Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change HANDS & HEARTS FOR HORSES, INC. Doing business as 58-2580985 Name change Number and street (or P.O. box if mail is not delivered to street address) 229-551-0086 Initial return 3824 LOWER CAIRO ROAD Final return/ City or town, state or province, country, and ZIP or foreign postal code 450,230 THOMASVILLE GA 31792 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending JOSEPH MCAULEY 16507 US HWY 319 N. H(b) Are all subordinates included? If "No," attach a list. See instructions THOMASVILLE GA 31792 **X** 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) Tax-exempt status HTTP://WWW.HANDSANDHEARTSFORHORSES.COM Website: H(c) Group exemption number Year of formation: 2000 X Corporation Trust Association Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 12 6 Total number of volunteers (estimate if necessary) 137 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 **Current Year** 253,574 339,538 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 720 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,159 10,055 63,185 64,126 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 325,638 413,719 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 **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) 198,518 204,636 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,984 153,057 <u>332</u>,502 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 357,693 -6,86456,026 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 173,740 228,662 20 Total assets (Part X, line 16) 7,013 5,909 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 <u>166,</u>727 222,753 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. Sian Signature of officer Here JOSEPH MCAULEY PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature X if Check Paid JOHN D. HARVARD, CPA JOHN D. HARVARD, CPA self-employed P00542281 Preparer HARVARD ASSOCIATES, CPA, 26-1453821 Firm's name Firm's EIN **Use Only** 424 E JACKSON ST.

THOMASVILLE,

May the IRS discuss this return with the preparer shown above? See instructions

GA

31792-4603

229-226-2241

orm 990 (2022) HANDS & HEART		58-2580985	Page 2
	Service Accomplishments ntains a response or note to any	line in this Part III	X
1 Briefly describe the organization's missi	ion:		
Pid the organization undertake any sign	ificant program services during the year	which were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new services or			Yes X No
Did the organization cease conducting,		onducts, any program	
services?			Yes X No
If "Yes," describe these changes on Scl		coo largest program conjects, as measured	by
	(4) organizations are required to report t	ree largest program services, as measured he amount of grants and allocations to othe	-
4a (Code:) (Expenses \$	including grants of	\$ \\(\(\mathbb{P}\) \(\mathbb{P}\)	¢ .
000 00000000 0) (Revenue	
• • • • • • • • • • • • • • • • • • • •			
4b (O.d.) (Farance 0	to about on an analysis of	(D	•
1b (Code:) (Expenses \$			
/**********************************			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
	including grants of	\$	\$
N/A			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
•			
•			
1d Other program services (Describe on S			
(Expenses \$ 283,292) (Revenue \$)
4e Total program service expenses	283,292		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi andouments? If "Vas" asymptote School Va D. Port V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
••	VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			٠,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		^
18		10	x	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	2 (- //)			

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X employees? If "Yes." complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 27 X persons? If "Yes," complete Schedule L, Part III 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 **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?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	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 A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	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 contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
				7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S		_		٠,,
	required to file Form 8282?	· · <u>· · · ·</u> · ·		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g 7h		X
h •	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received funds. Did a depart advised fund resistance			/ 11		Λ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the energying organization make any tayable distributions under section 40662			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			35		
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:			-		
а	Cross income from mombars 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		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the experience receive any payments for indeer temping convince during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

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

	and the control of th		V	NI.
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 12		Yes	No
1a	,	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.5
_	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.5
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		••
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
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 X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
S	USANNE SHIN 174 DAWN LAUREN LN			
т:	ALLAHASSEE FT. 32301 229	-55	1 – 0	086

Form 990 (2022) HANDS & HEARTS FOR HORSES, INC.

58-2580985

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

(2) KEITH BETTCHER	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
1.00		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0	(1) MARK BALDINO										
(2) KEITH BETTCHER											
1.00		0.00	X					\perp	0	0	0
VICE PRESIDENT	(2) KEITH BETTCHER										
1.00									_	_	
Director			X		X			4	0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(3) TODD COOLEY, DVI										
1.00			.						•		
DIRECTOR		0.00	X					\dashv	0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(4) BILLY ESRA	1 00									
1.00			.						•		
1.00 0 0 0 0 0 0 0 0 0		0.00	X					\dashv	U	U	<u> </u>
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0	(5) MARIHA HANNA	1 00									
1.00	DIDECTOR								0	_	0
1.00		0.00	^					\dashv	0	0	0
TREASURER 0.00 X X X 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(6) KICHALD HAW	1 00									
1.00	TREASIIRER		v		Y				n	n	0
1.00		0.00	122					\dashv			
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(8) KAREN MAXWELL 5.00 DIRECTOR 0.00 X (9) JOSEPH MCAULEY 15.00 PRESIDENT 0.00 X X (10) NANCY DEL PRETE 5.00 SECRETARY 0.00 X X 0 0 0 (11) LAUCHLIN TENCH WALDOCH 1.00	DIRECTOR		$ \mathbf{x} $						0	0	0
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SECRETARY 0.00 X X 0 0 0 0 (11) LAUCHLIN TENCH WALDOCH 1.00	(10) NANCY DEL PRETE										
(11) LAUCHLIN TENCH WALDOCH 1.00		5.00									
1.00	SECRETARY	0.00	X		X				0	0	0
	(11) LAUCHLIN TENCH										
DIRECTOR $ 0.00 X 0 0 0 $											
	DIRECTOR	0.00	X						0	0	Form 990 (2022)

Part VII Section	on A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
(A) Name and tit	tle	(B) Average hours	bo	x, unle	Pos check ess pe	rson i	than o s both or/trust	an	(D) Reportable compensation	(E) Reportable compensation		(F) timated of oth	er	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from t from t ganizatio ed orga	he on and	s
(12) JOHN V	ORKMAN	5.00 0.00	x						0	0				0
· ·····														
	tinuation she tinuation she tindividuals (ir	ets to Part VII, \$	Secti 	ion /	A		 	 	ve) who received more than	\$100,000 of				
3 Did the organiza employee on line 4 For any individua organization and	ition list any fo e 1a? <i>If "Yes,</i> al listed on lin I related orga	ormer officer, dir " complete Sched e 1a, is the sum nizations greater	ecto dule of r	r, tru <i>J foi</i> eport	suc table 50,00	con	dividu npen: f "Ye	ual sations,"	yee, or highest compensated on and other compensation complete Schedule J for surely unrelated organization or	from the		3	Yes	X X
for services reno	dered to the c	organization? If "Y							I for such person			5		Х
	ble for your fi om the organi	ive highest comp ization. Report co							tractors that received more to dar year ending with or with	nin the organization's tax ye	ear.		(0)	
	Name and	(A) d business address							Descript	(B) tion of services		Co	(C) mpensati	on
2 Total number of	independent	contractors (inclu	ıding	but	not	limite	ed to	tho	ose listed above) who					

25260 58-2580985 Form 990 (2022) HANDS & HEARTS FOR HORSES, INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D)
Revenue excluded from tax under (A) (B) Related or exempt Unrelated Total revenue function revenue business revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, 339,538 and similar amounts not included above 1f g Noncash contributions included in 1,051 lines 1a-1f 1g h Total. Add lines 1a-1f. 339,538 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and 6,168 <u>6,</u>168 other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 19,724 other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 15,837 7с 3,887 c Gain or (loss) 3,887 3,887 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 77,714 1c). See Part IV, line 18 **b** Less: direct expenses 20,674 57,040 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19

0

b Less: direct expenses

10a Gross sales of inventory, less

returns and allowances

Total. Add lines 11a-11d

Total revenue. See instructions

b Less: cost of goods sold

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

d All other revenue

9b

10a

10b

7,086

Business Code

7,086

413,719

7,086

17,141

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 respon-				(D)
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
'	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				
3	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				
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	189,912	142,434	37,982	9,496
8	Pension plan accruals and contributions (include			3.7502	2,120
·	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Downell toyen	14,724	11,043	2,945	736
11	Fees for services (nonemployees):				
a	Management				
b					
С		4,548		4,548	
d		,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,176		1,176	
q	Other. (If line 11g amount exceeds 10% of line 25, column	,		,	
Ŭ	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,833	3,416		3,417
13	Office expenses	7,446	3,722	3,724	,
14	Information technology	,	,	,	
15	Royalties				
16	Occupancy	13,943	11,154	2,789	
17	Travel	5,971	4,180	1,194	597
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	3,628	2,901	727	
23	Insurance	14,914	11,931	2,983	
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.)				
а	FEED	53,520	53,520		
b	EQUINE SUPPLIES	13,491	13,491		
С	VETERINARY EXPENSE	10,436	10,436		
d	MISCELLANEOUS EXP	6,957	4,870	1,391	696
е	All other expenses	10,194	10,194		
25	Total functional expenses. Add lines 1 through 24e	357,693	283,292	59,459	14,942
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 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

P	art)						
		Check if Schedule O contains a response or	r note to any	line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			44,403	1	89,084
	2	<u> </u>	27,917	2	34,315		
	3	Savings and temporary cash investments			21,311	3	34,313
	4	Pledges and grants receivable, net Accounts receivable, net			3,829	4	7,310
	5	Loans and other receivables from any current or f		director	5,029	4	7,310
	"	trustee, key employee, creator or founder, substai		ı			
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie		s defined			
	ľ	under section 4958(f)(1)), and persons described				6	
Assets	7					7	
Ass	8	Notes and loans receivable, net			1,097	8	788
	9	Down and the same and the same of the same of			1,037	9	1,992
	1	Land, buildings, and equipment: cost or other				-	1,332
	IVa		102	236,017			
	h	basis. Complete Part VI of Schedule D	4015		10,945	10c	11,467
	11			,	85,549		83,706
	12	Investments—other securities. See Part IV, line 1			03,343	12	03,700
	13	Investments—program-related. See Part IV, line 1	' 11			13	
	14	Internalista acceta				14	
	15	Other coasts Cas Dort IV line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal			173,740	16	228,662
	17	Accounts payable and accrued expenses			7,013	17	5,909
	18	0 1		7,015	18	3,303	
	19	Defermed			19		
	20	Tax axampt hand liabilities		20			
	21	Escrow or custodial account liability. Complete Pa		21			
	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substai					
iii		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya		ed third			
	-"	parties, and other liabilities not included on lines 1					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			7,013	26	5,909
		Organizations that follow FASB ASC 958, chec			.,		
es		and complete lines 27, 28, 32, and 33.	_				
auc	27	Net essets without deman postulations				27	
Bal	l	Not coacte with depar restrictions				28	
p		Organizations that do not follow FASB ASC 95					
Ξ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco			166,727	31	222,753
Net Assets or Fund Balances	32	T			166,727	32	222,753
Z	33	Total liabilities and net assets/fund balances			173,740	33	228,662

Form **990** (2022)

Form	1 990 (2022) HANDS & HEARTS FOR HORSES, INC. 58-2580985			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	41	L3,7	719
2	Total expenses (must equal Part IX, column (A), line 25)	2	35	57,6	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3		56,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	56,7	727
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	22	22,7	<u> 753</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		 <u>.</u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		 3b		

Form **990** (2022)

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

Employer identification number

HANDS & HEAL	RTS FOR HORSES, INC.	58-2580985
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization Note: Only a section 501 instructions.	n is covered by the General Rule or a Special Rule . $(c)(7)$, (8) , or (10) organization can check boxes for both the General Rule and a Special	al Rule. See
General Rule		
For an organizati or more (in mone contributor's tota	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ey or property) from any one contributor. Complete Parts I and II. See instructions for de I contributions.	ing \$5,000 termining a
Special Rules		
regulations unde	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % suppor r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, I seived from any one contributor, during the year, total contributions of the greater of (1) shount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	line 13, 16a, or \$5,000; or
contributor, durir	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fring the year, total contributions of more than \$1,000 exclusively for religious, charitable, sational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,
contributor, durin contributions tot during the year f General Rule a	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unapplies to this organization because it received nonexclusively religious, charitable, etc., for more during the year	h e received less the contributions
Caution: An organization	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For	B (Form 990), but it rm 990-PF, Part I, line

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

Name of organization

HANDS & HEARTS FOR HORSES, INC.

Employer identification number 58-2580985

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. WILLIAMS FAMILY FOUNDATION OF GA. Person 1 Payroll P.O. BOX 1577 15,000 Noncash GA 31799 (Complete Part II for THOMASVILLE noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. WILLIAM H FLOWERS, JR. FOUNDATION Person 2.... Payroll P.O. BOX 1600 31,000 Noncash (Complete Part II for GA 31758 THOMASVILLE noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person **JERGER** 3 DEAN Payroll PO BOX 483 27,000 Noncash FL 32345 (Complete Part II for MONTICELLO noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. THOMASVILLE ANTIQUE SHOW FOUNDATION Person 4 Payroll 135 N. BROAD STREET 10,000 Noncash GA 31792 (Complete Part II for THOMASVILLE noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person 5 CHEROKEE FOUNDATION **Payroll** 411 GORDON AVENUE 8,000 Noncash GA 31792 (Complete Part II for THOMASVILLE noncash contributions.) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person THE AMERICAN GIFT FUND 6 Payroll PO BOX 15627 25,000 Noncash (Complete Part II for DE 19850 WILMINGTON noncash contributions.)

Page 2

Schedule B (Form 990) (2022)

Name of organization

HANDS & HEARTS FOR HORSES, INC.

Employer identification number 58-2580985

HAND		10 mars 10 mar	
Part I	Contributors (see instructions). Use duplicate copies of Par		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LEWIS HALL AND MILDRED SASSER SINGLETARY FOUNDATION, INC. PO BOX 1177 THOMASVILLE GA 31799	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LAURA BROWN 4233 OAK RUN LANE TALLAHASSEE FL 32317	\$ 21,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* *****		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Haine, address, and En	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
********		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

Attach to Form 990.

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

Open to Public

lame o	f the organization		
HA	NDS & HEARTS FOR HORSES, INC.		58-2580985
Pai		nds or Other Similar Funds or	Accounts.
	Complete if the organization answered Tes Oil F	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) I dilab allo olio olio olio
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	the seeds hold in donor advised	
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	Yes No
	funds are the organization's property, subject to the organization's excl	usive legal control?	🗀
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 dono	or advisor, or for any other purpose	☐ Yes ☐ No
7.00 & (7.00)	conferring impermissible private benefit?		🗀 100 🗀 👊
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (for example, recreation or educ	cation) Preservation of a historica	lly important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cor	nservation
2	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inc	luded in (a)	2c
d	Number of conservation easements included in (c) acquired after July	25, 2006, and not on a	
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organ	ization 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 mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservatio	n easements during the year
		slations and enforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and emorcing conservation ea	somente danng the year
•	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(l	B)(i)
0	and section 170(h)(4)(B)(ii)?		Yes No
•	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense stater	ment and
9	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements the	at describes the
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art	, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	la cara abant works
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and ba	nance of public
	of art, historical treasures, or other similar assets held for public exhib	emonts that describes these items	moo or pasmo
	service, provide in Part XIII the text of the footnote to its financial state. If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and balance	ce sheet works of
b	of the organization elected, as permitted under FASB ASC 936, to repart, historical treasures, or other similar assets held for public exhibition	on education or research in furtherance	ee of public service.
		on, education, or research in fatherane	
	provide the following amounts relating to these items:		\$
	(i) Revenue included on Form 990, Part VIII, line 1		•
. 27	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain	, provide the
2	following amounts required to be reported under FASB ASC 958 relatives.	ting to these items:	4 Page 275 Total Tagge
شو	5 1 1 1 1 5 5 000 D-4 VIII line 1		\$
a	Assets included in Form 990, Part X		
b	Assets included in Form 990, Fall A	Λ	Schedule D (Form 990) 202

modelfill.com/res	all B (Foliation)	Collections of	Art Historical T	reasures or C	Other Similar Asse	ets (continued)
Par	till Organizations Maintainin Using the organization's acquisition, access	g Collections of	check any of the fo	llowing that make	significant use of its	
3	Using the organization's acquisition, access collection items (check all that apply):				o.g	
а	Public exhibition		Loan or exchange pro			
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's of	ollections and explain	how they further the	organization's exe	empt purpose in Part	
	XIII					
5	During the year did the organization solicit	or receive donations of	of art, historical treas	ures, or other simil	ar	
•	assets to be sold to raise funds rather than	to be maintained as p	art of the organization	n's collection?		Yes No
	LIV Francis and Custodial Ar	rangements				
1 4	Complete if the organization	n answered "Yes'	on Form 990, P	art IV, line 9, oı	r reported an amou	nt on Form
	990 Part X, line 21.					
10	Is the organization an agent, trustee, custon	dian or other intermed	iary for contributions	or other assets no	t	
	included on Form 990, Part X?					Yes No
	If "Yes," explain the arrangement in Part XI	I and complete the fo	llowing table:			
D	If Yes, explain the analigement in Farty.	and complete are				Amount
	B halanaa				1c	
C	Beginning balance				1d	
d	Additions during the year				1e	
е	Distributions during the year				1f	
f	Ending balance Did the organization include an amount on	000 Dort V line	21 for escrow or cl	etodial account lia	bility?	Yes No
2a	Did the organization include an amount on If "Yes," explain the arrangement in Part XI	Charleborn if the o	volanation has been	provided on Part X		
		II. Check here if the e	xpianation has been	provided on Farry		
Pa	rt V Endowment Funds.	n answered "Ves	" on Form 990 F	art IV line 10.		
	Complete if the organization		(b) Prior year	(c) Two years ba	ack (d) Three years ba	ck (e) Four years back
		(a) Current year	(b) Prior year	(c) two years be		
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the c	urrent year end baland	ce (line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment	%				
	Permanent endowment %					
	Term endowment %					
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.				
3a	Are there endowment funds not in the pos	session of the organiz	ation that are held a	nd administered fo	r the	[] v
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(II)
h	If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	uired on Schedule R'	?		3b
1	Describe in Part XIII the intended uses of	the organization's end	lowment funds.			
P	and Ruildings and Fo	uinment				
	Complete if the organization	on answered "Yes	s" on Form 990,	Part IV, line 11a	a. See Form 990, P	art X, line 10.
	Description of property	(a) Cost or othe	r basis (b) Cost	or other basis	(c) Accumulated	(d) Book value
		(investmen	it)	(other)	depreciation	
	a Land					- 050
	a Land	I		134,666	129,408	5,258
	Buildings Leasehold improvements					
				64,977	64,588	389
	d Equipment			36,374	30,554	
Tot	at Add lines 1a through 1e. (Column (d) mu	st equal Form 990. Pa	art X, column (B), line			11,467

DAA

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes	(b) Book value	(c) Method of valuation:
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
	Fig. 1 march of respect to the property of the		
	erivatives		
	d equity interests		
(B)			
(H)			
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related		11 0 5 000 D-4 V line 12
	Complete if the organization answered "Ye	s" 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
			South of the or year manner rener
1)			,
2)			
3)			
4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	n (h) must squal Form 990. Part X. col. (B) line 13.)		
(7) (8) (9) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)		
(7) (8) (9)	Other Assets	es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(7) (8) (9) otal. (Colum			e 11d. See Form 990, Part X, line 15.
(7) (8) (9) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.
(7) (8) (9) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.
(1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (1) (1) (1) (2)	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.
(1) (2) (2) (3) (1) (2) (3)	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.
7) 8) 9) otal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) otal. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15. (b) Book value
(1) (2) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15. (b) Book value
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Ye (a) Descrip	tion	(b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Descrip	tion	(b) Book value
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Descrip	tion	(b) Book value
(7) (8) (9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answered "Ye (a) Descrip (a) Descrip (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye	tion	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Descrip on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
7) 8) 9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
7) 8) 9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	Other Assets. Complete if the organization answered "Ye (a) Descrip on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
7) 8) 9) btal. (Colum Part IX 1) 2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
7) 8) 9) btal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
7) 8) 9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
7) 8) 9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) Federa (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (1) (1) Federa (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	(b) Book value
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Ye line 25. (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,

	- 000/ 0000	HANDS A	HEARTS	FOR	HORSES,	INC.	58-2580985	Page 5
Schedule D (I	Form 990) 2022	HANDS &	tion (continue	d)				
Part XIII	Suppleme	intai iiiioiiiia	tion (commune	4				
	·							
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							•••••	
					, , , , , , , , , , , , , , , , , , ,			

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ame of the organization HANDS & HEARTS F	OR HORSES	TNC			58-25809	
Part I Fundraising Activities, Complete	e if the organizati	on ans	swere	ed "Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are not require	ed to complete th	is part				
Indicate whether the organization raised funds through	igh any of the followir	ng activi	ties. C	Check all that apply.		
a Mail solicitations				ernment grants		
b Internet and email solicitations	f Solicitatio	n of gov	/ernm	ent grants		
c Phone solicitations	g Special fu	ındraisiı	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement that a male was listed in Form 990. Part VII) or en	itity in connection wit	n profes	Siulia	i luliulaisilig scivious		Yes No
 b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization. 	es (fundraisers) pursu	ant to a	green	nents under which the	Turidialser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custo	d fund- have dy or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
		+				
2						
3						
4			-			
4						
5						
6						
7						
8						
9						
9						
10						
Total						
List all states in which the organization is registered registration or licensing.	ed or licensed to solic	cit contr	butior	ns or has been notified	d it is exempt from	

HANDS & HEARTS FOR HORSES, INC. 58-2580985 Schedule G (Form 990) 2022 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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through NONE OKTOBER FEAST SUMMER CAMP col. (c)) (total number) (event type) (event type) Revenue 77,604 53,213 24,391 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 77,604 53,213 24,391 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7,078 7,078 7 Food and beverages 1,525 1,525 8 Entertainment 12,071 1,769 10,302 9 Other direct expenses 20,674 10 Direct expense summary. Add lines 4 through 9 in column (d) 56,930 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming col. (a) through col. (c)) (a) Bingo Revenue bingo/progressive bingo 1 Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No 6 Volunteer labor 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) 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

		000) 0000	HANDS	C HEVDAC	FOR	HORSES.	INC.	58-2580985		Page 3
202	dule G (For	rm 990) 2022	HANDS	d HEARIS	nembere'	7				Yes No
1	Does the	organization cond anization a granto	uct gaming ac	or trustee of a tr	iet oran	nember of a par	tnership or othe	er entity		_
2	Is the orga	anization a granto	r, beneficiary	or trustee of a tru	ist, or a r	Hember of a par	anoromp or one		[Yes No
	formed to	administer charit	able gaming?							
3	Indicate th	ne percentage of	gaming activity	y conducted in.					13a	%_
а	The organ	nization's facility							13b	%_
b	An outside	e facility				i-ation's gomin	alspecial events	s hooks and		
4	records:	name and addres								

5a		organization have								Yes No
	revenue?		of gaming reve	anue received by	the orga	nization \$		and the		
b	If "Yes," e	enter the amount of gaming revenue	or garning revi	ne third narty	\$					
	amount o	of gaming revenue	deres of the	third party	Ψ					
С		enter name and a								
	Address									****
6	Gaming I	manager informa	tion:							
	Name .									
	Gaming	manager comper	nsation \$							
	Descripti	ion of services pr	ovided							
	Dire	ector/officer	Emp	loyee	Inde	ependent contra	ctor			
17	Mandato	ory distributions: rganization require	- dder etete	law to make cha	aritable di	stributions from	the gaming pro	oceeds to		
а	Is the or	rganization require	ed under state	law to make che	aritable a		0	nizations or		Yes N
	retain th	ne state gaming lid ne amount of distri	censer	od under state la	w to be o	listributed to oth	er exempt orga	nizations or		
b	Enter the									
-	Company of the Company		4 . I I f	tion Dravido	tho ov	nianations re	quired by Pa	art I, line 2b, columns (i	ii) and (v); and
P	art IV	Dort III lines	9 9h 10h	15b, 15c, 16	6. and 1	7b, as applic	able. Also pr	ovide any additional in	formatior	١.
		See instruct	ione	, 100, 100, 10	1					
_		See mstruct	10113.							
• •										

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

MORE .

HANDS & HEARTS FOR HORSES, INC.

SES. INC. 58-2580985

FORM 990 - ORGANIZATION'S MISSION

TO PROVIDE ACTIVITIES IN BOTH THERAPUTIC RIDING AND HIPPOTHERAPY TO PEOPLE WITH VARIOUS DISABILITIES INCLUDING AUTISM, CEREBRAL PALSY, MUSCULAR DYSTROPHY, MULTIPLE SCLEROSIS, PARALYSIS, AMPUTATIONS, DOWN SYNDROME AND

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HANDS AND HEARTS FOR HORSES, LOCATED IN THOMASVILLE, GEORGIA, OFFERS ACTIVITIES IN BOTH THERAPEUTIC RIDING AND HIPPOTHERAPY SIX DAYS A WEEK, ELEVEN MONTHS OUT OF THE YEAR.

THERAPEUTIC RIDING (TR) IS A FORM OF RECREATIONAL THERAPY PREFORMED BY A PATH, INT. CERTIFIED RIDING INSTRUCTOR. MIMIKING THE MOVEMENT OF THE HUMAN PELVIS, THE MOVEMENT OF THE HORSE ALLOWS RIDERS TO GAIN MUSCLE STRENGTH AND TONE, INCREASED RANGE OF MOTION AND FLEXIBILITY, INCREASED TRUNK CONTROL, AND IMPROVED SENSORY INTEGRATION.

HIPPOTHERAPY IS A FORM OF EQUINE FACILITATED ACTIVITY PREFORMED BY A
PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPIST. UNLIKE IN TR WHERE RIDING
SKILLS ARE TAUGHT IN ADDITION TO WORKING ON PERSONALIZED GOALS, THE HORSE
IS USED SPECIFICALLY AS A DYNAMIC OBJECT AND TREATMENT TOOL WITH LESS
EMPHASIS PLACED ON LEARNING HOW TO STEER OR CONTROL THE HORSE. LIKE TR,
ALL HIPPOTHERAPY LESSONS UTILIZE UP TO THREE VOLUNTEERS TO MAINTAIN OPTIMUM
SAFETY AND EACH HIPPOTHERAPY LESSON IS OVERSEEN BY A NARHA INSTRUCTOR TO
ENSURE RIDER, HORSE, AND VOLUNTEER SAFETY THROUGHOUT THE LESSON.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

Name of the organization

HANDS & HEARTS FOR HORSES, INC.

Employer identification number

58-2580985

HANDS AND HEARTS FOR HORSES, LOCATED IN THOMASVILLE, GEORGIA, OFFERS ACTIVITIES IN BOTH THERAPEUTIC RIDING AND HIPPOTHERAPY SIX DAYS A WEEK, ELEVEN MONTHS OUT OF THE YEAR.

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IS USED SPECIFICALLY AS A DYNAMIC OBJECT AND TREATMENT TOOL WITH LESS
EMPHASIS PLACED ON LEARNING HOW TO STEER OR CONTROL THE HORSE. LIKE TR,
ALL HIPPOTHERAPY LESSONS UTILIZE UP TO THREE VOLUNTEERS TO MAINTAIN OPTIMUM
SAFETY AND EACH HIPPOTHERAPY LESSON IS OVERSEEN BY A NARHA INSTRUCTOR TO
ENSURE RIDER, HORSE, AND VOLUNTEER SAFETY THROUGHOUT THE LESSON.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD IS PROVIDED FORM 990 FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON PERSONAL REQUEST AT THE OFFICE LOCATED 3824 LOWER CAIRO RD., THOMASVILLE, GEORGIA OR BY TELEPHONE CALL AT (229)551-0086.

PAGE 1 OF 1

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number E0 2500085

72	HANDS 8	HEARTS FOR	R HORSES, INC	:		58-2	2560	963
	ss or activity to which this form relates							
A STATE OF THE PARTY OF THE PAR	DIRECT DEPRECIAT	ION	rty Under Section	179				
Par	Election To Exper	ny listed property.	complete Part V bef	ore you co	mplete Part I			1 222 222
	Maximum amount (see instruction						1	1,080,000
	Total cost of section 179 property	placed in service (see	instructions)				2	4,150
2	Threshold cost of section 179 pro-	perty before reduction	in limitation (see instructi	ons)			3	2,700,000
	n I Vie in limitation Subtract li	ne 3 from line 2 If zero	or less, enter -0-				4	1 000 000
5	Dollar limitation for tax year. Subtract li	ne 4 from line 1. If zero or	less, enter -0 If married filing	g separately, se	e instructions		5	1,080,000
6	(a) Description	n of property	(b) Cos	t (business use or	nly) (c) E	lected cost		
-								
					_			
7	Listed property. Enter the amount	t from line 29		L	7		8	
8	Total elected cost of section 179	property. Add amounts	in column (c), lines 6 an	d 7			9	0
9	Tentative deduction. Enter the sn	naller of line 5 or line 8					10	9,000
10	Carryover of disallowed deduction	n from line 13 of your 2	021 Form 4562				11	0
11	Business income limitation. Ente	r the smaller of busines	ss income (not less than	zero) or line o	. See mstruction		12	0
12	Section 179 expense deduction.	Add lines 9 and 10, but	t don't enter more than iir	ie 11	13	9,0	000	
13	Carryover of disallowed deductio	f li-t-d proporty Inc	tood use Part V					
	Don't use Part II or Part III below	for listed property. Ins	nd Other Depreciat	ion (Don't	include listed	propert	y. See	instructions.)
-	rt II Special Deprecia Special depreciation allowance for	or qualified property (of	her than listed property)	placed in serv	vice			
14	during the tax year. See instruction	one		20 September 200			14	
4-	Property subject to section 168(f	(1) election					15	1 425
15	Out de-resistion (including AC	PS)					16	1,435
16 Da	rt III MACRS Deprecia	tion (Don't includ	e listed property. Se	e instructio	ns.)			
I a			Section A				I I	1,748
17	MACRS deductions for assets p	laced in service in tax y	ears beginning before 20)22			17	1,740
18		the second second	as into one or more general asse	accounts, check	nere		vstem	
	Section B—	-Assets Placed in Ser	vice During 2022 Tax T	l can using the	e General Depre	Clation C	ystom	
	(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) Met	hod	(g) Depreciation deduction
19a	3-year property							
b	5-year property		4,150	7.0	HY	150	DB	445
С	7-year property		4,15	7.0				
_ d	10-year property							
	15-year property							
	20-year property			25 yrs.		S/I		
_	25-year property	5 db (67 db (67 db (77 b)		27.5 yrs.	MM	S/I	L	
h	Residential rental			27.5 yrs.	MM	S/I		
_	property			39 yrs.	MM	S/I	L	
i	and the second s				MM	S/I		
-	property Section C—	Assets Placed in Serv	vice During 2022 Tax Ye	ar Using the	Alternative De	oreciation	System	m
202	Class life					3/	L	
b				12 yrs.		S/		
				30 yrs.	MM	S/		
d	7000			40 yrs.	MM	S/	L	
	art IV Summary (See i	nstructions.)					24	
21	Listed proporty Enter amount t	from line 28					21	
22	Total. Add amounts from line 1 here and on the appropriate lin	12 lines 14 through 17	lines 19 and 20 in colum	ın (g), and iine ns—see instr	e ∠ i. ⊏iilei uctions		22	3,628
00	here and on the appropriate lin For assets shown above and p	es of your return. Partr laced in service during	the current year, enter the	ie				
23	portion of the basis attributable	to section 263A costs		23				Form 4562 (2022
	THE PARTY OF THE P	the same of the sa	tiono					FOITH 4302 (202)

HANDS	& HEARTS	FOR HORSE	s, INC.	30 2300		
Form 4562 (2022	2)				cortain aircraft an	d propert
Part V	Listed Prop	erty (Include aut	omobiles, certa	in other venicles	, certain aircraft, an	u propert

(a) Type of proper (list vehicles fir the tage of proper 2004 27 Proper 29 Add 29 Add Complete to your em 30 Total the tage of tage o	24b, columns (a Section A Thave evidence to support the (b) Date placed in service ial depreciation allow ax year and used more than 5 DODGE RAM 03/01/19 Derty used 50% or less amounts in column (in amounts in column (in ployees, first answer year (don't include column (don't inc	sin a qualified busi % sin a qualified busi % sin a qualified busi % h), lines 25 through h), line 26. Enter her the questions in So	d Other In se claimed? (d) Cost or othe sted prope alified busi susiness us general contents are and on I Section C to	here and ine 7, pagion B—In	Basis in (Caution (Ca	(e) (e) (for deprecises/investruse only) (ice during struction (21, page) (ion on the page of the page	e the in No ation ment Ing Ins	structions 24b If " (f) Recovery period 5.0	for limits Yes," is (g Meth Conve	s for pa the evid) nod/ ention 25 DBHY 28	. If you por those	r automoc vritten? (h) Depreciation deduction provided vehicles (e	zepiles.) Zepiles.	(i) Elected sectors cost	
(a) Type of proper (list vehicles fir 25 Spec the ta 26 Proper 2 0 0 4 27 Prop 28 Add 29 Add Complete to your em 30 Tota the y 31 Tota 32 Tota mile	section A- have evidence to support the (b) Date placed in service dial depreciation allowed ax year and used more erty used more than 8- DODGE RAM 03/01/19 deerty used 50% or less amounts in column (in amounts in column (in this section for vehicle in ployees, first answer in column (in a business/investment) all business/investment year (don't include column)	Depreciation and business/investment use (c) Business/investment use percentage ance for qualified like than 50% in a qualified business/investment use percentage ance for qualified business and a	d Other In se claimed? (d) Cost or othe sted prope alified businusiness us g ness use: 27. Enter re and on li Section C to	here and ine 7, pagion B—Ir partner, o see if you	Basis to (busin tin serv.) See in tin serv.	(e) or depreciess/investruse only) ice during struction 21, page ion on to the more than exce	ation ment ng ns Page 11 Jse of van 5% ption to	24b If " (f) Recovery period 5.0 Vehicles owner," or completing	Yes," is (g Meth Conve	25 DBHY 28 person ection for (d)	. If you por those	(h) pepreciation deduction provided vehicles	29 vehicles s.	(i) Elected sectors cost	ion 179
(a) Type of proper (list vehicles fir the tage of proper 2004 27 Proper 29 Add 29 Add Complete to your em 30 Total the tage of tage o	thave evidence to support the (b) Ty Date placed in service sial depreciation allow ex year and used more than the property used more than the property used more than the property used 50% or less amounts in column (in amounts in column (in this section for vehicle in ployees, first answer all business/investmenty ear (don't include column (in the property of the ployees).	e business/investment us (c) Business/ investment use percentage ance for qualified lie e than 50% in a qu 30% in a qualified b TRUCK 100.00% % s in a qualified busi % h), lines 25 through h), line 26. Enter her es used by a sole p the questions in So	se claimed? (d) Cost or other sted properalified businusiness us general section 27. Enter related on the section C to	here and ine 7, pagion B—Ir partner, o see if you	Basis 1 (busin in serv. See in on line lie 1 format r other u meet :	(e) (or depreciess/investruse only) ice during struction 21, page ion on to the more than excelent (b)	e 1 Jse of van 5% ption to	5.0 Vehicles owner," or completing	Yes," is (g Meth Conve	25 DBHY 28 person ection for (d)	. If you por those	(h) pepreciation deduction provided vehicles	29 vehicles s.	(i) Elected sectors cost	ion 179
(a) Type of proper (list vehicles fir 25 Spec the ta 26 Proper 2 0 0 4 27 Prop 28 Add 29 Add Complete to your em 30 Tota the y 31 Tota 32 Tota mile	(b) Date placed in service itial depreciation allow ax year and used more than 5 DODGE RAM 03/01/19 Derty used 50% or less amounts in column (in amounts in column (in this section for vehicle in ployees, first answer year (don't include column (in the column	sin a qualified busi % sin a qualified busi % sin a qualified busi % h), lines 25 through h), line 26. Enter her the questions in So	cost or other sted prope alified business us general area and on the section of	here and ine 7, pagion B—Ir partner, o see if you	on line le 1 format r other	21, page ion on l 'more the an exce	e 1 Jse of Vana 5% option to	5.0 Vehicles owner," or completin	2001 S/L- s/L- related	25 DBHY 28 person ection for (d)	. If you por those	provided vehicles	29 vehicles s.	Elected sectors cost	
the ta 26 Propo 2004 27 Prop 28 Add 29 Add Complete to your em 30 Tota the y 31 Tota mile	ax year and used more than the second of the	e than 50% in a qualified by TRUCK 100.00 % s in a qualified busi % s in a qualified busi % n), lines 25 through on, line 26. Enter her the questions in South the distribution of the control of the distribution of the control of	alified business us general 27. Enter re and on leading or operator, pection C to	here and ine 7, pagion B—Ir partner, o see if you (a)	on line te 1 format r other	21, page ion on to the more than exce	Jse of van 5% ption to	Vehicles owner," or completin	S/L-	28 person fection for	. If you por those	provided vehicles	vehicles	(f	
26 Propo 2004 27 Prop 28 Add 29 Add Complete to your em 30 Tota the y 31 Tota 32 Tota mile	amounts in column (in amounts in column (in ployees, first answer in column (in this section for vehicle in ployees, first answer in column (in this section for vehicle in ployees, first answer in column (in this section for vehicle in ployees, first answer in column (in this section for vehicle in ployees, first answer in the column (in this section for vehicle in ployees, first answer in the column (in this section for vehicle in this section for vehicle in ployees, first answer in the column (in this section for vehicle in th	TRUCK 100.00% in a qualified by sin a qualified busi % sin a qualified busi % h), lines 25 through h), line 26. Enter her es used by a sole pusi the questions in Solution	ness use: 27. Enter re and on l Section or corprietor, pection C to	here and ine 7, pagion B—Ir partner, o see if you (a)	on line se 1 format r other '	21, page ion on l 'more th an exce (b	e 1 Jse of van 5% ption to	Vehicles owner," or completin	S/L-	28 person fection for	. If you por those	provided vehicles	vehicles	(f	
27 Prop 28 Add 29 Add Complete to your em 30 Tota the y 31 Tota 32 Tota mile	amounts in column (in amounts in column (in this section for vehicle in ployees, first answer all business/investment year (don't include column)	TRUCK 100.00% % sin a qualified busi % % h), lines 25 through), line 26. Enter her the questions in So	ness use: 27. Enter re and on Sectionoprietor, ection C to	here and ine 7, pagion B—Ir partner, o see if you (a)	format r other ' u meet	ion on to more the an exce	Jse of Van 5% option to	Vehicles owner," or completin	S/L-	28 person ection for (d)	. If you por those	provided vehicles	vehicles	(f	
27 Prop 28 Add 29 Add Complete to your em 30 Tota the your and	amounts in column (in amounts in column (in this section for vehicle in ployees, first answer all business/investment year (don't include column)	100.00% % sin a qualified busi % % n), lines 25 through), line 26. Enter her the questions in So	27. Enter re and on Sectionoprietor, ection C to	here and ine 7, pag ion B—Ir partner, o see if you	format r other ' u meet	ion on to more the an exce	Jse of Van 5% option to	Vehicles owner," or completin	S/L-	28 person ection for (d)	. If you por those	provided vehicles	vehicles	(f	
28 Add 29 Add Complete to your em 30 Tota the y 31 Tota 32 Tota mile	amounts in column (in amounts in column (in this section for vehicle in ployees, first answer and business/investment year (don't include column)	% % % %), lines 25 through), line 26. Enter her es used by a sole p the questions in So	27. Enter re and on l Secti proprietor, p	ine 7, pag ion B—In partner, o see if you	format r other ' u meet	ion on to more the an exce	Jse of Van 5% option to	Vehicles owner," or completin	S/L-	person ection fo	. If you por those	provided vehicles	vehicles	(f	
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Complete to your em 30 Tota the y 31 Tota 32 Tota mile	amounts in column (in this section for vehicle in ployees, first answer all business/investment year (don't include co	%), lines 25 through), line 26. Enter her es used by a sole p the questions in So	Section C to	ine 7, pag ion B—In partner, o see if you	format r other ' u meet	ion on to more the an exce	Jse of Van 5% option to	Vehicles owner," or completin	S/L-	person ection fo	. If you por those	provided vehicles	vehicles	(f	
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Complete to your em 30 Tota the 31 Tota 32 Tota mile	this section for vehicl nployees, first answer al business/investmer year (don't include co	es used by a sole p the questions in So t miles driven durin	Section of to	ion B—Ir partner, o see if yo (a)	format r other ' u meet	ion on the more the an exce (b	an 5% ption to	owner," or completing	related	person ection fo	. If you por those	provided vehicles	e)	(f	
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30 Tota the y 31 Tota 32 Tota mile	nployees, first answer al business/investmer year (don't include co	the questions in Se t miles driven durin	ection C to	(a)	meet	(b)	completin	g this se	(d)	(e	e)	(f	
30 Tota the y 31 Tota 32 Tota mile	nployees, first answer al business/investmer year (don't include co	the questions in Se t miles driven durin	ection C to	(a)	meet	(b)	Completin	ig this se	(d)	(e	e)	(f	
30 Tota the y 31 Tota 32 Tota mile	al business/investmer year (don't include co	t miles driven durir		(a)	1.30	(1)	,	(c)			Te			Vehic	le 6
the y 31 Tota 32 Tota mile	year (don't include co		ng	Venici	e 1	verno		Vehicle	e 3		le 4			1	
the y 31 Tota 32 Tota mile	year (don't include co		•				16 2	1							
31 Tota32 Totamile	year (don't include co														
32 Tota	-1 muting miles di	iven during the yea	ar												
mile															
	al other personal (non	commung)													
33 Tota	es driven	the year Add													
	al miles driven during	the year. Add													
	s 30 through 32			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	s the vehicle available			163	110										
use	during off-duty hours	?													
	s the vehicle used pri														
tha	n 5% owner or related	l person?													
36 Is a	another vehicle availa	ole for personal use	e?						a a bu Th	asir Em	nlovoo	•			
		Section C—Que:	stions for	Employe	rs Who	Provid	e Vehic	cles for U	se by II	malaya	ibiosee	aron't			
Answer th	hese questions to det	ermine if you meet	an excepti	ion to con	pleting	Section	B for v	enicies us	ed by er	прюуе	es wild i	arent			
41	- EO/ oumors or relate	d nersons See ins	structions.											Yes	No
37 Do	you maintain a writte	n policy statement	that prohib	its all per	sonal u	se of ve	hicles, i	ncluding o	ommuu	ng, by					
	-12														
	sintain a writto	n policy statement	that prohib	oits person	nal use	of vehic	les, exc	ept comm	luting, by	y your					
om	ployees? See the ins	tructions for vehicle	es used by	corporate	eofficer	s, direct	ors, or	1% 01 11101	e owner	S					
00 D-	were treat all use of v	hicles by employe	es as pers	onal use)										
40 Do	you provide more the	an five vehicles to	our emplo	yees, obt	ain info	mation	from yo	ur employ	ees abo	ut the					
		t- :- the informat	ion rocaive	242											
44 Do	you meet the require	ments concerning	qualified a	utomobile	demor	stration	use? S	ee instruc	tions						
No.	ote: If your answer to	37, 38, 39, 40, or 4	1 is "Yes,"	don't con	nplete S	Section E	3 for the	covered	vehicles						
Part '											10	, T			
- I wit				(b)			(c)		(d))	(e Amorti:			(f)	1000 CONTRACT
	(a) Description of co	sts		nortization egins		Amortiz	zable amo	ount	Code se	ection	perio percei	- 1	Amorti	ization for th	is year
42 ^-	mortization of costs th	at begins during vo	our 2022 ta	x year (se	e instru	ıctions):									
42 Ar	nortization of costs ti														
40 .		at hegan before vo	our 2022 ta	x year	CONCRETE OF THE PARTY OF THE PA	000000000000000000000000000000000000000						43			
43 Ar 44 To	mortization of costs th			no for who	re to re	port						44		Form 45	

Year Ended: December 31, 2022

Hands & Hearts for Horses, Inc. 3824 LOWER CAIRO ROAD Thomasville, GA 31792

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

25260 Hands & Hearts for Horses, Inc.

58-2580985 Federal Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr PerConv Meth	Prior Curre	ent_
7-year GDS Property:	8/26/22	4,150		4,150 7 HY 150DB	0	445
55 HORSE - TEENA	8/20/22	4,150		4,150	0	445
	=	4,130				
Prior MACRS: 3 Tack	8/20/02	250	X	175 7 MQ200DB	250	0
4 Desk & Chair	7/23/02	125	X X	87 7 MQ200DB 560 7 MQ200DB	125 800	0
5 Saddles & Tack	2/26/02 7/31/05	800 11,626	Λ	11,626 15 HY 150DB	11,626	0
6 Covered Ring 7 Generator	9/30/05	741		741 7 HY 200DB	741 90,804	0
8 Covered Ring	5/04/06	90,804 4,500		90,804 15 HY 150DB 4,500 15 MQ150DB	4,267	233
10 Covered Walkway	12/27/07 11/12/09	1,381	X	690 5 MQ200DB	1,381	0
11 Computer12 Septic Tank	5/04/10	2,585	X X	1,292 15 HY 150DB 486 15 HY 150DB	2,051 1,866	152 139
13 Lighting Electrical	11/18/10 9/24/10	2,352 2,605	X	0 7 HY 200DB	2,605	0
14 Arena Rascal Pro 5.5' 15 Fencing	2/28/11	6,735		6,735 7 MQ150DB	6,735	0
16 JD HPX Gator	11/30/11	4,500		4,500 5 MQ150DB 15,000 7 MQ150DB	4,500 15,000	0
17 Bella 44 Horse - CHANCY	1/10/11 7/27/16	15,000 3,000	X	1,500 7 MQ150DB	2,701	184
44 Horse - CHANCY 45 HORSE - SMOKE	10/06/16	8,000	X	4,000 7 MQ150DB 3,650 7 MQ150DB	7,086 6,466	488 445
46 John Deere Tractor	11/20/16 3/28/17	7,300 1,750	X X	3,650 7 MQ150DB 875 7 HY 150DB	1,482	107
50 Horse - Levy 52 New Computer	4/12/18	855	X	0 5 HY 200DB	855	0
53 New Computer-2	4/30/18	855	X	0 5 HY 200DB	855	
	8=	165,764		147,221	162,196	1,748
Other Depreciation:	0/20/12	2 062		2,863 15 MO S/L	1,781	191
20 Arbon Equipment	8/30/12 10/31/12	2,863 3,800		3,800 5 MO S/L	3,800	0
21 1994 Ford F150 22 Bannister Electric	11/08/12	1,418		1,418 15 MO S/L 898 15 MO S/L	867 544	94 60
23 Plumbing for Water Heater	12/06/12 1/01/10	898 0		898 15 MO S/L 0 0 HY	0	0
26 Stewart (\$1,000 est value) 28 Surehand Lift	6/20/13	10,360		10,360 7 MO S/L	10,360	0
29 Wiring for Surehands Lift	10/31/13	777		777 7 MO S/L 10,275 7 MO S/L	777 10,275	0
30 Playground Equipment	9/30/13 10/31/13	10,275 800		800 7 MO S/L	800	0
31 Sanyo Flat Screen TV 50" 32 Fence Tim MArtin	5/31/13	775		775 7 MO S/L	775 1,169	0
33 Computer (NTS)	9/12/13 7/25/14	1,169 8,228		1,169 5 MO S/L 8,228 7 MO S/L	8,228	0
34 HORSE TRAILER 36 STORAGE BUILDING	6/26/14	3,402		3,402 39 MO S/L	654	88
37 CHURCH MEDIA SUPPLY_ELECTR	ONI 12/09/14	489		489 7 MO S/L 909 7 MO S/L	489 909	0
38 STABLE IMPROVEMENT 39 CORRAL IMPROVEMENT	6/27/14 8/28/14	909 1,022		1,022 7 MO S/L	1,022	0
39 CORRAL IMPROVEMENT 40 4 STADIUM POLESS & LIGHTS	7/30/15	1,999		1,999 15 MO S/L	855 0	133
41 BUDDY	5/11/15	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \ 0 & 0 & \mathrm{HY} \end{array}$	0	o
42 IVAN 47 3 Computers with Microsoft Office	11/06/15 4/07/16	1,842		1,842 5 MO S/L	1,842	683
49 FENCE AT THE OUTSIDE ARENA	5/12/16	4,777 1,300		4,777 7 MO S/L 1,300 7 MO S/L	3,867 712	683 186
51 Horse-Sarah Weninegar	2/27/18	57,103		57,103		1,435
Total Other Depreciation		37,103				
Total ACRS and Other De	preciation	57,103		57,103	49,726	1,435
Listed Property:				0 6 111/20000	9,000	0
54 2004 DODGE RAM TRUCK	3/01/19	9,000	-	0 5 HY 200DB	9,000	0
		9,000)	0		

25260 Hands & Hearts for Horses, Inc.
58-2580985 Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description I	Date n Service C	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals Less: Dispositions and Transfers		236,017		208,474 0 0		220,922 0 0	3,628 0 0
	Less: Start-up/Org Expense Net Grand Totals		236,017	_	208,474		220,922	3,628

FYE: 12/31/2022

25260 Hands & Hearts for Horses, Inc. GA Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
AssetDescription							
7-year GDS Property:	0.10.6.10.0	4.150	4.150	0	445	445	0
55 HORSE - TEENA	8/26/22	4,150	4,150		445	445	0
	=	4,150	4,150	=		443	
Prior MACRS: 3 Tack	8/20/02	250	250	250	0	0	0
4 Desk & Chair	7/23/02	125	125	125 800	0	0	0
5 Saddles & Tack	2/26/02 7/31/05	800 11,626	800 11,626	11,626	0	0	Ö
6 Covered Ring	9/30/05	741	741	741	0	0	0
7 Generator 8 Covered Ring	5/04/06	90,804	90,804	90,804	0	222	0
10 Covered Walkway	12/27/07	4,500	4,500	4,267	233	233	0
11 Computer	11/12/09	1,381 2,585	1,381 2,585	1,381 2,051	152	152	0
12 Septic Tank 13 Lighting Electrical	5/04/10 11/18/10	2,352	2,352	1,866	139	139	0
13 Lighting Electrical 14 Arena Rascal Pro 5.5'	9/24/10	2,605	2,605	2,605	0	0	0
15 Fencing	2/28/11	6,735	6,735	6,735 4,500	0	0	0
16 JD HPX Gator	11/30/11 1/10/11	4,500 15,000	4,500 15,000	15,000	0	ő	0
17 Bella	7/27/16	3,000	3,000	2,402	368	184	-184
44 Horse - CHANCY 45 HORSE - SMOKE	10/06/16	8,000	8,000	6,173	974	488	
46 John Deere Tractor	11/20/16	7,300	7,300	5,633	889 214	445 107	
50 Horse - Levy	3/28/17	1,750 855	1,750 855	1,214 707	99	0	-99
52 New Computer	4/12/18 4/30/18	855	855	707	99	0	-99
53 New Computer-2	1/50/10	165,764	165,764	159,587	3,167	1,748	-1,419
Other Depreciation:		2.062	2.062	1,781	191	191	0
20 Arbon Equipment	8/30/12 10/31/12	2,863 3,800	2,863 3,800	3,800	0	0	72
21 1994 Ford F150 22 Bannister Electric	11/08/12	1,418	1,418	867	94	94	
22 Bannister Electric 23 Plumbing for Water Heater	12/06/12	898	898	544	60	60	
26 Stewart (\$1,000 est value)	1/01/10	10.260	10,360	10,360	0	Č	
28 Surehand Lift	6/20/13 10/31/13	10,360 777	777	777	0	C	0
29 Wiring for Surehands Lift 30 Playground Equipment	9/30/13	10,275	10,275	10,275	0	C	
30 Playground Equipment 31 Sanyo Flat Screen TV 50"	10/31/13	800	800	800	0	(
32 Fence Tim MArtin	5/31/13	775	775	775 1,169	0	(200
33 Computer (NTS)	9/12/13 7/25/14	1,169 8,228	1,169 8,228	8,228	0	Ò	55
34 HORSE TRAILER 36 STORAGE BUILDING	6/26/14	3,402	3,402	654	88	88	
36 STORAGE BUILDING 37 CHURCH MEDIA SUPPLY_ELECTRO		489	489	489	0	(
38 STABLE IMPROVEMENT	6/27/14	909	909 1,022	909 1,022	0	(77
39 CORRAL IMPROVEMENT	8/28/14 7/30/15	1,022 1,999	1,999	855	133	133	***
40 4 STADIUM POLESS & LIGHTS 41 BUDDY	5/11/15	0	0	0	0		0
42 IVAN	11/06/15	0	0	1 0 4 2	0		0 0
47 3 Computers with Microsoft Office	4/07/16	1,842	1,842	1,842 3,867	0 683	683	
49 FENCE AT THE OUTSIDE ARENA	5/12/16 2/27/18	4,777 1,300	4,777 1,300	712	186	180	
51 Horse-Sarah Weninegar Total Other Depreciation	2/2//10	57,103	57,103	49,726	1,435	1,43	5 0
Total Other Depreciation						19-	
Total ACRS and Other Dep	reciation	57,103	57,103	49,726	1,435	1,43	5
Listed Property:	1 <u>2</u> 12 2 11 2 2	0.655		9,000	0		0 0
54 2004 DODGE RAM TRUCK	3/01/19	9,000		9,000			0 0

FYE: 12/31/2022

25260 Hands & Hearts for Horses, Inc.

GA Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
	Grand Totals Less: Dispositions Less: Start-up/Org Expense		236,017 0 0	227,017 0 0	218,313 0 0	5,047 0 0	3,628 0 0	-1,419 0 0
	Net Grand Totals	_	236,017	227,017	218,313	5,047	3,628	-1,419

FYE: 12/31/2022

25260 Hands & Hearts for Horses, Inc. AMT Asset Report Form 990, Page 1

1 12, 12, 0, 12, 12						
Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr PerConv Meth	Prior _	Current
7-year GDS Property:	V (20, 2 (2))			4,150 7 HY 150DB	0	445
7-year GDS Property: 55 HORSE - TEENA	8/26/22	4,150			0	445
	=	4,150		4,150		
Prior MACRS: 3 Tack	8/20/02	250	X	175 7 MQ200DB 87 7 MQ200DB	250 125	0 0
4 Desk & Chair	7/23/02 2/26/02	125 800	X	87 7 MQ200DB 560 7 MQ200DB	800	0
5 Saddles & Tack	7/31/05	11,626		11,626 15 HY 150DB	11,626	0 0
6 Covered Ring 7 Generator	9/30/05	741		741 7 HY 200DB 90,804 15 HY 150DB	741 90,804	0
8 Covered Ring	5/04/06	90,804 4,500		4,500 15 MQ150DB	4,267	233
10 Covered Walkway	12/27/07 11/12/09	1,381	X	690 5 MQ200DB	1,381	0 152
11 Computer 12 Septic Tank	5/04/10	2,585	X	1,292 15 HY 150DB 486 15 HY 150DB	2,051 1,866	139
13 Lighting Electrical	11/18/10	2,352 2,605	X X	0 7 HY 200DB	2,605	0
14 Arena Rascal Pro 5.5'	9/24/10 2/28/11	6,735	A	6.735 7 MQ150DB	6,735	0
15 Fencing 16 JD HPX Gator	11/30/11	4,500		4,500 5 MQ150DB 15,000 7 MQ150DB	4,500 15,000	0
17 Bella	1/10/11 7/27/16	15,000 3,000	X	1,500 7 MQ150DB	2,701	184
44 Horse - CHANCY 45 HORSE - SMOKE	10/06/16	8,000	X	4,000 7 MQ150DB	7,086	488 445
45 HORSE - SMOKE 46 John Deere Tractor	11/20/16	7,300	X	3,650 7 MQ150DB 875 7 HY 150DB	6,466 1,482	107
50 Horse - Levy	3/28/17 4/12/18	1,750 855	X X	0 5 HY 200DB	855	0
52 New Computer 53 New Computer-2	4/12/18	855	X	0 5 HY 200DB	855	0
53 New Computer-2	The same of the same of	165,764		147,221	162,196	1,748
ACRS:	10/31/12	3,800		3,800 5 HY S/L	3,610	0
21 1994 Ford F150 Total ACRS Depreciation	10,01,12	3,800		3,800	3,610	0
Total ACRO Depresanton						
Other Depreciation:	8/30/12	2,863		2,863 15 MO S/L	1,781	191
20 Arbon Equipment 22 Bannister Electric	11/08/12	1,418		1.418 15 MO S/L	867 544	94 60
23 Plumbing for Water Heater	12/06/12	898		898 15 MO S/L 0 0 HY	0	0
26 Stewart (\$1,000 est value)	1/01/10 6/20/13	0		0 0 HY	0	0
28 Surehand Lift 29 Wiring for Surehands Lift	10/31/13	0)	0 0 HY	0	0
30 Playground Equipment	9/30/13	0		$egin{array}{ccc} 0 & 0 & \mathrm{HY} \\ 0 & 0 & \mathrm{HY} \end{array}$	0	0
31 Sanyo Flat Screen TV 50"	10/31/13 5/31/13	0		0 0 HY	0	0
32 Fence Tim MArtin 33 Computer (NTS)	9/12/13	()	0 0 HY	8,228	0
34 HORSE TRAILER	7/25/14	8,228		8,228 7 MO S/L 3,402 39 MO S/L	654	88
36 STORAGE BUILDING	6/26/14 RONI 12/09/14	3,402 489		489 7 MO S/L	489	0
37 CHURCH MEDIA SUPPLY_ELECTION 38 STABLE IMPROVEMENT	6/27/14	909	9	909 7 MO S/L	909 1,022	
39 CORRAL IMPROVEMENT	8/28/14	1,022		1,022 7 MO S/L 1,999 15 MO S/L	855	
40 4 STADIUM POLESS & LIGHTS	7/30/15 5/11/15	1,999	9	0 0 HY	0	0
41 BUDDY 42 IVAN	11/06/15	(0	0 0 HY	0	
47 3 Computers with Microsoft Office	4/07/16	4,77	0	0 0 HY 4,777 7 MO S/L	3,867	683
49 FENCE AT THE OUTSIDE ARENA	5/12/16 2/27/18		0	0 0 HY	0	0
51 Horse-Sarah Weninegar Total Other Depreciation		26,00	-	26,005	19,216	1,249
		29,80	15	29,805	22,826	1,249
Total ACRS and Other I	epreciation		≅			
Listed Property: 54 2004 DODGE RAM TRUCK	3/01/19	9,00	00 X X	0 5 HY 200D	В 9,000	0
34 2004 DODGE RIM TROOM						

25260 Hands & Hearts for Horses, Inc.

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset		Date Service Cost 9,000	Bus Sec Basis % 179Bonus for Depr 0	9,000	Current 0
	Grand Totals	208,719	181,176	194,022	3,442
	Less: Dispositions and Transfers	0	0	0	0
	Net Grand Totals	208,719	181,176	194,022	3,442

25260 Hands & Hearts for Horses, Inc.

58-2580985 Bonus Depreciation Report

FYE: 12/31/2022

Form 990, Page 1

	D Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
13 14	Desk & Chair Saddles & Tack Computer Septic Tank Lighting Electrical Arena Rascal Pro 5.5' Horse - CHANCY HORSE - SMOKE John Deere Tractor Horse - Levy New Computer	8/20/02 7/23/02 2/26/02 11/12/09 5/04/10 11/18/10 9/24/10 7/27/16 10/06/16 11/20/16 3/28/17 4/12/18 4/30/18 3/01/19	250 125 800 1,381 2,585 2,352 2,605 3,000 8,000 7,300 1,750 855 855 9,000		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	75 38 240 691 1,293 1,866 2,605 1,500 4,000 3,650 875 855 855	175 87 560 690 1,292 486 0 1,500 4,000 3,650 875 0
		Grand Total	40,858		0	0	18,543	13,315

25260 Hands & Hearts for Horses, Inc.
58-2580985 Depreciation Adjustment Report

All Business Activities

Form	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACE	RS Adj	ustments:		0	0	0
Page 1	1	3	Tack	0	0	0
Page 1	1	4	Desk & Chair	0	0	0
Page 1	1	5	Saddles & Tack	0	0	0
Page 1	1	6	Covered Ring	0	0	0
Page 1	1	7	Generator	0	0	0
Page 1	1	8	Covered Ring Covered Walkway	233	233	0
Page 1	1	10		0	0	0
Page 1	1	11	Computer	152	152	0
Page 1	1	12	Septic Tank Lighting Electrical	139	139	0
Page 1	1	13	Arena Rascal Pro 5.5'	0	0	0
Page 1	1	14	Fencing	0	0	0
Page 1	1	15	JD HPX Gator	0	0	0
Page 1	1	16	Bella	0	0	0
Page 1	1	17	Horse - CHANCY	184	184	0
Page 1	1	44 45	HORSE - SMOKE	488	488	0
Page 1	1	46	John Deere Tractor	445	445	0
Page 1	1	50	Horse - Levy	107	107	0
Page 1	1	52	New Computer	0	0	0
Page 1	1	53	New Computer-2	0	0	0
Page 1	1	54	2004 DODGE RAM TRUCK	0	0	0
Page 1	1	55	HORSE - TEENA	445	445	
Page 1	1	33		2,193	2,193	0

25260 Hands & Hearts for Horses, Inc.
58-2580985 Future Depreciation Report FYE: 12/31/23

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	ACRS:				
3 4 5 6 7 8 10 11 12 13 14 15 16 17 44 45 46 50 52 53 55	Tack Desk & Chair Saddles & Tack Covered Ring Generator Covered Ring Covered Walkway Computer Septic Tank Lighting Electrical Arena Rascal Pro 5.5' Fencing JD HPX Gator Bella Horse - CHANCY HORSE - SMOKE John Deere Tractor Horse - Levy New Computer New Computer-2 HORSE - TEENA	8/20/02 7/23/02 2/26/02 7/31/05 9/30/05 5/04/06 12/27/07 11/12/09 5/04/10 11/18/10 9/24/10 2/28/11 11/30/11 1/10/11 7/27/16 10/06/16 11/20/16 3/28/17 4/12/18 4/30/18 8/26/22	250 125 800 11,626 741 90,804 4,500 1,381 2,585 2,352 2,605 6,735 4,500 15,000 3,000 8,000 7,300 1,750 855 855 4,150	0 0 0 0 0 0 0 0 153 139 0 0 0 0 115 426 389 107 0 0	0 0 0 0 0 0 0 0 153 139 0 0 0 0 115 426 389 107 0 0
			169,914	2,123	2,123
Other I	Depreciation:				
20 21 22 23 26 28 29 30 31 32 33 34 36 37 38 39 40 41 42 47 49 51	Arbon Equipment 1994 Ford F150 Bannister Electric Plumbing for Water Heater Stewart (\$1,000 est value) Surehand Lift Wiring for Surehands Lift Playground Equipment Sanyo Flat Screen TV 50" Fence Tim MArtin Computer (NTS) HORSE TRAILER STORAGE BUILDING CHURCH MEDIA SUPPLY_ELECTRONICS STABLE IMPROVEMENT CORRAL IMPROVEMENT 4 STADIUM POLESS & LIGHTS BUDDY IVAN 3 Computers with Microsoft Office FENCE AT THE OUTSIDE ARENA Horse-Sarah Weninegar Total Other Depreciation	8/30/12 10/31/12 11/08/12 12/06/12 1/01/10 6/20/13 10/31/13 9/30/13 10/31/13 5/31/13 9/12/13 7/25/14 6/26/14 12/09/14 6/27/14 8/28/14 7/30/15 5/11/15 11/06/15 4/07/16 5/12/16 2/27/18	2,863 3,800 1,418 898 0 10,360 777 10,275 800 775 1,169 8,228 3,402 489 909 1,022 1,999 0 0 1,842 4,777 1,300 57,103	191 0 95 60 0 0 0 0 0 0 0 0 0 0 0 0 0	191 0 95 60 0 0 0 0 0 0 0 0 0 0 0 0 0
	Total ACRS and Other Depreciation		57,103	978	793
Listed	Property:				goden
54	2004 DODGE RAM TRUCK	3/01/19	9,000	0	0
	Grand Totals		236,017	3,101	2,916

25260 Hands & Hearts for Horses, Inc.
58-2580985 GA Future Depreciation Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	GA	
Prior M	ACRS:				
3 4 5 6 7 8 10 11 12 13 14 15 16 17 44 45 46 50 52 53 55	Tack Desk & Chair Saddles & Tack Covered Ring Generator Covered Ring Covered Walkway Computer Septic Tank Lighting Electrical Arena Rascal Pro 5.5' Fencing JD HPX Gator Bella Horse - CHANCY HORSE - SMOKE John Deere Tractor Horse - Levy New Computer New Computer New Computer-2 HORSE - TEENA	8/20/02 7/23/02 2/26/02 7/31/05 9/30/05 5/04/06 12/27/07 11/12/09 5/04/10 11/18/10 9/24/10 2/28/11 11/30/11 1/10/11 7/27/16 10/06/16 11/20/16 3/28/17 4/12/18 4/30/18 8/26/22	250 125 800 11,626 741 90,804 4,500 1,381 2,585 2,352 2,605 6,735 4,500 15,000 3,000 8,000 7,300 1,750 855 855 4,150 169,914	0 0 0 0 0 0 0 0 153 139 0 0 0 0 230 853 778 215 49 49 794	
Other 1	Depreciation:				
20 21 22 23 26 28 29 30 31 32 33 34 36 37 38 39 40 41 42 47 49 51	Arbon Equipment 1994 Ford F150 Bannister Electric Plumbing for Water Heater Stewart (\$1,000 est value) Surehand Lift Wiring for Surehands Lift Playground Equipment Sanyo Flat Screen TV 50" Fence Tim MArtin Computer (NTS) HORSE TRAILER STORAGE BUILDING CHURCH MEDIA SUPPLY_ELECTRONICS STABLE IMPROVEMENT CORRAL IMPROVEMENT 4 STADIUM POLESS & LIGHTS BUDDY IVAN 3 Computers with Microsoft Office FENCE AT THE OUTSIDE ARENA Horse-Sarah Weninegar Total Other Depreciation	8/30/12 10/31/12 11/08/12 12/06/12 1/01/10 6/20/13 10/31/13 9/30/13 10/31/13 5/31/13 9/12/13 7/25/14 6/26/14 12/09/14 6/27/14 8/28/14 7/30/15 5/11/15 5/11/16 5/12/16 2/27/18	2,863 3,800 1,418 898 0 10,360 777 10,275 800 775 1,169 8,228 3,402 489 909 1,022 1,999 0 0 1,842 4,777 1,300 57,103	191 0 95 60 0 0 0 0 0 0 0 0 0 0 0 0 0	
Listed	Property:				
54	2004 DODGE RAM TRUCK	3/01/19	9,000	0	
	Grand Totals		236,017	4,238	

Form **990**

Two Year Comparison Report

2021 & 2022

For calendar year 2022, or tax year beginning

, ending

Name

Taxpayer Identification Number

TANDO C HEADES FOR HORSES INC			58-258	30985
HANDS & HEARTS FOR HORSES, INC.	T	2021	2022	Differences
A Continuo eiffo granto	1.	229,887	339,538	109,651
1. Contributions, gifts, grants				
2. Membership dues and assessments		23,687		-23,687
3. Government contributions and grants		720		-720
4. Program service revenue	- 5	4,673	6,168	1,495
5. Investment income				
6. Proceeds from tax exempt bonds		3,486	3,887	401
7. Net gain or (loss) from sale of assets other than inventory		61,753	57,040	-4,713
8. Net income or (loss) from fundraising events				
9. Net income or (loss) from gaming	10.	1,432	7,086	5,654
10. Net gain or (loss) on sales of inventory	11.			
11. Other revenue	12.	325,638	413,719	88,081
12. Total revenue. Add lines 1 through 11	13.			
13. Grants and similar amounts paid	14.			
14. Benefits paid to or for members	15.			
15. Compensation of officers, directors, trustees, etc.	16.	198,518	204,636	6,118
16. Salaries, other compensation, and employee benefits	17.			
17. Professional fundraising fees	18.	8,221	5,724	-2,49
18. Other professional fees	19.	25,042	13,943	-11,099
19. Occupancy, rent, utilities, and maintenance	20.	6,899	3,628	-3,27
20. Depreciation and Depletion	21.	93,822	129,762	35,94
21. Other expenses	22.	332,502	357,693	25,193
22. Total expenses. Add lines 13 through 21	23.	-6,864	56,026	62,89
23. Excess or (Deficit). Subtract line 22 from line 12	24	325,638	413,719	88,08
24. Total exempt revenue	25.	-		
25. Total unrelated revenue	00	10,311	17,141	6,83
26. Total excludable revenue	27	173,740	228,662	54,92
27. Total assets	20	7,013	5,909	-1,10
28. Total liabilities	20	166,727	222,753	56,02
26. Total excludable revenue 27. Total assets 28. Total liabilities 29. Retained earnings 30. Number of voting members of governing body 21. Number of independent voting members of governing body	30.	11	12	
30. Number of voting members of governing body 31. Number of independent voting members of governing body		11	12	
51. Number of independent terms	32.	13	12	
32. Number of employees	33.	142	137	
33. Number of volunteers	00.			

Form 990		Tax Ret	Tax Return History			2022
HANDS &	HEARTS FOR HORSES,	INC.			Employer 58-2	Employer Identification Number 58-2580985
	2700	2010	2020	2021	2022	2023
Contributions, gifts, grants	235,389	199,267	285,614	253,574	339,538	
Membership dues	022 07	29,928	1,780	720	1 1	
Program service revenue	200/22	-	6,766	3,486	3,887	
Capital gain or loss	2,012	3,364	4,844	4,673	9	
Investment income Fundraising revenue (income/loss)	36,792	4 4	30,053	61,753	57,040	
Gaming revenue (income/loss)	COO	640	1.407	1,432	7,086	
Other revenue	316.346	281,428	4 -	325,638	413,719	
Grants and similar amounts paid						
Compensation of officers, etc.	188 563	168,757	168,323	198,518		
Other compensation	-	4		8,221	5,724	
Professional fees		4	4 .	25,042	13,943	
Occupancy costs	16 965	4	12,852	668'9	4	
Depreciation and depletion	4	78.871		93,822	-	
Other expenses	336 422	۱.:	306,861	332,502	-	
Total expenses Excess or (Deficit)	-20,076	4 4	23,603	-6,864	56,026	
Total exempt revenue	316,346	281,428	330,464	325,638	413,719	
Total unrelated revenue	14 165	34 233	14,797	10,311	17,141	
Total excludable revenue	4	4	181,127	173,740	-	
Total Assets		14.767	7	7,013	~	
Total Liabilities	4	-	173.591	166,727	222,753	

25260 Hands & Hearts for Horses, Inc. **Federal Statements** 58-2580985 FYE: 12/31/2022 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after US Obs (\$ or %) Business Code Code 6/30/75 Amount TNB 102 102 TOTAL Taxable Dividends from Securities Description Unrelated Exclusion Postal Acquired after US Obs (\$ or %) Business Code Code 6/30/75 Amount TNB 6,066 6,066 TOTAL

	Fund Raising	\$
	Management & General	\(\sigma\)
ements	- All Other Expenses Program Service \$ 3,601 2,893 1,604 1,264	\$ 10,194
Federal Statements	Form 990, Part IX, Line 24e - All Other Expenses Total Expenses \$ 3,601 \$ 3,601 \$ 3,601 \$ 2,893 \$ 1,604 \$ 1,264 \$ 1,264 \$ 1,264 \$ 2,507 \$ 2	\$ 10,194
25260 Hands & Hearts for Horses, Inc. 58-2580985 FYE: 12/31/2022	Description BARN SUPPLIES DUES WATER BANK CHARGES CONTINUING ED & TRAINING	VOLUNTEER EXPENSE TOTAL

25260 Hands & Hearts for Horses, Inc. 58-2580985 FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 1(e)

Amount	\$ 121,367 1,051	15,000	31,000	27,000	5,120	10,000		8,000	25,000	75,000	21,000	
Description		TOM RANKIN - 34 SHS WILLIAMS CO WILLIAMS FAMILY FOUNDATION OF GA.	CASH CONTRIBUTION WILLIAM H FLOWERS, JR. FOUNDATION	DEAN JERGER	MITCHELL COUNTY ELECTRIC CHAR FUND	CASH CONTRIBUTION THOMASVILLE ANTIQUE SHOW FOUNDATION CASH CONTRIBUTION	RICHARD VANN 79 SHARES OF TOTAL SYSTEMS SEC.	CHEROKEE FOUNDATION CASH CONTRIBUTION	THE AMERICAN GIFT FUND	LEWIS HALL AND MILDRED SASSER CASH CONTRIBUTION	LAURA BROWN CASH CONTRIBUTION	TOTAL

25260 Hands & Hearts for Horses, Inc.

58-2580985 Federal Statements

58-2580985

FYE: 12/31/2022

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Ex	cess
WILLIAM H FLOWERS, JR. FOUNDATION WILLIAMS FOUNDATION CHEROKEE FOUNDATION DEAN & ANDREA JERGER MR. & MRS. C. MARTIN WOOD, III THOMASVILLE ANTIQUE SHOW FOUNDATION	\$ 10,000 12,400 7,500 10,000 6,000 5,000	\$	
TOTAL	\$ 50,900	\$	0

Inc.
Horses,
arts for
X Hea
Hands 8
25260

58-2580985 FYE: 12/31/2022

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description			_
Description		0	5
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INB	
TNB	
OKTOBER FEAST	
SUMMER CAMP	
PROMOTIONAL ITEMS	
PATH WORKSHOP	
VETERANS DAY 5K/OPEN HOUSE	S E

TOTAL

Amount	102 6,066 53,213	4,397,08	110	90,968
	₩.			S

25260 Hands & Hearts for Horses, Inc.
58-2580985 Federal Statements

58-2580985

FYE: 12/31/2022

OKTOBER FEAST

Other Direct Fundraising or Gaming Expenses

Description	 Amount	
SUPPLIES PROGRAMS/PUBLICITY INSURANCE FOR EVENT	\$ 9,427 200 675	
TOTAL	\$ 10,302	

25260 Hands & Hearts for Horses, Inc. 58-2580985 Federal Statements

58-2580985

FYE: 12/31/2022

SUMMER CAMP

Other Direct Fundraising or Gaming Expenses

Description	Amount	
SUPPLIES	\$	1,769
TOTAL	\$	1,769