## Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

<u>A</u>	For the	the 2022 calendar year, or tax year beginning January 01 , 2022, and ending					ember 31	, 20 22		
B Check if applicable:		oplicable:	C Name of organization		D Emp	loyer id	entification n	umber		
Address change		hange	STEAMPUNK FARMS RESCUE BARN INC			8	2-4897930			
	Name change		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Tele	E Telephone number				
	Initial retur	return 36013 OLD WILSON RD				619-944-6449				
빎		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Gro	up Exei	mption			
爿	Amended Application		RANCHITA, CA 92066-9600			nber				
<u> </u>		ting Method:	☑ Cash ☐ Accrual Other (specify):		H Check	if the	organizatio	n is <b>not</b>		
	Website	•	(4)	'		Check  if the organization is <b>not</b> required to attach Schedule B				
			ck only one) — ☑ 501(c)(3)   ☐ 501(c) ( ) (insert no.)   ☐ 4947(a)(1) or Ⅰ	<u> </u>	(Form 9			-		
			☐ Corporation ☐ Trust ☐ Association ☐ Other:	<b>_</b> 027		,				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	re, or if to	tal assets					
			500,000 or more, file Form 990 instead of Form 990-EZ					186,490		
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances			Ψ	for Part I			
			the organization used Schedule O to respond to any question in							
_	1		ns, gifts, grants, and similar amounts received			1		186,490		
	2		ervice revenue including government fees and contracts			2		100,430		
	3	-	p dues and assessments			3				
	4	Investment	•			4				
	5a		unt from sale of assets other than inventory   5a			_				
	b		or other basis and sales expenses			-				
	C			5c						
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) <b>5c</b> Gaming and fundraising events:								
	а									
Revenue			6a							
š	b			contribu <sup>-</sup>	tions					
æ			aising events reported on line 1) (attach Schedule G if the							
			h gross income and contributions exceeds \$15,000) 6b							
	C		t expenses from gaming and fundraising events 6c	01 1						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	6b and s	subtract					
		line 6c) .				6d				
	7a		s of inventory, less returns and allowances							
	b		of goods sold							
	С	•	t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c				
	8		nue (describe in Schedule O)			8		0		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		186,490		
	10		similar amounts paid (list in Schedule O)			10				
	11		id to or for members			11				
ses	12		her compensation, and employee benefits			12				
Expenses	13		al fees and other payments to independent contractors			13				
	14		r, rent, utilities, and maintenance			14 15		13,356		
	15	Printing, publications, postage, and shipping						615		
	16	•	nses (describe in Schedule O)			16		172,519		
	17			17		186,490				
ts	18		deficit) for the year (subtract line 17 from line 9)			18		0		
se	19		or fund balances at beginning of year (from line 27, column (A)) (r							
Net Assets			r figure reported on prior year's return)			19		0		
	20		ges in net assets or fund balances (explain in Schedule O)			20		0		
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .			21		0		

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Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		🗖
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[		22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	<b>Total liabilities</b> (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	<u> </u>			27	0
Par						Evnences
	Check if the organization used Schedule	·	ny question in this	Part III 🔟	(Rea	Expenses juired for section
	t is the organization's primary exempt purpose?	See Schedule O			501(	c)(3) and 501(c)(4)
as n	cribe the organization's program service accompline assured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			orga othe	nizations; optional for
28	Our primary program area is ongoing care raw the bulk of our resources. Feed and C y formulated pig grain, hay, seasonal bulk	care constitutes a	pprox 81% of ou			
	(Grants \$ 155,733 ) If this amount				28a	155,733
29	Soc Schodule O					
	(Grants \$ 25,844 ) If this amount	: includes foreign gra	ants, check here .	🗖	29a	25,844
30	See Schedule O					
	(Grants \$ 9,537 ) If this amount				30a	9,537
31	Other program services (describe in Schedule O)					
	(Grants \$ 0 ) If this amount	includes foreign gra	ants, check here .	🔲	31a	
	Total program service expenses (add lines 28a				32	191,114
Par						<u>-</u>
	Check if the organization used Schedule	e O to respond to a	T .	Partiv	<del></del>	🗖
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO 1099-NEC) (if not paid, enter -0-)	deferred compensation	0	Estimated amount of ther compensation
Krys	tal Tronboll	80			0	0
Trea	surer	00				
Fred	erick Tronboll	30			0	0
Pres	ident				_	
					_	
					-	
		1				
_						
					$\perp$	
	·	_				
		I	I	1	- 1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	The first determine the first v., of look in the organization assa derivative of to respond to any question in this	J I all	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	140
	detailed description of each activity in Schedule O	33		Image: section of the content of the
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		$\square$
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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? If "Yes," complete Schedule C, Part III	35c		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		v
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were			
<b>L</b>	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		v
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	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:			
	section 4911:; section 4912:; section 4955:			
b	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? If "Yes," complete Schedule L, Part I	40b		Image: second control of the control of
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		☑
41	List the states with which a copy of this return is filed: <b>CA</b>			
42a	Tribution of garmanation of the control of the cont	4-6449		
	Located at: 36013 Old Wilson Rd, Ranchita, CA ZIP + 4 92066	) 		
b	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)?	42b	Yes	No ☑
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	40		
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
44-	Did the consolication resistain and demand white district the consolit "Ver" Forms 000 mouth by		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		v
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Image: section of the
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Ø
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
150	·	44d 45a		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	408		
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		v

-orm 990	U-EZ (20	122)							F	age -	
46	D: 41 41	a avancimation annual divestita av in	alive atherine and litical a		المعامعا مدم			via a	Yes	No	
		ne organization engage, directly or in ndidates for public office? If "Yes," c								Image: section of the	
Part \		Section 501(c)(3) Organizations						1 10			
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52, an	d con	nplete th	e tables f	or line	es	
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Pa	t VI				┌┖	
47	ויין דו	an avanciantian annone in Indhesian		andian EO1/b) alor	allow in ad	:f	مطلح بمصابيين	tov 🗔	Yes	No	
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(n) elec			_			[2]	
	•	organization a school as described in						. 47		V	
		ne organization make any transfers to						-		<u>u</u>	
		s," was the related organization a se							+		
		plete this table for the organization's								d key	
	emplo	oyees) who each received more than	\$100,000 of comper					e, enter "N	lone."		
	(0)	Name and title of each ampleuse	(b) Average	(c) Reportable compensation		Health butions to	enefits, o employee	(e) Estimate	ed amou	unt of	
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS 1099-NEC)			and deferred other		her compensation		
NONE				1099-NEC)		ompens	alion				
IVOIVE											
51	Comp	number of other employees paid over plete this table for the organization' 000 of compensation from the organ	s five highest compe		ent contra	 ictors	who each	n received	more	thar	
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compensat	ion		
NONE											
						$\top$					
		number of other independent contra	_								
		he organization complete Schedu leted Schedule A		, , , ,	_			_		N.	
		of perjury, I declare that I have examined this r	oturn including accompan				· · ·				
		d complete. Declaration of preparer (other than						lowledge and	a bellet,	IL IS	
						T					
Sign		Signature of officer	Date								
Here		Frederick Tronboll President									
		Type or print name and title	In		Dul		ı				
Paid		Print/Type preparer's name	Preparer's signature		Date		Check				
Prepa		Finter				T	self-emplo	yed			
Use (	Only	Firm's name				Firm's					
Mav th	e IRS	Firm's address discuss this return with the preparer	shown above? See i	nstructions		Phon	e no.	. Yes		Vo.	

Schedules Available Upon Request
Solicaciós / Wallasis Opoli Moquest