

212912524
2024



GET OFF THE GRID HEARTY ROOTS & INTO YOUR HEART

BY: 180

Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Brendan Newell	Brendan Newell	7 creek lane	Damariscotta
2	Jill Davis	Jill Davis	400 Egypt Rd	Damariscotta
3	C.E. Ross	C.E. Ross	15 Brickwood cove Lane	Damariscotta
4	Quasler Sanford	Quasler Sanford	67 Westview Rd	Damariscotta
5	MINDA GOLD	Minda Gold	71 Leeward Rd	Damariscotta
6	Ben Buckland	Ben Buckland	16 Laurel lane	Damariscotta
7	Stacey Simpson	Stacey Simpson	9 Keene woods Rd	Damariscotta
8	Hannah Blossom	Hannah Blossom	8 School St.	Damariscotta
9	Kaitlyn Masten	Kaitlyn Masten	57 Meadow ct	Damariscotta
10	Zachary Davis	Zachary Davis	400 Egypt Rd	Damariscotta
11	Benedikt Blossom	Benedikt Blossom	8 School St.	Damariscotta
12	Jennifer Beglin	Jennifer Beglin	27 Pleasant	Damariscotta
13	William Smith	William Smith	44 Chapman St	Damariscotta
14	Carole Flouman	Carole Flouman	17 Wilbur St.	Damariscotta
15	Randy App	Randy App	17 Wilbur St	Damariscotta

CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator [Signature] Printed Name Haley Beglin

Signature of Notary Deborah L. Anderson Printed Name Deborah L. Anderson

Subscribed to and sworn before me on this date: 229-2024 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 13 TOTAL INVALID 2

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar [Signature] Date 3-11-2024

Signature on this petition page were collected by: _____ Date: _____

142



GET OFF THE GRID HEARTY ROOTS & INTO YOUR HEART

Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Norman P. Lacombe III		156 Elm St.	Damariscotta ME
2	Bob Lumb		21 Lewis St.	Damariscotta ME
3	Dan Hughes		29 Lewis Point Rd	Damariscotta ME
4	Joyce L. Greene		25 Lewis Point Rd	Damariscotta ME
5	Heleen Marsh		28 Lewis Rd	Damariscotta ME
6	Julie Clark		17 Elm St.	Damariscotta ME
7	Joanne Minot		31 Water St.	Damariscotta ME
8	be. miss mallow		35 Water St	Damariscotta ME
9	Ann P. Mallow		35 Water Street	Damariscotta ME
10	John Sando		33 Water Street	Damariscotta ME
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CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator Haley Bezan Printed Name Haley Bezan

Signature of Notary Deborah Anderson Printed Name Deborah Anderson

Subscribed to and sworn before me on this date: 2-29-2024 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 7 TOTAL INVALID 3

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Robyn S. Wenger Date 3-1-2024

Signature on this petition page were collected by: _____ Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	August Avantaggio		200 Heister Rd	Damariscotta
2	Abby Avantaggio		200 Heister Rd	Damariscotta
3	Kimberly Lane		278 Egypt Rd	Damariscotta
4	Nicole Ellis		49 Nissen Farm Ln.	Damariscotta
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CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator Printed Name Helen Bezon

Signature of Notary Printed Name Deborah Anderson

Subscribed to and sworn before me on this date: 2-29-2024 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 4 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Date 3-11-2024

Signature on this petition page were collected by: _____ Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Karen-Ann Hagar-Smith	<i>[Signature]</i>	44 Chapman St	Damariscotta
2	Karen Kleinkopf	<i>[Signature]</i>	59 Lesser Rd	Damariscotta
3	Timothy T. Goltz	<i>[Signature]</i>	59 Lesser Rd	Damariscotta
4	PETER BLUM	<i>[Signature]</i>	79 RUBEN LN.	Damariscotta
5	John Nyttner	<i>[Signature]</i>	35 PARKING LOT LAKE	Damariscotta
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CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator *[Signature]* Printed Name Haley Bezan

Signature of Notary Dorothy Anderson Printed Name Dorothy Anderson

Subscribed to and sworn before me on this date: 2-29-2024 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 5 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Kathleen S. Bezan Date 3-11-2024

Signature on this petition page were collected by: [Signature] Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Martha Bezan	<i>[Signature]</i>	16 Vine St.	Damariscotta
2	Martha Mervette	<i>[Signature]</i>	31 Church St.	Damariscotta
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CIRCULATOR'S OATH

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Signature of Circulator *[Signature]* Printed Name Healey Bezan

Signature of Notary *[Signature]* Printed Name Deborah Anderson

Subscribed to and sworn before me on this date: 2-29-2024 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 2 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Kathleen S. Winger Date 3-11-2024

Signature on this petition page were collected by: _____ Date: _____



REGISTRATION
2/29/2024
BY: 180

Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Patricia Sean	Patricia Sean	16 Blue Haven Lane	Damariscotta
2	Ryan Keaton	Ryan Keaton	22 Moonlight Dr	Damariscotta
3	Erin Keaton	Erin Keaton	22 Moonlight Dr	Damariscotta
4	Barbara Sewall	Barbara Sewall	120 Standpipe Rd	Damariscotta
5	Jean White	Jean White	74 Pine Ridge Rd	Damariscotta
6	MAIA HART	MAIA HART	37 High Street	Damariscotta
7	ROS DEWITT	ROS DEWITT	44 OLD COUNTRY RD	Damariscotta
8	Justin Roth	Justin Roth	35 Church St	Damariscotta
9	May White	May White	7 Beech St	Damariscotta
10	Patricia Kennedy	Patricia Kennedy	54 Burtall Rd	Damariscotta
11	Douglas Morton	Douglas Morton	75 Pines Ln	Damariscotta
12	Patricia I Kenner	Patricia I Kenner	28 Water St	Damariscotta
13	Ellen M. Ward	Ellen M. Ward	2411 Bay Drive	Damariscotta
14	Hannah Ineson	Hannah Ineson	45 High St.	Damariscotta
15	John Ineson	John Ineson	45 High St.	Damariscotta

CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

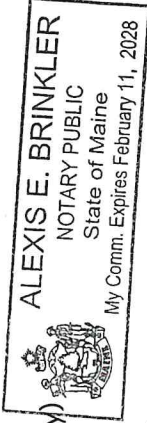
Signature of Circulator _____
Signature of Notary Alexis Brinkler Printed Name Shannon Parker
Subscribed to and sworn before me on this date: 11/21/23 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 15 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Kathleen S. Barber Date 3-11-2024
Signature on this petition page were collected by: _____ Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Brenda Jones	Brenda Jones	53 Chap St	Damariscotta
2	Suzanne Strick	Suzanne Strick	135 BACKMEAD	Damariscotta
3	Green Webster	Green Webster	134 W. Lewis Rd	Damariscotta
4	Alan Wells	Alan Wells	62 School St	Damariscotta
5	Steven Hufnagel	Steven Hufnagel	19 Church St	Damariscotta
6	Jessie Pinder	Jessie Pinder	114 Standhope Rd	Damariscotta
7	Shaw Pinder	Shaw Pinder	111 Standhope Rd	Damariscotta
8	Eleanor Busby	Eleanor Busby	85 Parkington	Damariscotta
9	Josua P. Irving	Josua P. Irving	35 Chapman St #5	Damariscotta
10	Jodianna Gallagher	Jodianna Gallagher	36 Sibbald LN	Damariscotta
11	Mary Devlin	Mary Devlin	43 Beach Lane	Damariscotta
12	Marcel T. Lounsbury	Marcel T. Lounsbury	73 Beach Ln	Damariscotta
13	Tom Anderson	Tom Anderson	92 Westview Rd	Damariscotta
14	Shirley White	Shirley White	17 Beach Meadow Rd.	Damariscotta
15	Jason Bent	Jason Bent	18 Memory Ln	Damariscotta

CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator _____

Printed Name _____

Shannon Parker

Signature of Notary _____

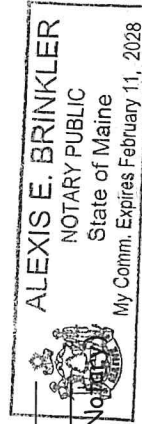
Printed Name _____

Alexis Brinkler

Subscribed to and sworn before me on this date: _____

11/21/23

(date must be completed by Notary)



REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 15 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Kathleen S. Berger

Date: _____

3-11-2024

Signature on this petition page were collected by: _____

Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Stu Mahar	<i>[Signature]</i>	156 Elm	Damariscotta
2	George C. Betke, Jr	<i>[Signature]</i>	13 W. Lewis Pt. Rd.	Damariscotta
3	Martha Bracy	<i>[Signature]</i>	16 Vine St	Damariscotta
4	Ann W. Jackson	<i>[Signature]</i>	12 Church St.	Damariscotta
5	EMON GRINNELL	<i>[Signature]</i>	15 CHAPMAN ST	DAMARISCOTTA
6	Stephen Wicks	<i>[Signature]</i>	247 Bristol Rd.	Dam.
7	Ann Wicks	<i>[Signature]</i>	247 Bristol Rd	Damariscotta
8	Barbara Bellanger	<i>[Signature]</i>	7 Belknap Pt Rd	Damariscotta ME
9	Mary-Ellen M. Devlin	<i>[Signature]</i>	295 Bristol Rd	Damariscotta ME
10	Stephen Phillip	<i>[Signature]</i>	20 Chapel St	Dam.
11	Lauren Cucci	<i>[Signature]</i>	71 Church St.	Damariscotta
12	Regina Davey	<i>[Signature]</i>	89 Shamrock Ln	Damariscotta
13	Martha Sinclair	<i>[Signature]</i>	172 Bristol Rd	Damariscotta
14	Wendy Brantley	<i>[Signature]</i>	12 Heron Ln	Damariscotta
15	Rebecca Arsen	<i>[Signature]</i>	18 Back 40 Farm Rd	Damariscotta

CIRCULATOR'S OATH

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Signature of Circulator *[Signature]*

Signature of Notary *[Signature]*

Subscribed to and sworn before me on this date: 11/21/23

(date must be completed by Notary)

My Comm. Expires February 11, 2028

Printed Name Shannon Parker

Printed Name Alexis Brinkler

NOTARY PUBLIC

State of Maine

ALEXIS E. BRINKLER

My Comm. Expires February 11, 2028

TOTAL VALID 15

TOTAL INVALID 0

REGISTRAR'S CERTIFICATION

Municipality Damariscotta

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor,

Signature of Registrar *[Signature]*

Signature on this petition page were collected by: *[Signature]*

Date: 3-11-2024

Date:



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Judith Higgins	Judith Higgins	93 Lesser Rd	Damariscotta
2	Peter Arwood	Peter Arwood	13 Branch Rd	Damariscotta
3	Martha Lavender	Martha Lavender	38 Water St.	Damariscotta
4	Abby Avantaggio	Abby Avantaggio	200 Heater Rd	Damariscotta
5	Valerie Seibel	Valerie Seibel	608 Bristol Rd.	Damariscotta
6	Michael Crawford	Michael Crawford	23 Kinn Woods	Damariscotta
7	Sandra Townsend	Sandra Townsend	117 Castaway Cove Lane	Damariscotta
8	Maynard Townsend	Maynard Townsend	117 Castaway Cove Lane	Damariscotta
9	Mike Papari	Mike Papari	24 Pleasant St	Damariscotta
10	Richard Hagen	Richard Hagen	88 Westview Rd	Damariscotta
11	Caroline Janover	Caroline Janover	36 Lewis Rd	Damariscotta
12	Lynnda Lynn	Lynnda Lynn	62 Elm St #2	"
13	Irene Plummer	Irene Plummer	48 Oyster Creek Lane	"
14	Candice Henderson	Candice Henderson	61 Sandpiper Rd	"
15	John Fetsko	John Fetsko	113 Abbe Lane	"

CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator Shannon Parker

Signature of Notary Alexis Brinkler

Subscribed to and sworn before me on this date: 11/21/23 (date must be completed by Notary)

Signature of Notary Alexis Brinkler

Printed Name Shannon Parker

Printed Name Alexis Brinkler

My Comm. Expires February 11, 2028

NOTARY PUBLIC
State of Maine

ALEXIS E. BRINKLER

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 15 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Shannon E. Wenger Date: 3-11-24

Signature on this petition page were collected by: _____ Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Keith Warren	K. Warren	28 Vine St.	Damariscotta
2	Conor Smith	[Signature]	15 Vine St.	Damariscotta
3	Shannon Parker	[Signature]	28 Vine Street	Damariscotta
4	Robert Brown	[Signature]	35 Hodgdon St	Damariscotta
5	Molly Davis	[Signature]	35 Hodgdon St	Damariscotta
6	Deborah Brown	[Signature]	17 Plowright	Damariscotta
7	MARK LAZZARI	[Signature]	24 Pleasant St.	Damariscotta
8	DIANE LAZZARI	[Signature]	24 Pleasant St.	Damariscotta
9	JAMES AUSTIN	[Signature]	21 Pleasant St	Damariscotta
10	Patricia S. Smith	[Signature]	48 Church St.	Damariscotta
11	Jean Gamage	[Signature]	37 Church St.	Damariscotta
12	MARCIA COVA	[Signature]	37 Church St.	Damariscotta
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CIRCULATOR'S OATH

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Signature of Circulator [Signature] Printed Name Shannon Parker

Signature of Notary [Signature] Printed Name Alvis Brinkler

Subscribed to and sworn before me on this date: 11/21/23 (date must be completed by Notary)

TOTAL VALID 14 TOTAL INVALID 1

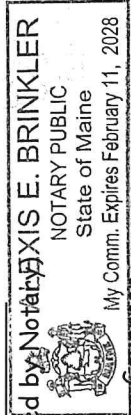
REGISTRAR'S CERTIFICATION

Municipality Damariscotta

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar [Signature] Date 3-11-2024

Signature on this petition page were collected by: _____ Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Irene Monier		59 Headgate Rd.	Damariscotta
2	STEVEN LEVINE		59 Headgate Rd.	DAMARISCOTTA
3	BOB GARDNER		7 Headgate Rd.	Damariscotta
4	Debra Avary		305 Dinsmore	Damariscotta
5	Jonah Vesery		71 Lessner Rd.	Damariscotta
6	MINDA GOLD MD		71 LESSNER RD	DAMARISCOTTA
7	JACQUES VESERY		71 LESSNER RD	DAMARISCOTTA
8	MINDA Tobias Schild		20 Headgate Rd	Damariscotta
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CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator

Printed Name Lisa Katz

Signature of Notary

Printed Name Angela M Knott

Subscribed to and sworn before me on this date: 12/28/2023 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 8 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor. My Commission Expires November 18, 2027

Signature of Registrar Kathleen E. Winger Date 3-11-2024

Signature on this petition page were collected by: _____ Date: _____

Angela M Knott

Notary Public, State of Maine

My Commission Expires November 18, 2027



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Lisa Katz		20 Headgate Rd	Damariscotta
2	EDWARD SEIDER		20 HEADGATE ROAD	DAMARISCOTTA
3	Ashley Baldy		58 Headgate Road	Damariscotta
4	Jonathan Girard		48 Headgate Rd	Damariscotta
5	William C. Fraser, Jr.		2 Tracker Lane	Damariscotta
6	Andrea Koushquonin		82 Water St	Damariscotta
7	Matthew J. Lutz		29 Headgate Rd	Damariscotta
8	Cydia Matt		28 Headgate Rd	Damariscotta
9	Roxann Gardiner		67 Headgate Rd	Damariscotta
10	Ran Williams		47 Headgate Rd	Damariscotta
11	Megan Dinsmore		23 Headgate Rd	Damariscotta
12	Charles E Dinsmore		23 Headgate Road	DAMARISCOTTA
13	Larry L. Vard		18 Headgate Hwy	Damariscotta
14	Jane E. Varn		15 Headgate	Damariscotta
15	Theodore Sidel		80 Hedgryn Rd	Damariscotta

CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator Printed Name Lisa Katz
Signature of Notary Printed Name Angela M Knott - 11031-15 completed
Subscribed to and sworn before me on this date: 12/28/2023 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 15 TOTAL INVALID 0
Notary Public, State of Maine
My Commission Expires November 18, 2027

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar Patricia S. Berger Date 3-11-2024
Signature on this petition page were collected by: _____ Date: _____

Angela M Knott



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots

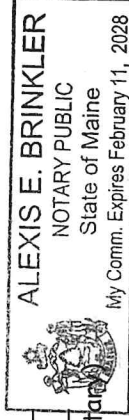
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2025 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street Number and Street Name	Town of Voter Registration
1	Livie Harrington		27 Water St	Damariscotta
2	Theresa Farrin		1 Pond Circle	Damariscotta
3	Laura Billings		25 Church Street	Damariscotta
4				
5	Cynthia P Sherman		23 Pleasant Street	Damariscotta
6	Paul Sherman		W	D
7	James Austin		21 Pleasant St	Damariscotta
8	Cindy Keller		11 Pleasant St,	Damariscotta
9	Stacy Woodward		4 Blue Haven Ln	Damariscotta
10	Harold & LeRoy D		4 Blue Haven Lane	Damariscotta
11	Kelsey Leeman		71 Church St	Damariscotta
12	Cary McCallister		206 Elm St.	Damariscotta
13	Diane A Brewer		22 Lewis Rd	Damariscotta
14	Ann L. Miller		34 Lewis Pk. Rd	Damariscotta
15	Bonnie D. General		71 Church St	Damariscotta

CIRCULATOR'S OATH

I hereby make the oath that I am the Circulator of this petition, that all signatures to this petition were made in my presence and, to the best of my knowledge and belief, each signature is that of the person it purports to be.

Signature of Circulator Laura Cucci Printed Name Laura Cucci
Signature of Notary Alexis Brinkler Printed Name Alexis Brinkler
Subscribed to and sworn before me on this date: 2/12/2024 (date must be completed by Notary)
REGISTRAR'S CERTIFICATION
Municipality Damariscotta TOTAL VALID 14 TOTAL INVALID 0
I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.
Signature of Registrar Nathaniel S. Berger Date 3-11-2024
Signature on this petition page were collected by: _____ Date: _____





February 7, 2024

To: Town of Damariscotta
From: Haley Bezon, Executive Director at Hearty Roots
Subject: FY2025 Non-Profit Funding Request

Dear Budget Committee Members:

Please find attached our petition request for \$5,000 in funding from the Town of Damariscotta. This request is being made in order to continue to deliver quality youth programming to Damariscotta youth in FY25. In 2024, Hearty Roots served nearly sixty Damariscotta kids between the ages of 7 and 15. This was nearly a two-fold increase from the previous year, due in large part to support from supporters like the Town of Damariscotta. Our goal is to expand our programming to *seventy* youth in 2025 through the additional offerings of off-the-grid teen retreats, outing clubs, and expanded overnight coastal excursions.

Hearty Roots is a proactive intervention program for youth. Our mission is to keep youth connected to their community and trusted adult mentors in order to increase wellness and aspirations. Hearty Roots is purposefully portable and meets youth on local wild preserves and waterways. We offer programming year-round, in school and after school and when school is out of session due to development workshops or federal holidays. We are nimble and expansive and meet children where they're at: developmentally and emotionally. We operate with a three-person administrative staff, exceptionally-qualified programming staff, and zero overhead. Dollars to support our organization go directly to serving local youth.

Kids in Hearty Roots programming learn social emotional wellness tools that help them succeed in peer relationships, navigate big emotions at home or in school, and foster a sense of worthiness. All programs help children to understand how and why they "matter." While this may not feel like pressing work, Maine youth overwhelmingly report low levels of feeling like they "matter" and/or "belong." They report having low access to activities that bring them joy and hope. They identify as having zero or low access to trusted adults that inspire them and promote well-being. This, along with Maine's disproportionately high youth (1 in 4) diagnosed with a mental health disorder (1 in 6 nationally), can too often translate to self-harm/community harm, loss of interest in daily activities, hopelessness and increased ideations of suicide.

At Hearty Roots, we aim to enrich a child's connection to community, land, and self. We know our kids deserve pioneering interventions to keep them strong. And we know taxpayers' dollars can be stretched proactively through the lens of prevention, holistic education, and connection to nature.

We have obtained more than the requisite registered voter signatures for our petition. Our petition request packet includes:

- This letter of intent
- "Expense and Revenue Reports" in the form of 2022's 990 and our 2022 Management Report
- 140+ Damariscotta signatures
- Program Overview document

We look forward to speak with your committee to elaborate on the uncompromising value of services we provide for our town's young citizens.

Haley Bezon
Haley Bezon
Founder and Executive Director
haley@heartyroots.org

Management Report

Hearty Roots, Inc.

For the period ended December 31, 2022



Prepared on
January 20, 2023

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Profit and Loss

January - December 2022

	Total
INCOME	
Camper Registrations	18,145.09
Outing Club	642.50
Pop Up Camp	490.00
Taproot Program	1,740.00
Total Camper Registrations	21,017.59
Donation - Business Sponsorship	2,950.00
Donation - Individual	29,351.60
Donation - Interlude Event Business Sponsorship	1,000.00
Donation 2022 YEA	150.00
Donation P4P Event	15,226.96
Donation P4P Event Business Sponsorship	2,000.00
Donation PayPal Giving Fund	250.00
Grants	125,000.00
Interlude Event Registrations	6,050.00
Sales - Merchandise	2,837.11
School Program	400.00
Total Income	206,233.26
GROSS PROFIT	206,233.26
EXPENSES	
6600 Payroll Expense	1,071.00
6610 Payroll Taxes	10,724.73
6620 Payroll Wages	140,192.88
Total 6600 Payroll Expense	151,988.61
6615 Travel	300.29
Advertising & Marketing	1,012.78
Email Marketing	34.00
Online Advertising	25.00
Print Advertising	199.75
Promotional Items	105.50
Website	286.00
Total Advertising & Marketing	1,663.03
Bank Charges & Fees	
Donorbox Fees	98.98
Paypal Fees	219.36
The First National Bank	10.00
Venmo Fees	278.92
Total Bank Charges & Fees	607.26
Camp Supplies	2,937.41
Camp Gear	10,494.70
Groceries	2,424.36
Outing Club	91.40

	Total
Pop-Up Camps	92.86
Total Groceries	2,608.62
Outing Club Supplies & Materials	18.15
Total Camp Supplies	16,058.88
Car & Truck	249.51
Legal & Professional Services	
Fundraising Consultant	1,622.25
Payroll Processing Fees	720.91
Total Legal & Professional Services	2,343.16
Meals & Entertainment	1,241.87
Membership & Dues	1,324.95
Merchandise	7,611.68
Staff Apparel	284.10
Total Merchandise	7,895.78
Office Supplies & Software	656.68
Postage	169.70
Total Office Supplies & Software	826.38
Other Business Expenses	80.00
Fundraising Expense Capital Campaign	129.13
Fundraising Expense Interlude Event	4,499.13
Fundraising Expense P4P Event	195.05
Fundraising Expense YEA	39.66
Total Other Business Expenses	4,942.97
Professional Development	3,476.87
Taproot Program Development	269.00
Total Professional Development	3,745.87
Program Insurance	3,954.54
Rent & Lease	750.00
Taxes & Licenses	195.00
Total Expenses	198,088.10
NET OPERATING INCOME	8,145.16
OTHER INCOME	
Interest Earned	17.50
Misc Income	0.01
Total Other Income	17.51
NET OTHER INCOME	17.51
NET INCOME	\$8,162.67

Balance Sheet

As of December 31, 2022

		Total
ASSETS		
Current Assets		
Bank Accounts		
1100 Hearty Roots (oots)		20,418.27
55447543 Money Market Savings		40,020.67
HR Gear Grant Funds		4,026.00
Total Bank Accounts		64,464.94
Total Current Assets		64,464.94
Fixed Assets		
Accumulated Depreciation		-2,245.00
Equipment		5,788.81
Total Fixed Assets		3,543.81
TOTAL ASSETS		\$68,008.75
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
2400 Payroll Liabilites		2,078.00
Total Other Current Liabilities		2,078.00
Total Current Liabilities		2,078.00
Total Liabilities		2,078.00
Equity		
Retained Earnings		57,768.08
Net Income		8,162.67
Total Equity		65,930.75
TOTAL LIABILITIES AND EQUITY		\$68,008.75

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

A For the 2022 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEARTY ROOTS INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 302 City or town State ZIP code BRISTOL ME 04539 Foreign country name Foreign province/state/county Foreign postal code F Name and address of principal officer: HALEY BEZON PO BOX 302 BRISTOL ME 04539 D Employer identification number 82-1493131 E Telephone number 207-242-1434 G Gross receipts \$ 206252. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ((insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: HEARTY ROOTS PROVIDES OUTDOOR ADVENTURE AND SOCIAL-EMOTIONAL GROWTH PROGRAMMING FOR YOUTH IN MIDCOAST MAINE.		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	13
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	112079.	176329.
9 Program service revenue (Part VIII, line 2g)	22788.	27218.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3.	18.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	375.	-4925.
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135245.	198640.
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	93670.	150918.
16a Professional fundraising fees (Part IX, column (A), line 11e)	2438.	1622.
b Total fundraising expenses (Part IX, column (D), line 25)	48343.	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20367.	40961.
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	116475.	193501.
19 Revenue less expenses. Subtract line 18 from line 12	18770.	5139.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	62322.	67137.
21 Total liabilities (Part X, line 26)	2402.	2078.
22 Net assets or fund balances. Subtract line 21 from line 20	59920.	65059.

Part II Signature Block

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

Sign Here	Signature of officer HALEY BEZON		Date 08/10/2023	
	Type or print name and title EXECUTIVE DIRECTOR			
	Paid Preparer Use Only	Print/Type preparer's name CHERYL CRUMMETT	Preparer's signature CHERYL CRUMMETT	Date 05/08/2023
Firm's name SUNNY SIDE ACCOUNTING		Firm's EIN 27-5443914		
Firm's address 559 JONES WOODS ROAD NEWCASTLE ME 04553		Phone no. 207-586-5576		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

BCA

Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

HEARTY ROOTS PROVIDES OUTDOOR ADVENTURE AND SOCIAL-EMOTIONAL GROWTH
PROGRAMMING FOR YOUTH IN MIDCOAST MAINE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 89905. including grants of \$ 125000.) (Revenue \$ 27218.)

GUIDED BY THE POWER OF CONNECTION HEARTY ROOTS FOSTERS RESILIENCE AND
SOCIAL-EMOTIONAL GROWTH THROUGH TRANSFORMATIVE OUTDOOR ADVENTURES IN
MIDCOAST MAINE. IN 2021 WE REACHED OVER 200 KIDS THROUGH ONE OF OUR
CORE PROGRAMS - CAMP EXPEDITIONS ON THE COAST, AFTER SCHOOL PROGRAMS
OUTING CLUB EXPERIENCES, AND TAPROOT MENTORSHIP.
WE PARTNERED WITH BOOTHBAY REGION YMCA, COASTAL RIVERS CONSERVATION
TRUST, MAINE GEAR SHARE AND MIDCOAST CONSERVANCY TO MAKE OUR OUTDOOR
EQUIPMENT AVAILABLE TO ALL YOUTH, REGARDLESS OF FINANCES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 89905.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		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		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		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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 debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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. ☐

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent	5	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		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?		
a The organization's CEO, Executive Director, or top management official.		X
b Other officers or key employees of the organization		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?		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?		

Section 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-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

HALEY BEZON 207-242-1434
 PO BOX 302 BRISTOL ME 04539

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both officer and director or trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Key employee	Highest compensated employee	Former officer	Former director or trustee			
(1) HALEY BEZON EXEC DIRECTOR	40	X	X	X				53229.0	0	0
(2) ALI STEVENSON PRESIDENT	3	X	X					0	0	0
(3) KEN STEVENSON TREASURER	2	X	X					0	0	0
(4) HEATHER ABELLO SECRETARY	3	X	X					0	0	0
(5) KRISTIN CAMERO DIRECTOR	2	X						881.0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person holds both officer and director positions)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)					
(16)					
(17)					
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					
1b Subtotal			54110.		
c Total from continuation sheets to Part VII, Section A					
d Total (add lines 1b and 1c)			54110.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a				
b	Membership dues	1b				
c	Fundraising events	1c	15227.			
d	Related organizations	1d				
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	161102.			
g	Noncash contributions included in lines 1a-1f	1g	\$			
h	Total. Add lines 1a-1f		176329.			
2a	CAMPER REGISTRATION	Business Code 611710	27218.	27218.		
b					
c					
d					
e					
f	All other program service revenue					
g	Total. Add lines 2a-2f		27218.			
3	Investment income (including dividends, interest, and other similar amounts)		18.	18.		
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real (ii) Personal				
b	Less: rental expenses	6b				
c	Rental income or (loss)	6c				
d	Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b	Less: cost or other basis and sales expenses	7b				
c	Gain or (loss)	7c				
d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 2687. of contributions reported on line 1c). See Part IV, line 18	8a	2687.			
b	Less: direct expenses	8b	7612.			
c	Net income or (loss) from fundraising events		-4925.			-4925.
9a	Gross income from gaming activities. See Part IV, line 19.	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
11a	Business Code				
b					
c					
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		198640.	27236.		-4925.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	53230.	5323.	21292.	26615.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	86963.	56342.	21728.	8893.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10725.	4714.	3295.	2716.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	1792.		1792.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	1622.			1622.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1663.	286.		1377.
13	Office expenses	10014.		2894.	7120.
14	Information technology				
15	Royalties				
16	Occupancy	750.	750.		
17	Travel	550.		550.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1012.	1012.		
23	Insurance	3955.	3955.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	CAMP SUPPLIES	17524.	17524.		
b	PROFESSIONAL DEVELOPMENT	3701.		3701.	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	193501.	89906.	55252.	48343.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	58778.	1	24584.
2	Savings and temporary cash investments		2	40021.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5789.		
b	Less: accumulated depreciation	10b 3257.	10c	2532.
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	62322.	16	67137.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	2402.	25	2078.
26	Total liabilities. Add lines 17 through 25	2402.	26	2078.
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions	59920.	27	65059.
28	Net assets with donor restrictions		28	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	59920.	31	
32	Total net assets or fund balances	59920.	32	65059.
33	Total liabilities and net assets/fund balances	62322.	33	67137.

Part XI Reconciliation of Net AssetsCheck 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	198640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	193501.
3	Revenue less expenses. Subtract line 2 from line 1	3	5139.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59920.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	65059.

Part XII Financial Statements and ReportingCheck 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization
HEARTY ROOTS INC

Employer identification number
82-1493131

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		60637.	66973.	112079.	176329.	416018.
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		8437.	12905.	22788.	29905.	74035.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		69074.	79878.	134867.	206234.	490053.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						490053.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		69074.	79878.	134867.	206234.	490053.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				3.	17.	20.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				3.	17.	20.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				375.		375.
13 Total support. (Add lines 9, 10c, 11, and 12.)		69074.	79878.	135245.	206251.	490448.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.92%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.87%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

SCH A PART III LINE 12

SALE OF HATS & MUGS AS A FUNDRAISER

RAFFLE/AUCTION FUNDRAISER

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

HEARTY ROOTS INC

Employer identification number

82-1493131

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year \$

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

Name of organization
HEARTY ROOTS INC

Employer identification number
82-1493131

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELEANOR KINNEY 333 FOGLER ROAD BREMEN ME 04551- Foreign State or Province: Foreign Country:	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STEVE MALCOM 42 CAMPERS COVE ROAD BOOTHBAY ME 04537- Foreign State or Province: Foreign Country:	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 Foreign State or Province: Foreign Country:	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

HEARTY ROOTS INC

Employer identification number

82-1493131

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2022

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0.00 %
 b Permanent endowment 0.00 %
 c Term endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		5,789.	3,257.	2,532.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,532.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	2,078.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,078.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 AUCTION/RAFF (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	15,227.			15,227.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	15,227.			15,227.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				15,227.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2022Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment

Sequence No. **179**Name(s) shown on return
HEARTY ROOTS INCBusiness or activity to which this form relates
HEARTY ROOTS INCIdentifying number
82-1493131**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	1,012
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,012
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2022)

2022 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/ Price	Sales Price	Date Sold
TRAILER	07/20	5789	100		5789	MACRS	7.0	HY	2245	1012	723	1727	870			
Form Totals:		5789			5789				2245	1012	723	1727	870			

Form: HEARTY ROOTS INC

Rental Property: N/A

Depreciation Class: Machinery and equipment other

In Service Year: 2020

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

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

Name of filer

HEARTY ROOTS INC

EIN or SSN

82-1493131

Name and title of officer or person subject to tax

HALEY BEZON

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	198,640
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SUNNY SIDE ACCOUNTING to enter my PIN 21434 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 08/10/2023**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.

01166302501

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CHERYL CRUMMETTDate 08/10/2023**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** (2022)

BCA