



December 11, 2025

Please accept our petition to request \$5,000 in funding from the Town of Damariscotta in FY27. Funds would be used to support programming from October 2026-September 2027. Your support goes directly to support nature-based youth development opportunities for local children.

1. Description of Provider:

Hearty Roots is a proactive intervention program for youth. Our mission is to keep youth connected to their community and trusted adult mentors in order to increase wellness and aspirations. Hearty Roots programs occur in all weather and all-outdoors—bringing kids to adventure on wild preserves, islands, and in community green spaces. We offer programming year-round, in school and after school. When schools are closed, the woods are open. We are nimble and expansive and meet children where they're at: developmentally and emotionally. We operate with a 12FTE staff who are exceptionally-qualified to serve youth with a variety of emotional and behavioral needs. We hold no debt. All money raised directly supports programming opportunities for local youth.

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

a. How many Damariscotta residents received services last year:

In 2025, **one hundred and thirty-two** (*up from 65 in 2025*) Damariscotta youth (ages 7–18) experienced a Hearty Roots activity. In 2025, we awarded \$29,000 in scholarships to local youth throughout Lincoln County to ensure that no child was turned away for a family’s inability to pay. We expanded programming to offer more opportunities for older youth to get off the grid; Damariscotta middle school students and teens participated in weekend campouts where they unplugged, learned primitive skills like carving, fire cooking, and trail navigation—all while learning to act as a team and decompress from the pressures associated with technology, school, and social media.

b. Types of services provided to Damariscotta residents:

Damariscotta youth will be served through in-school, after-school, and out-of-school offerings that immerse youth in nature under the guidance of a trusted adult mentor. Our programs increase wellness and aspirations for Damariscotta youth. Outing clubs, summer expeditions, teen overnight adventures, pop-up camps for holiday/no-school days, school-based guided adventures, and outdoor exploratory programming for neurologically and physically diverse youth are a sampling of our offerings.

We offer year-round programming to 99.9% local youth. We rely on the land and water to help kids proactively. When kids lack the foundational aspect of emotional development—and aren’t exposed



to tools for managing self-regulation—they struggle at home and in school exponentially. Maine’s over-extended Special Education system is struggling to keep pace with the intensity of the behavioral needs that often correlate with biological trauma, environmental adversity, or the known lasting effects of a global pandemic. This is where Hearty Roots steps in, both proactively and reactively.

When Special Education and/or Alternative Education cannot support children so they’re “safe” in schools, children are bussed out-of-district for higher supports. Due to the waiting list, kids and families endure months of remote learning while they wait on a day treatment facility to have an enrollment opportunity that meets their needs. Typically, day treatment facilities are at least two counties away, and costs town taxpayers \$50,000-\$90,000 per year. One child, one year. It also sends a message that children must be sent away to be “fixed.” Hearty Roots provides services in Knox and Lincoln counties to help reduce behavioral risks, strengthen a young person’s connection to community, and help children rest, restore, and strengthen in nature. We offer non-clinical, innovative supports for mental wellness at a cost of less than \$100 per enrolled Damariscotta youth.

c. What makes Hearty Roots a unique service to Damariscotta residents?

At Hearty Roots, we aim to enrich a child’s connection to community, land, and self. While there are other organizations in our area that connect kids to the land, no other organization serves 99.9% local youth. No other organization is present in school, after-school, and on summer vacations. The one program in our area that provides social/emotional learning in an adventure-based environment serves predominately out-of-state youth who can afford hefty camp fees—and their work is based throughout Maine, not focused on Lincoln County. In 2025, Hearty Roots provided \$29,000 in scholarships to kids so no child would be turned away for an inability to pay. We don’t know of any other agency that works on the honor system for local working families, where they self-select a scholarship percentage but are not asked to endure the shameful process of producing tax returns or income verification. We trust caregivers to know what is best for their kids and to be honest with their needs—just as they trust us to pioneer interventions that keep kids strong.

d. Copy of the most recent financial statements: Please find attached.

Haley Bezon

Founder and Executive Director
haley@heartyroots.org

Return of Organization Exempt From Income Tax

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

2024

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 header section containing fields A through M, including organization name (HEARTY ROOTS INC), address (DAMARISCOTTA ME), and financial information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for officer Haley Bezon, Executive Director, dated 05/12/2025.

Paid Preparer Use Only section for Cheryl Crummett EA, Sunny Side Accounting, dated 07/31/2025.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 207678 including grants of \$) (Revenue \$ 92303.)

HEARTY ROOTS IS AN OUTDOOR-BASED YOUTH PROGRAM THAT FOSTERS COMMUNITY WELLNESS IN AN OUTDOOR SETTING THROUGH CONNECTION, ADVENTURE AND REFLECTIVE EXPERIENCES. IN 2023 THROUGH YEAR-ROUND PROGRAM OFFERINGS, WE REACHED 250 MIDCOAST YOUTH. WE ENVISION A WORLD WHERE THE INEXTRICABLE LINK BETWEEN WELLNESS AND WILDNESS IS REINFORCED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 207678 .

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (7), 1b (7), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

HALEY BEZON 207-242-1434
PO BOX 7 DAMARISCOTTA ME 04543-

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HALEY BEZON ----- EXEC DIRECTOR	40				X	X	69557.	0	0	
(2) ALI STEVENSON ----- PRESIDENT	3	X		X			0	0	0	
(3) ANNA FIELDER ----- VICE PRESIDENT	2	X		X			0	0	0	
(4) HEATHER ABELLO ----- TREASURER	4	X		X			0	0	0	
(5) LISA KATZ ----- SECRETARY	1	X		X			0	0	0	
(6) ASHLEY BALDWIN ----- DIRECTOR	1	X					0	0	0	
(7) LEAH BAUER ----- DIRECTOR	1	X					0	0	0	
(8) CHRIS PRENTICE ----- DIRECTOR	1	X					0	0	0	
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							69557.			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							69557.			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 664844.					
	g Noncash contributions included in lines 1a-1f	1g \$ 80000.					
	h Total. Add lines 1a-1f		664844.				
Program Service Revenue		Business Code					
	2a CAMPER REGISTRATION	611710	92303.			92303.	
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		92303.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1140.			1140.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b					
		6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b					
		7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		29059.				
		8b	7123.				
	c Net income or (loss) from fundraising events			21936.			21936.
	9a Gross income from gaming activities. See Part IV, line 19						
9b							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		1430.					
	10b						
c Net income or (loss) from sales of inventory			1430.			1430.	
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			781653.			116809.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69557.	3478.	38256.	27823.
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	252316.	110410.	141906.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	354.		354.	
10 Payroll taxes	28696.	11310.	15160.	2226.
11 Fees for services (nonemployees):				
a Management				
b Legal	366.		366.	
c Accounting	4255.		4255.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3075.			3075.
f Investment management fees	900.			900.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1801.	1801.		
12 Advertising and promotion	4193.		3069.	1124.
13 Office expenses	4161.	18.	3978.	165.
14 Information technology	7676.	52.	7615.	9.
15 Royalties				
16 Occupancy	55328.	26928.	1202.	27198.
17 Travel	6123.	306.	5817.	
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	13132.	13132.		
23 Insurance	13625.	6865.	6760.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>CAMP SUPPLIES</u>	32034.	32034.		
b <u>PROFESSIONAL DEVELOPMENT</u>	2588.	1344.	1244.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	500180.	207678.	229982.	62520.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	74939.	1	29101.
	2	Savings and temporary cash investments	440592.	2	300854.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	485953.		
	10b	Less: accumulated depreciation	17112.	10c	468841.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	517340.	16	798796.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	236.	25	219.
	26	Total liabilities. Add lines 17 through 25	236.	26	219.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	29803.	27	598577.
	28	Net assets with donor restrictions	487301.	28	200000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	517104.	32	798577.
33	Total liabilities and net assets/fund balances	517340.	33	798796.	

Part 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	781653.
2	Total expenses (must equal Part IX, column (A), line 25)	2	500180.
3	Revenue less expenses. Subtract line 2 from line 1	3	281473.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	517104.
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	798577.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HEARTY ROOTS INC

Employer identification number
82-1493131

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66973.	112079.	176329.	723444.	695333.	1774158.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	12905.	22788.	29905.	67787.	92303.	225688.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.	79878.	134867.	206234.	791231.	787636.	1999846.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						1999846.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.	79878.	134867.	206234.	791231.	787636.	1999846.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		3.	17.	136.	1140.	1296.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.		3.	17.	136.	1140.	1296.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	79878.	134870.	206251.	791367.	788776.	2001142.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	99.94%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	99.99%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	0.06%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	0.01%

- 19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: HEARTY ROOTS INC; Employer identification number: 82-1493131

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Table with columns (a) Donor advised funds and (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Includes questions 1-9 regarding conservation easements and a table for lines 2a-2d.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00%
 - b Permanent endowment 0.00%
 - c Term endowment 0.00%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		405,974.		405,974.
b Buildings				
c Leasehold improvements				
d Equipment		65,157.	16,371.	48,786.
e Other		14,822.	741.	14,081.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				468,841.

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	219.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		219.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PADDLE/PLUNG (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	29,059.		29,059.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	29,059.		29,059.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,123.		7,123.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,123.
11	Net income summary. Subtract line 10 from line 3, column (d)			21,936.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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

Attach to Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

HEARTY ROOTS INC

82-1493131

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	10,000.	M
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	70,000.	M
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archaeological artifacts				
25 Other (.)				
26 Other (.)				
27 Other (.)				
28 Other (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M LINE 6 AND 15
DODGE CARAVAN DONATED WITH A VALUE OF 10000
LAND PURCHASE WAS AT A DISCOUNTED RATE. THE 70000 WAS THE
DIFFERENCE BETWEEN FAIR MARKET VALUE AND PURCHASE PRICE
RECOGNIZED AS AN IN KIND DONATION.

SCHEDULE O
(Form 990)
(Rev. December 2024)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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 instructions and the latest information.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Employer identification number
82-1493131

Name of the organization
HEARTY ROOTS INC

FORM 990 PART VI LINE 11B
THE 990 IS REVIEWED BY THE BOARD

FORM 990 PART VI LINE 19
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON
REQUEST.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
TOYOTA SEQ 06/21/2024 100.0 26,418 26,418 5 200DBHY 5,284
DODGE CARA 06/01/2024 100.0 10,000 10,000 5 200DBHY 2,000
0.0
27 Property used 50% or less in a qualified business use:
0.0 S/L -
0.0 S/L -
0.0 S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 7,284
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
5555 1000
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32 5555 1000
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No Yes No
X X
35 Was the vehicle used primarily by a more than 5% owner or related person? X X
36 Is another vehicle available for personal use? X X

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):
43 Amortization of costs that began before your 2024 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44



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

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓	Sabrina Arczynski	<i>[Signature]</i>	15 Tailorwell Ln.	Damariscotta
2 ✓	John Arczynski	<i>[Signature]</i>	15 Hillside Ln.	Damariscotta
3	Anna Siegel	<i>[Signature]</i>	35 Water St	Damariscotta
4 ✓	Kevin Scibner	<i>[Signature]</i>	28 White Oak Ridge	Damariscotta
5 ✓	August Anagnosto	<i>[Signature]</i>	200 Mentor RD	Damariscotta
6 ✓	Kristi Green	<i>[Signature]</i>	49 Main St	Damariscotta
7 ✓	Eva Richard	<i>[Signature]</i>	28 Russell Lane	Damariscotta
8 ✓	Elizabeth ^{HEMERY-SIVIS} Brown	<i>[Signature]</i>	15 Lincoln St	Damariscotta
9 ✓	Greg Baldwin	<i>[Signature]</i>	648 Main St.	Damariscotta
10 ✓	Eleanor Baldwin	<i>[Signature]</i>	648 Main St	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *[Signature]* Printed Name Katherine Kirohoff
Signature of Notary *[Signature]* Printed Name _____
Subscribed to and sworn before me on this date: 12/10/25 (date must be completed by Notary)

REBECCA J. BARTOLOTTA
NOTARY PUBLIC
LINCOLN COUNTY
MAINE
MY COMMISSION EXPIRES 12/14/2030

REGISTRAR'S CERTIFICATION
Municipality Damariscotta TOTAL VALID 8 TOTAL INVALID 2

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.
Signature of Registrar Kathleen Kirohoff Deputy [Signature] Date 1/15/26
Signature on this petition page were collected by: _____ Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓	Addison deLisle	<i>an d</i>	7 Quail St #2	Damariscotta
2 ✓	ROBERT DEWITT		44 BROWNNT RD	Damariscotta
3 ✓	Matthew Olson	<i>Matthew Olson</i>	206 Bixey Rd	Damariscotta
4 ✓	Lisa Katz	<i>Lisa Katz</i>	20 Hedgegate Rd.	Damariscotta
5 ✓	Margaret Reynolds	<i>Mark</i>	28 Stonewyde Ln.	Damariscotta
6 ✓	Reina Davey	<i>Reina Davey</i>	69 Shamrock Ln	Damariscotta
7 ✓	Johnathan	<i>Johnathan</i>	107 Rustol Road	Damariscotta
8 ✓	Sarah M. Fisher	<i>Sarah M. Fisher</i>	17 W. Lewis Rd	Damariscotta
9 ✓	Jarey Seelings Sr	<i>Jarey Seelings Sr</i>	26 Bide Meadow Rd	Damariscotta
10 ✓	STEPHEN KAHN	<i>Stephen Kahn</i>	33 White Oak Ridge	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca Bartolotta* Printed Name Rebecca Bartolotta
Signature of Notary *Rebecca Bartolotta* Printed Name Rebecca Bartolotta
Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)



Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.
Signature of Registrar *Rebecca Bartolotta, Deputy* Date 1/14/26
Signature on this petition page were collected by: _____ Date: _____



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	ADAM MATTHEW	<i>[Signature]</i>	44 ABBIE LN	Damariscotta
2	ED SEOR	<i>[Signature]</i>	20 HEADGATE RD	Damariscotta
3	ANN MacLaughlin	<i>[Signature]</i>	151 Main St	Damariscotta
4	MAIR HART	<i>[Signature]</i>	37 NICK ST.	Damariscotta
5	Amy Guphill	<i>[Signature]</i>	33 veane Woods	Damariscotta
6	Alicia I Kempton	<i>[Signature]</i>	25 Water St	Damariscotta
7	Dan McCreedy	<i>[Signature]</i>	28 Stoneysk Ln	Damariscotta
8	Debra Lomas	<i>[Signature]</i>	47 Russell Lane	Damariscotta
9	Kate Josephs	<i>[Signature]</i>	29 Water St.	Damariscotta
10	Anthony Conhill	<i>[Signature]</i>	26 School St	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *[Signature]*
Signature of Notary *[Signature]*
Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0
I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.
Signature of Registrar *[Signature]* Deputy
Date 1/14/26
Signature on this petition page were collected by: _____ Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	Abby Anastasio	Abby Anastasio	200 Hecker road	Damariscotta
2	Wendy Lape	[Signature]	65 Lee Rd.	Damariscotta
3	Philipp Buckley	[Signature]	126 Church St.	Damariscotta
4	Penelope Costen	[Signature]	18 Bad Meadow Rd	Damariscotta
5	Alex Mason	[Signature]	12 Church	Damariscotta
6	Drive Seigel	Give Seigel	55 Water St.	Damariscotta
7	Larrie Green	[Signature]	37 Looking Ben Road	Damariscotta
8	Ann Wicks	Ann Wicks	247 Bristol Rd	Damariscotta
9	Karen-Ann Nagor-Smith	[Signature]	44 Chapman St.	Damariscotta
10	Christine Peters	[Signature]	13 Church St.	Damariscotta

CIRCULATOR'S OATH

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

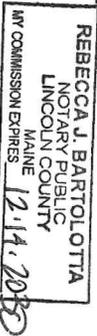
Signature of Circulator [Signature] Printed Name Katherine Lynch
Signature of Notary [Signature] Printed Name _____
Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRARS CERTIFICATION

Municipality Damariscotta TOTAL VALID 9 TOTAL INVALID 1

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

Signature of Registrar [Signature] Date 1/15/26
Signature on this petition page were collected by: _____ Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓ MADA GOLD	MADA	71 Leaver Rd	Damariscotta
2 ✓ Jonah Vesery	Jonny	71 Lesser Rd	Damariscotta
3 ✓ Abigail Lincoln	Abigail Lincoln	80 Keene Woods Rd	Damariscotta
4 ✓ Andrew Goss	Andrew Goss	53 Church St	Damariscotta
5 ✓ ERIC STEBEL	Eric Stebel	55 WHELAN ST.	Damariscotta
6 XXXXXXXX			Damariscotta
7 ✓ Karen Moran	Karen Moran	45 Stonecroft Ln	Damariscotta
8 ✓ Charles Dismore	Charles Dismore	83 Hedgecroft Rd	Damariscotta
9 ✓ Ruth Lorenzo	Ruth Lorenzo	102 Hodgdon St	Damariscotta
10 ✓ Anthony Lorenzo	Anthony Lorenzo	102 Hodgdon St	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator Katherine Knickhoff Printed Name
Signature of Notary Rebecca J. Bartolotta Printed Name
Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REBECCA J. BARTOLOTTA
NOTARY PUBLIC
LINCOLN COUNTY
MAINE
MY COMMISSION EXPIRES: 12.14.28

REGISTRARS CERTIFICATION
Municipality Damariscotta TOTAL VALID 9 TOTAL INVALID 0
I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.
Signature of Registrar Debra E. Laporte Deputy Date: 1/14/26
Signature on this petition page were collected by: _____ Date: _____

6

GET OFF THE GRID HEARTY ROOTS & INTO YOUR HEART



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

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓	Shawn Pinkham-McEnright	<i>Shawn Pinkham</i>	111 Standpipe Road	Damariscotta
2 ✓	Lynne Fiths	<i>Lynne Fiths</i>	111 Cedar Lane	Damariscotta
3 ✓	Andrea Murrells	<i>Andrea Murrells</i>	26 Silky Way	Damariscotta
4 ✓	Tom W Anderson	<i>Tom W Anderson</i>	97 Westview Rd	Damariscotta
5 ✓	Jennifer Lee	<i>Jennifer Lee</i>	97 Westview Rd.	Damariscotta
6 ✓	Suse Wicks	<i>Suse Wicks</i>	31 Bristol Rd.	Damariscotta
7 ✓	Tom L. Crook	<i>Tom L. Crook</i>	12 High St.	Damariscotta
8 ✓	Matthew Peters	<i>Matthew Peters</i>	28 Water St.	Damariscotta
9 ✓	Amy Lalime	<i>Amy Lalime</i>	10 Hodgeson	Damariscotta
10 ✓	Neena Dinsmore	<i>Neena Dinsmore</i>	83 Redgate Rd.	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*

Signature of Notary *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*

Subscribed to and sworn before me on this date: 12/10/25 (date must be completed by Notary)

REGISTRARS CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

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

Signature of Registrar *Rebecca J Bartolotta* Date 11/14/26

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





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

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Harty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Harty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓	Griffin Han-Laine	<i>[Signature]</i>	10 Hodgdon St	Damariscotta
2 ✓	Stephens Phillips	<i>[Signature]</i>	20 Coppers	Damariscotta
3 ✓	Wesley Clifford	<i>[Signature]</i>	18 Hutchings Rd	Damariscotta
4 ✓	Christina Nelson	<i>[Signature]</i>	59 Paule Lane	Damariscotta
5 ✓	Peter Feun	<i>[Signature]</i>	111 Brevin Ln	Damariscotta
6 ✓	Paula Fenhu	<i>[Signature]</i>	111 Bristol Rd	Damariscotta
7 ✓	Sandra Townsend	<i>[Signature]</i>	117 Gastropudy Lane	Damariscotta
8 ✓	Margherita Taveasco	<i>[Signature]</i>	117 Easta way booc	Damariscotta
9 ✓	Elizabeth Langdon-Gray	<i>[Signature]</i>	158 Church St.	Damariscotta
10 ✓	Rory McCullen	<i>[Signature]</i>	206 Elm St	Damariscotta

CIRCULATOR'S OATH

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

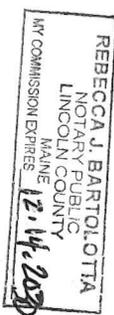
Signature of Circulator *[Signature]* Printed Name Katherine Smith
Signature of Notary *[Signature]* Printed Name _____
Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

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

Signature of Registrar *[Signature]* Date 11/12/25
Signature on this petition page were collected by: _____ Date: _____





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

We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	LAURIE ANN ROBERTS	<i>Laurie Ann Roberts</i>	45 Chapman St.	Damariscotta
2	Hannah Ineson	<i>Hannah Ineson</i>	45 High St.	Damariscotta
3	John Ineson	<i>John Ineson</i>	45 High St.	Damariscotta
4	Geoffrey McClen	<i>Geoffrey McClen</i>	206 Elm St	Damariscotta
5	Bruce Roodman	<i>Bruce Roodman</i>	285 Biscay Rd	Damariscotta
6	TJ Boisseau	<i>TJ Boisseau</i>	62 Elm St #7	Damariscotta
7	Kirk Hoppe	<i>Kirk Hoppe</i>	62 Elm St #7	Damariscotta
8	Mark Eagles	<i>Mark Eagles</i>	20 Meadows Ln	Damariscotta
9	Arin Bookler	<i>Arin Bookler</i>	63 Back Meadow Rd	Damariscotta
10	Lauren Ceci	<i>Lauren Ceci</i>	71 Church St.	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*
Signature of Notary *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*

Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 9 TOTAL INVALID 1

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

Signature of Registrar *Rebecca J Bartolotta* Date 11/5/26
Signature on this petition page were collected by: Rebecca J Bartolotta Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	Christine T. Andersen	<i>[Signature]</i>	63 Meadows Ct	Damariscotta
2	Tarahyn Reiter	<i>[Signature]</i>	31e Chapman St	Damariscotta
3	Adam Reiter	<i>[Signature]</i>	36 Chapman St.	Damariscotta
4	Donald S. Shuminiski	<i>[Signature]</i>	176 Church St.	Damariscotta
5	Dyann Robinson	<i>[Signature]</i>	7 Breezy Cove Lane	Damariscotta
6	S.G. LABERGE	<i>[Signature]</i>	334 Bristol Rd.	Damariscotta
7	Tom Cost	<i>[Signature]</i>	16 Mill Brook Ln.	Damariscotta
8	Brenda Parsons	<i>[Signature]</i>	89 Shumate Ln	Damariscotta
9	Joan H. Habel	<i>[Signature]</i>	90 Paradise Lane	Damariscotta
10	Elizabeth Cuffe	<i>[Signature]</i>	131 Bristol Road	Damariscotta

CIRCULATOR'S OATH

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

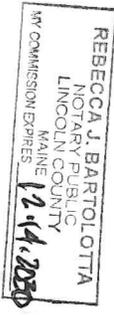
Signature of Circulator *[Signature]* Printed Name Katherine Kirsch
Signature of Notary *[Signature]* Printed Name Rebecca J. Bartolotta
Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

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

Signature of Registrar *[Signature]* Date 11/12/26
Signature on this petition page were collected by: _____ Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓ JAMES CAFE	<i>James Caffe</i>	131 Bristol Rd	Damariscotta
2 ✓ PERELOPE L. DAVARA	<i>Perelope L. Davara</i>	161 Cottage Pt Rd	Damariscotta
3 ✓ JACK D. STANK	<i>Jack D. Stank</i>	135 BACKMEADOW RD	Damariscotta
4 ✓ BEENARD DAVARA	<i>Beenard Davara</i>	161 Cottage Pt. Rd.	Damariscotta
5 ✓ MARIEE HARRIS	<i>Mariee Harris</i>	248 Main Street	Damariscotta
6 ✓ LORI RIZZUTO	<i>Lori Rizzuto</i>	57 Webster Oak Rd	Damariscotta
7 ✓ THEODORE D. COX	<i>Theodore D. Cox</i>	125 LESSNER RD	Damariscotta
8 ✓ ROBERTA R. COX	<i>Roberta R. Cox</i>	129 LESSNER RD.	Damariscotta
9 ✓ SEAN MORAN	<i>Sean Moran</i>	45 Stoneycok Ln	Damariscotta
10 ✓ TIMOTHY T. GOHR	<i>Timothy T. Gohr</i>	59 Lussner Rd	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca J. Bartolotta*
Signature of Notary *Rebecca J. Bartolotta*
Subscribed to and sworn before me on this date: 12/10/25 (date must be completed by Notary)

Printed Name *Rebecca J. Bartolotta*
Printed Name _____
Municipality *Damariscotta* TOTAL VALID 10 TOTAL INVALID 0

Signature of Registrar *Rebecca J. Bartolotta* Deputy
I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.
Date: 1/15/26
Signature on this petition page were collected by: _____ Date: _____





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	Joseph Lavender	<i>Joe Lavender</i>	38 Water	Damariscotta
2	Jodianna Gallagher	<i>Jodianna Gallagher</i>	36 Sibel Ln	Damariscotta
3	Mary-Ellen M. Devlin	<i>Mary-Ellen M. Devlin</i>	295 Bristol Rd.	Damariscotta
4	Patricea Jean	<i>Patricea Jean</i>	14 1/2 Westwood Lane	Damariscotta
5	Ann C. Pickett	<i>Ann C. Pickett</i>	83 Lakewood Lane	Damariscotta
6	Codi Fortin	<i>Codi Fortin</i>	77 Meadow Court	Damariscotta
7	Beaull C. Richards	<i>Beaull C. Richards</i>	16 Fir Tree Lane	Damariscotta
8	CHRISTINE BATTLE	<i>Christine Battle</i>	413 BILLY RD	Damariscotta
9	CAMERON KINNEY	<i>Cameron Kinney</i>	413 BISCAY RD	Damariscotta
10	Sason Drake	<i>Sason Drake</i>	132 Shawrock Lane	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca J. Bartolotta* Printed Name *Rebecca J. Bartolotta*
Signature of Notary *Rebecca J. Bartolotta* Printed Name *Rebecca J. Bartolotta*

Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

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

Signature of Registrar *Rebecca J. Bartolotta* Date 11/15/26

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





Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	Karen Kleinkopf	Karen Kleinkopf	59 Lesser Rd	Damariscotta
2	Michael Herz	Michael Herz	29 Water st	Damariscotta
3	Sarah Spalding	Sarah Spalding	125 Main St.	Damariscotta
4	EAMON GREENWELL	Eamon Greenwell	15 CHAPMAN ST	Damariscotta
5	Gara Poland	Gara Poland	15 Chapman St	Damariscotta
6	Michelle Deane	Michelle Deane	99 Shore St.	Damariscotta
7	LINDA DEANO	Linda Deano	59 SABAUL ST.	Damariscotta
8	Jennifer Byles	Jennifer Byles	182 Bristol Rd	Damariscotta
9	ROSALIND WELSH	Rosalind Welsh	149 ELM St	Damariscotta
10	Quinn Barton	Quinn Barton	320 Biscay Rd.	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*
Signature of Notary *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*

Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

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

Signature of Registrar *Rebecca J Bartolotta* Date 1/15/26

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

REBECCA J. BARTOLOTTA
NOTARY PUBLIC
LINCOLN COUNTY
MAINE
MY COMMISSION EXPIRES 12.14.2026



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1 ✓ Megan Gray	<i>Megan Gray</i>	10 Old County Rd	Damariscotta
2 ✓ John Pank	<i>John Pank</i>	36 Skamond Ln.	Damariscotta
3 ✓ Cathy Holmes	<i>Cathy Holmes</i>	2 Sable Bay Dr.	Damariscotta
4 ✓ Nanette Fraser	<i>Nanette Fraser</i>	2 Traceter Lane	Damariscotta
5 ✓ Michael York	<i>Michael York</i>	30 Northwinds Ln	Damariscotta
6 ✓ Patricia Martin	<i>Patricia Martin</i>	25 Rand-Lay	Damariscotta
7 ✓ Kelsey Leamon	<i>Kelsey Leamon</i>	71 Church St	Damariscotta
8 ✓ STEPHANIE SILK	<i>Stephanie Silk</i>	21 WHITE OAK RIDGE RD.	Damariscotta
9 ✓ Sarah Fitzpatrick	<i>Sarah Fitzpatrick</i>	270 Back Meadow	Damariscotta
10 ✓ Kai Gullisano	<i>Kai Gullisano</i>	28 White St #8	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Katherine Kirschhoff* Printed Name Katherine Kirschhoff

Signature of Notary *Rebecca J. Bartolotta* Printed Name Rebecca J. Bartolotta

Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)

REGISTRARS CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0

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

Signature of Registrar *Denise W. Wapacki* Denise Wapacki Date: 11/15/26

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

REBECCA J. BARTOLOTTA
NOTARY PUBLIC
LINCOLN COUNTY
MAINE
MY COMMISSION EXPIRES 12.14.2030



Petition to the Town of Damariscotta to raise/appropriate the sum of \$5,000.00 for Hearty Roots
We, the undersigned registered voters of the Town of Damariscotta, hereby request that Hearty Roots have an Article included in the 2026 Annual Town Meeting Warrant requesting an amount of \$5,000 to help fund Hearty Roots to serve Damariscotta youth.

	Printed Legal Name	Signature	Street # & Street Name	Town of Voter Registration
1	Karen Bachelard	<i>K Bachelard</i>	285 Biscay Rd	Damariscotta
2	Linda Blanchard	<i>Linda Blanchard</i>	15 Brooksong Ln.	Damariscotta
3	Hermione Blanchard-Fleming	<i>Hermione Blanchard-Fleming</i>	13 Brooksong Ln	Damariscotta
4	Julie FAURE	<i>Julie Faure</i>	80 Woods Ln	Damariscotta
5	Valerie Seibel	<i>Valerie Seibel</i>	68 Bristol Rd.	Damariscotta
6	PETER ARNOLD	<i>Peter Arnold</i>	13 TRAVEN RD	Damariscotta
7	Zachary Bennett	<i>Zachary Bennett</i>	278 Mah St	Damariscotta
8	Jayne Gordon	<i>Jayne Gordon</i>	32 Lewis Pt Rd.	Damariscotta
9	Eileen Douglas	<i>Eileen Douglas</i>	79 Keene Woods	Damariscotta
10	Amy Kefauver	<i>Amy Kefauver</i>	144 Brawley Rd	Damariscotta

CIRCULATOR'S OATH

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

Signature of Circulator *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*
Signature of Notary *Rebecca J Bartolotta* Printed Name *Rebecca J Bartolotta*

Subscribed to and sworn before me on this date: 12.10.25 (date must be completed by Notary)
REGISTRAR'S CERTIFICATION

Municipality Damariscotta TOTAL VALID 10 TOTAL INVALID 0
I hereby certify that the names of all petitioners listed as valid appear on the voting list as qualified to vote for Governor.

Signature of Registrar *Rebecca J Bartolotta* Date 11/15/26
Signature on this petition page were collected by: _____ Date: _____

REBECCA J. BARTOLOTTA
NOTARY PUBLIC
LINCOLN COUNTY, MAINE
MY COMMISSION EXPIRES 12.11.2030