

Short 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)

2021

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning _____, **2021**, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FERRELL HOLLOW FARM SENIOR HORSE SANCTURY 5323 FERRELL HOLLOW ROAD READYVILLE, TN 37149	D Employer identification number 46-0634961 E Telephone number 615-409-6071 F Group Exemption Number
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A **H** Check if the organization is **not** required to attach Schedule B (Form 990).

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **160,245.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	160,245.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	160,245.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Schedule O	16	152,429.
17	Total expenses. Add lines 10 through 16. ▶	17	152,429.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	7,816.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,103.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Total net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	44,919.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,393.	39,065.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	6,645.	6,028.
25 Total assets	40,038.	45,093.
26 Total liabilities (describe in Schedule O) See Schedule O	2,935.	174.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,103.	44,919.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 RETIREMENT SANCTUARY FOR SENIOR HORSES & CATS	
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a
29	
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a
30	
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CINDY E. MYERS President	0	0.	0.	0.
DAWN ROBERTS Treasurer	0	0.	0.	0.
LARRY WILLIAMS DIRECTOR	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. See Sch O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of CINDY MYERS Telephone no. (615) 409-6071
Located at 5323 FERRELL HOLLOW ROAD READYVILLE TN ZIP + 4 37149
42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. []

47 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. 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X
b If 'Yes,' was the related organization a section 527 organization? 49b Yes No X
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000. []

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000. []

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. [X] Yes [] No

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

Sign Here: Signature of officer CINDY E. MYERS, Type or print name and title PRESIDENT, Date.
Paid Preparer Use Only: Print/Type preparer's name David B. Hall, CPA, Preparer's signature David B. Hall, CPA, Date 6-29-22, Check [] if self-employed, PTIN P01208490, Firm's name Jobe, Hastings & Associates, CPA's, Firm's address 745 South Church Street, Suite 105 Murfreesboro, TN 37130, Firm's EIN 62-1194004, Phone no. 615-893-7777.

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

Name of the organization **FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY**Employer identification number
46-0634961**Form 990-EZ, Part I, Line 16
Other Expenses**

ADVERTISING.....	\$	88.
ALTERNATIVE THERAPY.....		308.
BANK CHARGES.....		48.
COMPUTER & INTERNET.....		1,627.
Depreciation.....		617.
DISPOSAL FEES.....		680.
FEED.....		21,341.
INSURANCE.....		2,341.
LABOR.....		44,370.
MARKETING.....		1,358.
MEDICATIONS.....		1,757.
MISCELLANEOUS.....		100.
OFFICE EXPENSE.....		216.
PAYPAL PROCESSING FEES.....		1,651.
POSTAGE & SHIPPING.....		153.
RENT.....		5,500.
SUBCONTRACTORS.....		13,995.
SUPPLEMENTS.....		12,299.
SUPPLIES.....		13,802.
TAXES & LICENSES.....		2,355.
TELEPHONE.....		3,156.
UNCATEGORIZED.....		1,430.
UTILITIES.....		7,444.
VETERINARIAN.....		15,793.
Total	\$	152,429.

Name of the organization **FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY**

Employer identification number
46-0634961

**Form 990-EZ, Part II, Line 24
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Miscellaneous.....	\$ 6,645.	\$ 6,028.
Total	<u>\$ 6,645.</u>	<u>\$ 6,028.</u>

Name of the organization **FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY**

Employer identification number
46-0634961

**Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 848.	\$ 174.
OTHER CURRENT LIABILITIES.....	2,087.	0.
Total	<u>\$ 2,935.</u>	<u>\$ 174.</u>

Name of the organization
FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY

Employer identification number

46-0634961

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SANCTUARY FOR SENIOR HORSES

Name of the organization

FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY

Employer identification number

46-0634961

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY** Employer identification number **46-0634961**

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						

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

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.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
**FERRELL HOLLOW FARM
SENIOR HORSE SANCTURY**

Employer identification number
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Form 990-EZ, Part I, Line 16
Other Expenses

ADVERTISING.....	\$	88.
ALTERNATIVE THERAPY.....		308.
BANK CHARGES.....		48.
COMPUTER & INTERNET.....		1,627.
Depreciation.....		617.
DISPOSAL FEES.....		680.
FEED.....		21,341.
INSURANCE.....		2,341.
LABOR.....		44,370.
MARKETING.....		1,358.
MEDICATIONS.....		1,757.
MISCELLANEOUS.....		100.
OFFICE EXPENSE.....		216.
PAYPAL PROCESSING FEES.....		1,651.
POSTAGE & SHIPPING.....		153.
RENT.....		5,500.
SUBCONTRACTORS.....		13,995.
SUPPLEMENTS.....		12,299.
SUPPLIES.....		13,802.
TAXES & LICENSES.....		2,355.
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UNCATEGORIZED.....		1,430.
UTILITIES.....		7,444.
VETERINARIAN.....		15,793.
Total	\$	<u>152,429.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Miscellaneous.....	\$ 6,645.	\$ 6,028.
Total	<u>\$ 6,645.</u>	<u>\$ 6,028.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 848.	\$ 174.
OTHER CURRENT LIABILITIES.....	2,087.	0.
Total	<u>\$ 2,935.</u>	<u>\$ 174.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SANCTUARY FOR SENIOR HORSES

6/29/22

03:18PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
1	FENCING	4/30/14		2,092			1,359	S/L HY	10	209
2	RUN-IN SHED	6/30/15		8,152			2,243	S/L HY	20	408
	Total			10,244		0	3,602			617
	Total Depreciation			10,244		0	3,602			617
	Grand Total Depreciation			10,244		0	3,602			617