

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:	C Name of organization HORSE HAVEN OF TENNESSEE, INC.	D Employer identification number 62-1791407
<input type="checkbox"/> Address change	Doing business as	E Telephone number 865-609-4030
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 30393	G Gross receipts\$ 342,667
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code KNOXVILLE TN 37930	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: KATHRYN HAAQUIST P.O. BOX 30393 KNOXVILLE TN 37930	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
<input type="checkbox"/> Application pending	J Website: HTTP://HORSEHAVENTN.ORG	L Year of formation: 1999
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RESCUE, REHABILITATE, AND RE-HOME GOD'S NEGLECTED OR ABUSED EQUINE THROUGH PROGRAMS OF SHELTER, ADOPTION, EDUCATION, AND ASSISTANCE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	141
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	334,057	297,515
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,281	17,252
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,921	67
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,803	5,090
		405,062	319,924
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,736	77,675
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 5,532		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	169,015	149,642
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	248,751	227,317	
19 Revenue less expenses. Subtract line 18 from line 12	156,311	92,607	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	217,657	310,264
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
	217,657	310,264	

Part II Signature Block

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

Sign Here	Signature of officer KATHRYN HAAQUIST	Date	PRESIDENT
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JACKIE L. SIMPSON	Preparer's signature	Date
	Firm's name PINKSTAFF, SIMPSON & HEADRICK, P.C.	Firm's EIN 62-1719416	Check <input type="checkbox"/> if self-employed PTIN P00080574
	Firm's address 8858 CEDAR SPRINGS LANE, SUITE 5000 KNOXVILLE, TN 37923	Phone no. 865-690-7010	

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

Input box for Schedule O response

1 Briefly describe the organization's mission:

TO RESCUE, REHABILITATE, AND RE-HOME GOD'S NEGLECTED OR ABUSED EQUINE THROUGH PROGRAMS OF SHELTER, ADOPTION, EDUCATION, AND ASSISTANCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No checkboxes

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No checkboxes

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 \$ 182,508 including grants of \$) (Revenue \$ 17,252)

HORSE HAVEN OF TENNESSEE, INC. RESCUES HORSES AND OTHER EQUINE FROM CRUEL OR DANGEROUS SITUATIONS WHEN ALERTED BY LAW ENFORCEMENT OR OTHER ANIMAL WELFARE ORGANIZATIONS OF A WARRANT BEING TAKEN AGAINST AN OWNER OR OF SPECIFIC PROBLEMS, SUCH AS AN INJURY FROM BEING HIT BY A CAR. WE PROVIDE SHELTER (SAFE BARN/PASTURE), CARE (VETERINARIAN/FARRIER), REHABILITATION (RE-FEEDING/PERSONAL CARE/WORKING) AND ADOPTION SERVICES (ADOPTEE CHECKS). WE ALSO ASSIST LAW ENFORCEMENT PERSONNEL WITH INVESTIGATING ALLEGED CRUELTY TO OR NEGLECT OF EQUINE AND IN PREPARING CASES FOR COURT.

4b (Code:) (Expenses \$ 13,131 including grants of \$) (Revenue \$)

WE PROVIDE EDUCATION AND TRAINING FOR LAW ENFORCEMENT PERSONNEL AND OTHERS WITHIN TENNESSEE COUNTIES WHO HANDLE EQUINE CRUELTY AND NEGLECT CALLS, AS WELL AS OTHER EMERGENCIES INVOLVING HORSES. WE ALSO EDUCATE HORSE OWNERS ON THE BASIC REQUIREMENTS OF RESPONSIBLE OWNERSHIP, PARTICULARLY FEEDING, SHELTERING AND PROVIDING ESSENTIAL VETERINARY AND FARRIER CARE. WE PROVIDE INFORMATION ON OUR WEBSITE AND THROUGH OTHER CHANNELS TO HEIGHTEN PUBLIC AWARENESS ABOUT EQUINE ABUSE AND NEGLECT, INCLUDING HOW TO ADVOCATE FOR THESE ANIMALS WHO CANNOT SPEAK FOR THEMSELVES.

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

N/A

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

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

4e Total program service expenses 195,639

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

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

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

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

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

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) KATHRYN HAAQUIST PRESIDENT	5.00 0.00	X		X				0	0	0
(2) AMI WHIDDON VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(3) REBECCA MOSES SECRETARY	5.00 0.00	X		X				0	0	0
(4) MIKE COX TREASURER	1.00 0.00	X		X				0	0	0
(5) JIMMY CARTER BOARD MEMBER	1.00 0.00	X						0	0	0
(6) KRISTEN PORTUESI BOARD MEMBER	5.00 0.00	X						0	0	0
(7) MELODY HICKS BOARD MEMBER	1.00 0.00	X						0	0	0
(8) MEGGAN GRAVES BOARD MEMBER	1.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

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	72,265				
	d Related organizations	1d					
	e Government grants (contributions)	1e	21,952				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	203,298				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,905				
	h Total. Add lines 1a-1f		297,515				
	Program Service Revenue			Business Code			
2a ADOPTION FEES			16,857	16,857			
b OTHER PROGRAM SERVICES			305	305			
c RESTITUTION PAYMENTS			90	90			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			17,252				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67			67	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 72,265 of contributions reported on line 1c). See Part IV, line 18			27,833			
		8a		27,833			
b Less: direct expenses		8b	22,743				
c Net income or (loss) from fundraising events			5,090			3,738	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			319,924	17,252	0	3,805	

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				
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	71,976	65,498	3,599	2,879
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,699	5,186	285	228
11 Fees for services (nonemployees):				
a Management				
b Legal	1,529		1,529	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	37,484	37,484		
12 Advertising and promotion	759	519		240
13 Office expenses	10,155	819	7,308	2,028
14 Information technology	3,907	1,874	1,876	157
15 Royalties				
16 Occupancy	27,995	27,995		
17 Travel	4,894	4,894		
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	12,478	12,478		
23 Insurance	10,278		10,278	
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 BARN SUPPLIES & FEED	34,850	34,850		
b EQUIPMENT REPAIRS & MAINT	2,256	2,256		
c VOLUNTEER/STAFF APPRECIAT	1,984	1,786	198	
d BUSINESS MEALS	538		538	
e All other expenses	535		535	
25 Total functional expenses. Add lines 1 through 24e	227,317	195,639	26,146	5,532
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) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	80,967	1	117,764	
	2	Savings and temporary cash investments	65,410	2	133,698	
	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	162,413			
	10b	Less: accumulated depreciation	103,611	71,280	10c	58,802
	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)	217,657	16	310,264		
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		25		
	26	Total liabilities. Add lines 17 through 25	0	26	0	
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	217,657	27	310,264	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	217,657	32	310,264	
33	Total liabilities and net assets/fund balances	217,657	33	310,264		

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	319,924
2	Total expenses (must equal Part IX, column (A), line 25)	2	227,317
3	Revenue less expenses. Subtract line 2 from line 1	3	92,607
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	217,657
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	310,264

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 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.		
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		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	210,666	273,988	164,854	334,057	297,515	1,281,080
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	210,666	273,988	164,854	334,057	297,515	1,281,080
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,281,080

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	210,666	273,988	164,854	334,057	297,515	1,281,080
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,167	1,255	27	16	67	2,532
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				49,830	27,833	77,663
11 Total support. Add lines 7 through 10						1,361,275

12 Gross receipts from related activities, etc. (see instructions) 12 68,495

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 94.11 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 96.40 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions