
	DISPOSAL OF FIXED ASSETS	5,419.	5,419.		
d					
	All other expenses Add lines 1 through 24e	1,379,582.	1,334,399.	30,572.	11 611
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,3/9,302.	1,334,333.	30,372.	14,611
_•	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)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	602,343.	1	175,162.
	2	Savings and temporary cash investments	58,960.	2	171,272.
	3	Pledges and grants receivable, net	62.	3	NON
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ß	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	2,285.	9	4,837.
	_	Land, buildings, and equipment: cost or other	2,203.		1,037.
	10 a	basis. Complete Part VI of Schedule D 10a 991,734.			
	h	Less: accumulated depreciation	21,263.	100	868,925.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	300,445.	11	253,709.
	12				
		Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	1,000.	15	1,000.
-	16	Total assets. Add lines 1 through 15 (must equal line 33)	986,358.	16	1,474,905.
	17	Accounts payable and accrued expenses	81,097.	17	100,659.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
api		controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	81,097.	26	100,659.
Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	, , , ,		
<u>a</u>	27	Net assets without donor restrictions	905,261.	27	1,354,446.
Ba	28	Net assets with donor restrictions.	NONE		19,800.
pun		Organizations that do not follow FASB ASC 958, check here	TVOTVE		10,000.
J. F		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
ét	32	Total net assets or fund balances	905,261.	32	1,374,246.
_	33	Total liabilities and net assets/fund balances	986,358.	33	1,474,905.
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Part	XI Reconciliation of Net Assets					\equiv
	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		1,7	85,	068
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	79,	<u> 582</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		4	05,	<u>486</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	05,	<u> 261</u>
5	Net unrealized gains (losses) on investments	5			41,	<u>499</u>
6	Donated services and use of facilities	6			22,	000
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		<u>1,3</u>	74,	<u> 246</u>
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," ex	xplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh [.]	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

)				
	Open to Public				
on.	Inspection				
Employer identification number					

HON	/ELI	ESS ANIMALS RESCUE :	TEAM, INC				54-1	564904
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz						(iii). Enter the
		hospital's name, city, and st	=	•	•		(// // /	` ,
5		An organization operated t	for the benefit of	a college or universit	v owned	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		J	•	•	, 0	
6		A federal, state, or local go	-	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	•				, , , , , , ,	om the general public
		described in section 170(b)	-	· · · · · · · · · · · · · · · · · · ·		3 3 3		3
8		A community trust describe			Part II.)			
9	\Box	An agricultural research org					d in conjunction with a	land-grant college
•		or university or a non-land-	=			-		
		university:	g.a comogo o. ag	,aa. (555sas.	.00,		ilaino, ony, and otato o	e comogo o
10	y	An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cou	ntributions membersh	in fees, and gross
. •		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s: and (2) no more thar	1 331/3 % of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized						
12	\vdash	An organization organized a	•	•	•			ry out the nurnoses of
		one or more publicly suppo	•	•				• • •
		the box on lines 12a through	_					
_	Г	Type I. A supporting orga		• • • • • • • • • • • • • • • • • • • •			·	
а	_	the supported organization	•	•	-		. , ,	
		supporting organization.				ajority of	the directors of truste	es of the
h	Г	7	-			. with ito	oupported organization	an(a) by baying
b	_	☐ Type II. A supporting org	•				- · · ·	
		control or management of		=	me sam	e persor	is that control of man	age the supported
_	Г	organization(s). You must			ممالممد		n with and functional	lu into anoto d with
С		☐ Type III functionally integ						ly integrated with,
	Г	its supported organization		•				tad arganization(a)
d	_	☐ Type III non-functionally			-			
		that is not functionally inte	-		-		•	an attentiveness
_	Г	requirement (see instruct	•	=				I Type III
е		☐ Check this box if the orga					•••	і, туре ііі
f	En	functionally integrated, or ter the number of supported		ionally integrated sup	porting c	organizai	uon.	
g		ovide the following information	-					
_ 9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,	and or cupperiou organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					163	NO		
(A)								
(D)								
(B)								
(C)								
(D)								
/ C \								
(E)								
Tota	al							
								1

Par	t II Support Schedule for Orga	anizations De	scribed in Se	ections 170(b))(1)(A)(iv) and	1 170(b)(1)(A)(vi)
	(Complete only if you checke						alify under
	Part III. If the organization fai	ls to qualify u	nder the tests	listed below, p	olease comple	te Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support			T	T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for						
	organization, check this box and stop here						
	tion C. Computation of Public Sup	•					
14	Public support percentage for 2023 (li		•				%
15	Public support percentage from 2022						<u>%</u>
16a	331/3% support test - 2023. If the or	-					
h	box and stop here. The organization q 33 1/3% support test - 2022. If the org	-		_			
D	this box and stop here . The organizati	•					
17a	10%-facts-and-circumstances test - 2	•		_			
	10% or more, and if the organization		-				
	Part VI how the organization meets					-	-
	organization			_	-		
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the organia	zation meets th	ne facts-and-cire	cumstances test	, check this box	x and stop her	e. Explain
	in Part VI how the organization meet						
	organization						
18	Private foundation. If the organization	on did not ched	ck a box on lin	e 13 16a 16h	17a or 17b	check this how	and see

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				•	,	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	497,519.	610,874.	618,724.	1,019,706.	1,428,275.	4,175,098.
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	201,659.	324,854.	300,244.	392,574.	345,319.	1,564,650.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	699,178.	935,728.	918,968.	1,412,280.	1,773,594.	5,739,748.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						NONE
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						NONE
С	Add lines 7a and 7b						NONE
8	Public support. (Subtract line 7c from						
	line 6.)						5,739,748.
	tion B. Total Support	() 0040	420000	() 0004	(1) 0000	() 2222	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6. Gross income from interest, dividends,	699,178.	935,728.	918,968.	1,412,280.	1,773,594.	5,739,748.
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	7,277.	1,078.	17.	75.	6,197.	14,644.
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						NONE
_	acquired after June 30, 1975	7,277.	1 070	17.	75.	6,197.	NONE 14,644.
	Add lines 10a and 10b	1,211.	1,078.	17.	/5.	6,197.	14,644.
11	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONE
	, , , , , , , , , , , , , , , , , , ,						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	NONE	NONE	NONE	4,119.	5,277.	9,396.
13	Total support. (Add lines 9, 10c, 11,	1.0112	1.0141	TONE	1,113.	3,2.7.	2,330.
. •	and 12.)	706,455.	936,806.	918,985.	1,416,474.	1,785,068.	5,763,788.
14	First 5 years. If the Form 990 is for						
	organization, check this box and stop here.	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,	column (f), divide	ed by line 13, colun	nn (f))		15	99.58%
16	Public support percentage from 2022 Sche	dule A, Part III, lin	e 15			16	99.69%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2023 (lin			3, column (f))		17	0.25%
18	Investment income percentage from 2022 S				ì	18	0.22%
19 a	331/3% support tests - 2023. If the or				`	ore than 331/3 %,	
	17 is not more than 331/3 %, check this	box and stop	here. The organ	ization qualifies	as a publicly su	pported organiza	tion X
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check a	box on line 14	4, 19a, or 19b,	check this box	and see instru	ctions

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 line 10b below.
 - b 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.)

		Yes	No
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	V Supporting Organizations (continued)		'	age •
Part	Supporting Organizations (continued)		ΥΔε	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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		
Section	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		
Section	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 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		Yes	No
2	provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structi	ons).	
a	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 governmental entity (see	ee instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," 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 <i>the role played by the organization in this regard.</i>	3b		

Page 6 Schedule A (Form 990) 2023

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	<u>S</u>				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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					
_	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4		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			ited Type III supporting	n organization			
'	(see instructions).	ny miegla	ned Type in Supporting	y organization			

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity		2	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations 3	3			
4	4 Amounts paid to acquire exempt-use assets 4						
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)	5	5			
6	Other distributions (describe in Part VI). See instructions.		6	6			
7	7 Total annual distributions. Add lines 1 through 6. 7						
8	8 Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9	9 Distributable amount for 2023 from Section C, line 6 9						
10	10 Line 8 amount divided by line 9 amount						
			/ii\		(iii)		

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

Schedule A (Form 990 or 990-EZ) 2023

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 A, PART III - OTHER INC	OME					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	NONE	NONE	NONE	4,119.	5,277.	9,396.
-						
TOTALS	NONE	NONE	NONE	4,119.	5,277.	9,396.
=		==========			==========	

Schedule A (Form 990 or 990-EZ) 2023

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JSA

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

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

Schedule of Contributors

OMB No. 1545-0047

2023

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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Schedule B (Form 990) (2023)

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	MICHAEL WEISS 7797 HEATHERTON LANE POTOMAC, MD 20854	\$605,782.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ESTATE OF KAREN MEAGHER 13457 LONG DAYS CT HIGHLAND, MD 20777	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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 organization **Employer identification number** HOMELESS ANIMALS RESCUE TEAM, INC 54-1564904 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (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 ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

the organization Employer identification number

IValli	e of the organization	Employer identification number
HOI	MELESS ANIMALS RESCUE TEAM, INC	54-1564904
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D:	art II Conservation Easements	
1 (Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a certified filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	no form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_	· · · · ·	
a		2a
b		2b
C	· · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
•		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	- Lander C
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expanses insurred in manitaring inspecting handling of violetiens, and enforcing con-	econyation accompants during the year
′	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	iservation easements during the year
8	Door each concernation accoment reported on line 2d above catisfy the requirements of castis	on 170(h)(4)(P)(i)
0	Does each conservation easement reported on line 2d above satisfy the requirements of section and paction 170(b)(4)(P)(ii)2	
^	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and sheet, and include, if applicable, the text of the footnote to the organization's financial statements.	
	organization's accounting for conservation easements.	ins that describes the
P:	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	J
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and halance sheet works
ıa	of art, historical treasures, or other similar assets held for public exhibition, education, o	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	arch in furtherance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	¢
	(ii) Assets included in Form 990, Part X	
2		
2	If the organization received or held works of art, historical treasures, or other similar as	sets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	C
a h	Revenue included on Form 990, Part VIII, line 1	Φ

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historic	cal Treasure	es, or (Other :	Similar Asset	ts (contin	ued)	
3	Using the organization's acquisition	on, accession, and	other records	, check any	of the	followi	ng that make	significan	use	of its
	collection items (check all that app	ly).								
а	Public exhibition		d	Loan or excl						
b	Scholarly research		е	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	s and explain	how they fu	urther t	the org	anization's exe	empt purp	ose in	Part
	XIII.									
5	During the year, did the organization									_
	assets to be sold to raise funds rath		ained as part	of the organi	zation's	collec	tion?	Ye	s	No
Pa	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a	Is the organization an agent, trus	tee, custodian or o	ther intermed	diary for con	tributio	ns or	other assets n	ot		
	included on Form 990, Part X?							. Ye	s	No
b	If "Yes," explain the arrangement in									
							Amo	ount		
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance									_
	Did the organization include an am	·	•	•			•			No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the expl	anation has b	een pro	ovided ii	n Part XIII			
Pa	rt V Endowment Funds		" -	000 D IV	/ U	40				
	Complete if the organiza									
		(a) Current year	(b) Prior ye	ear (C) I	wo years	раск	(d) Three years ba	ack (e) Fo	ur years	back
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage Board designated or quasi-endown			line 1g, colum	ın (a)) h	neld as:				
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of the	he organizatio	on that are he	eld and	admini	stered for the			
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(i)	
b	If "Yes" on line 3a(ii), are the relate	•	•		R?			3b		
4	Describe in Part XIII the intended u		ition's endown	nent funds.						
Pa	rt VI Land, Buildings, and Equ Complete if the organization	Jipment ation answered "Y	es" on Form	990. Part I\	/. line	11a. S	ee Form 990	. Part X. I	ine 10).
	Description of property	(a) Cost or	r other basis (I	b) Cost or other		(c) Acc	umulated	(d) Book		
	Land	,	stment)	(other)		depre	ciation			
1a	Land			407,9			1 500		107,9	
b	Buildings			373,0	183.		1,566.		371,5	1.
C	Leasehold improvements			010	0.7	1 0	1 242		00 4	1.1
d	Equipment			210,6	00/.	12	21,243.		89,4	44.
<u>e</u> Tota	Other I. Add lines 1a through 1e. (Column	(d) must equal For	m 990 Part Y	line 10c colu	ımn (R)))		(868,9	25
		1	,	55, 56/6	· · · · · (<i>-</i> /	/			$\cdot \cdot $	

54-1564904

Part VII	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11b. See Form 990, Part 2	K, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII				
· are viii		d "Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part	K. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	,
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	E 00.	0 D 4 N/ II 44 L O E 000 D 4	/ II
			0, Part IV, line 11d. See Form 990, Part 2	
	(a) De	escription	(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15,	col. (B))		
Part X	Other Liabilities	(//		
		d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990	. Part X.
	line 25.			,
1.	(a) Descrip	otion of liability	(b)	Book value
	ral income taxes	otion or nability	(10)	Book value
	Tal modific taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, line 25, col. (B))	<u> </u>		
0 1 = 1:114 · · 4	or uncortain tax positions. In Part VIII provide the	text of the footnote to	the organization's financial statements that repo	orte the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

JSA
3E1270 1.000

Schedule D (Form 990) 2023

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
1	Total revenue, gains, and other support per audited financial statements	1	1,848,567.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	63,499.
3	Subtract line 2e from line 1	3	1,785,068.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4.	
С 5	Add lines 4a and 4b	4c 5	1,785,068.
Part			1,705,000.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total expenses and losses per audited financial statements	1	1,379,582.
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	-	
	Citio 100000, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	-	
	Other (Describe in Part XIII.)	2e	
3	Subtract line 2e from line 1	3	1,379,582.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,379,582.
Provide	Supplemental Information the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; FXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line

Part XIII Supplemental Information (continued)

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

HOMELESS ANIMALS RESCUE TEAM, INC

54-1564904

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 conti		0
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		1	605,782.			
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
14	structures						
14	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						
25	Other (FARM EQUIPMENT)	X	1	22,000.	APPRAISAL		
26	Other ()						
27	Other ()						
	Other (
29	Number of Forms 8283 received						
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29	1.0	
	-				1	Ye	s No
30a	During the year, did the organizat			-	- 1		
	28, that it must hold for at least 3	-			-	200	37
	used for exempt purposes for the e		period?			30a	X
	If "Yes," describe the arrangement in the arrangeme		tance policy that require	on the review of and	nonetandard		
31	Does the organization have a					31	v
220	contributions? Does the organization hire or use					31	X
32d	contributions?	•	· ·			32a	X
h	If "Yes," describe in Part II.					JZu	
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro-	perty for which column (a)	is checked		
	describe in Part II.	amount in t	enamin (o) for a type of proj	porty for willon column (a)	io orioonou,		

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

SCHEDULE 0 (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 Inspection

54-1564904

Department of the Treasury Internal Revenue Service

HOMELESS ANIMALS RESCUE TEAM, INC

Name of the organization

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

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.

 Schedule O (Form 990 or 990-EZ) 2023
 Page 2

Name of the organization	Employer identificatio	Employer identification number		
HOMELESS ANIMALS RESCUE	TEAM, INC		54-1564904	<u>: </u>
FORM 990, PART IX - OTHER FEES				
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
MEDICAL AND BOARDING CONSULTING	1,093,483. 1,798.	1,093,483. 1,672.	90.	36.
TOTALS	1,095,281.	1,095,155.	90.	36.

===========

______ _____

Schedule O (Form 990 or 990-EZ) 2023

Name of the organization

HOMELESS ANIMALS RESCUE TEAM, INC

54-1564904

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

EQUITIES 253,709. FMV

TOTALS 253,709.