

June 19, 2023

Freedom Reigns Ranch 1725 Barker Road Thompson Station, TN 37179

Freedom Reigns Ranch:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 Form 990-T

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Marilyn Place, EA



PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.



June 19, 2023

Freedom Reigns Ranch 1725 Barker Road Thompson Station, TN 37179

Dear Freedom Reigns Ranch:,

This letter is to explain our understanding of the arrangements for the services we are to perform for Freedom Reigns Ranch for the year ended 2022.

We will prepare the Organization's annual federal return, any requested state tax returns, and any requested informational returns for the year ended 2022 from the information furnished to us by you. We will not audit or verify the data submitted to us, although we may ask you to clarify some of the information, or furnish us with additional data.

You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign and file them.

None of the services rendered can be relied on to detect errors, fraud, or other illegal acts that may exist. However, we will inform you of any material errors that come to our attention and any fraud or other illegal acts that come to our attention, unless they are clearly inconsequential. In addition, we have no responsibility to identify and communicate significant deficiencies or material weaknesses in your internal control as part of this engagement. However, during the course of our engagement, if we become aware of such conditions or ways in which we believe management practices can be improved, we will communicate them to you.

Our firm does not provide any opinion or expertise with regards to the structure and statutory compliance of your selfdirected IRAs and self-directed 401ks. Please consult your trustee, financial advisor or attorney with questions or advice on such plans.

We will use our judgment in resolving questions where tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and what seem to be other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Our fee for these services will be based upon the amount of time required at our standard billing rates, plus out-of-pocket expenses. We will bill you on that basis, and all invoices will be due and payable upon presentation.

The Organization's returns, of course, are subject to review by the taxing authorities. Any items which may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses involved.

We want to express our appreciation for this opportunity to work with you, and we trust that this will be the continuation of a long and congenial association.

If this letter defines the arrangements as you understand them, please sign and date the enclosed copy and return it to us. If not, please let us know what changes are needed.

Yours very truly, Puryear & Noonan, CPAs

Confirmed by: ____

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Freedom Reigns Ranch 1725 Barker Road Thompson Station, TN 37179

Prepared By:

Puryear & Noonan, CPAs 40 Burton Hills Blvd Ste 170 Nashville, TN 37215

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

. 8	879-TE		IRS	e-file Signa for a Tax B	ture A	uthorizatio Fentity	n	F	OMB No. 1545-0047
Form $ullet$		For colorder you		al year beginning				20	0000
		For calendar yea	ar 2022, or fisc	Do not send to the I			,	20	2022
	nt of the Treasury evenue Service		Go to	www.irs.gov/Form8	•	•	on.		
Name of			0,0 10					EIN or SSN	
	FREEDO	M REIGN	S RANC	H				81-46	34781
Name ar	nd title of officer or pe			RISSA RAMSD	ELL				
		·····		ECUTIVE DIR					
Part	I Type of	Return and	Return	Information					
Form 5 or 10a whiche	330 filers may ente below, and the amo	r dollars and co ount on that lin	ents. For al e for the re	turn being filed with t	hole dollars o his form was	only. If you check the blank, then leave lir	e box on li ne 1b, 2b	ine 1a, 2a, 3 , 3b, 4b, 5b,	Form 8038-CP and Ba, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a	Form 990 check h	nere							1b <u>298,434.</u>
2a	Form 990-EZ che	eck here	b 1	Fotal revenue, if any (Form 990-EZ	Z, line 9)			2b
3a	Form 1120-POL	check here	b 1	Fotal tax (Form 1120-I	POL, line 22)				3b
4a	Form 990-PF che	ck here		Γax based on investn					4b
5a	Form 8868 check	here		Balance due (Form 88					5b
6a	Form 990-T chec			Total tax (Form 990-T,					6b
7a	Form 4720 check		b 1	Total tax (Form 4720,	Part III, line	1)			7b
8a	Form 5227 check		b F	MV of assets at end	of tax year	(Form 5227, Item D))		8b
9a	Form 5330 check		b 1	Fax due (Form 5330, F	Part II, line 19	9)			9b
	Form 8038-CP ch			Amount of credit pay					10b
Part				Authorization of (
-				an officer of the above	-	-	-	-	
				s and statements, and					examined a copy of the
financia later tha paymer persona	al institution to debi an 2 business days nt of taxes to receiv	it the entry to t prior to the pa ve confidential	his accoun lyment (set informatior	I the tax preparation s t. To revoke a paymer tlement) date. I also a I necessary to answer e for the electronic ret	nt, I must cor uthorize the inquiries and	ntact the U.S. Trease financial institutions d resolve issues rela	ury Financ involved i ited to the	ial Agent at n the proces payment. I h	1-888-353-4537 no sing of the electronic nave selected a
	I authorize PU	RYEAR &	NOONA	N, CPAS			to	enter my Pl	N 12345
				ERO firm nan	ne			,	Enter five numbers, but
									do not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulat disclosure cons person subject indicated within	ting charitie ent screen to tax with n this return	etronically filed return. es as part of the IRS F n respect to the entity, n that a copy of the re N on the return's discl	ed/State pro I will enter r turn is being	gram, I also authori: ny PIN as my signat filed with a state ag	ze the afor ture on the	rementioned tax year 202	ERO to enter my PIN 22 electronically filed
<u>.</u>		-						Data	
Part	of officer or person subject Certifica	tion and A	uthentica	ation				Date	
ERO's	EFIN/PIN. Enter yo	our six-diait ele	ctronic filin	a identification					
	r (EFIN) followed by	-		-		622933 Do not ente			
submitt		-	•	ich is my signature on ements of Pub. 4163		•			
ERO's si	gnature MAR	ILYN PL	ACE, E	EA		Date	06/	19/23	
				Must Retain Thi					
		Do No	ot Submi	t This Form to th	e IRS Unl	ess Requested	To Do S	So	
LHA F	or Privacy Act and	d Paperwork F	Reduction	Act Notice, see instru	uctions.				Form 8879-TE (2022)
202521 1	2-16-22								

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	identification	number (TIN)
print	FREEDOM REIGNS RANCH				81-463	4781
File by the due date for filing your 1725 BARKER ROAD						
return. See instructior		•	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applica	ition	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) PURYEAR AND NOC	07				
• If the • If thi box 1 I th 2 If [the tax year entered in line 1 is for less than 12 months, cl	Aroup Exe and atta NOVE1 anization's , an neck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole gro ers the extension opt organizatio	on is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp	•		3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
<u> </u>	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns	3c	\$	0.
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-T	E for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 88	68 (Rev. 1-2022)

223841 04-01-22

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Internal Revenu	Beservice Go to www.irs.gov/Form990 for instructions and t	he latest in	formation.	Inspection		
A For the	2022 calendar year, or tax year beginning and	ending				
B Check if applicable:	C Name of organization		D Employer identificati	on number		
Address change	FREEDOM REIGNS RANCH					
Name change	Doing business as		81-4634781			
Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number				
Final return/	1725 BARKER ROAD		615-513-62	64		
termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	304,616.			
Amende	Inomeson Station, in S7179	H(a) Is this a group return				
Applica- tion pending	F Name and address of principal officer: CARISSA RAMSDELL SAME AS C ABOVE	for subordinates? Yes X No H(b) Are all subordinates included? Yes No				
I Tax-exer	npt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 🗌 527	If "No," attach a list.			
J Website			H(c) Group exemption nu			
K Form of c	rganization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year of	of formation: 2016 M St	ate of legal domicile: ${ m TN}$		
	Summary					
1 B	riefly describe the organization's mission or most significant activities: \underline{SEE}	SCHEDU	LE O			
Governance Governance Governance						
2 C	heck this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net assets.			
8 3 N				5		
	umber of independent voting members of the governing body (Part VI, line 1b) $\ $			4		
ິຊິ 5 ⊺	otal number of individuals employed in calendar year 2022 (Part V, line 2a)			2		
.⊺ 6	otal number of volunteers (estimate if necessary)		74			
Activities & L	otal unrelated business revenue from Part VIII, column (C), line 12		0.			
<u>b</u>	et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
			Prior Year	Current Year		
8 0	ontributions and grants (Part VIII, line 1h)		194,135.	304,616.		
9 P 10 Ir	rogram service revenue (Part VIII, line 2g)		0.	0.		
∛ 10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
" 11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102.	-6,182.			
12 ⊺	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		194,237.	298,434.		
13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,350.		
14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
y 15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		46,502.	78,750.		
ଁ ଅ 16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
A	otal fundraising expenses (Part IX, column (D), line 25) 9,79	97.				
¹ 17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100,114.		125,336.		
	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		146,616.	206,436.		
19 F	evenue less expenses. Subtract line 18 from line 12	47,621.	91,998.			
or		Beg	ginning of Current Year	End of Year		
signar 20 T	otal assets (Part X, line 16)		109,404.	203,090.		
ĕ∰ 21 ⊺	otal liabilities (Part X, line 26)		0.	1,688.		
43	et assets or fund balances. Subtract line 21 from line 20		109,404.	201,402.		
Part II	Signature Block			-		
Under penalt	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my kno	wledge 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	Signature of officer		Date		
Here	CARISSA RAMSDELL,	EXECUTIVE DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	MARILYN PLACE, EA	MARILYN PLACE, EA	06/19/23 self-employed P01360716		
Preparer	Firm's name PURYEAR &	NOONAN, CPAS	Firm's EIN 62-0788068		
Use Only	Firm's address 40 BURTON	HILLS BLVD STE 170			
	NASHVILLE	, TN 37215	Phone no. $615 - 296 - 0500$		
May the I	RS discuss this return with the prep	arer shown above? See instructions	X Yes No		
232001 12-1	In the separate instructions. For management and the separate instructions. Form 990 (2022)				

Part III Statement of Program Service Accomplishments	81-4634781 Page
Check if Schedule O contains a response or note to any line in this Part III	X
Briefly describe the organization's mission: FREEDOM REIGNS RANCH'S PRIMARY PURPOSE IS TO PARTICIPATION AND STRUCTURAL RANCH ENVIRONMENT FOR CHILDREN AND STRUCTURAL RANCH FOR STRUCTURAL RANCH FOR STRUCTURAL RANCH FOR STRUCTURAL F	
INCLUDING THOSE WHO HAVE BEEN THROUGH TRAUMA AN	· · · · · · · · · · · · · · · · · · ·
CHALLENGES.	
2 Did the organization undertake any significant program services during the year which were r	not listed on the
prior Form 990 or 990-EZ? 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 pr Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	
revenue, if any, for each program service reported.	250
4a (Code:) (Expenses \$ 175,844. including grants of \$ 2 SERVING CHILDREN AND YOUNG ADULTS IN THE ONE-ON PROVIDING INTENTIONAL MENTORSHIP. ONE-ON-ONE SI	
AND YOUNG ADULTS WHO HAVE BEEN THROUGH TRAUMA A	AND OTHER
LIFE-CHALLENGES. MANY ARE FROM "AT RISK" SITUA	TIONS.
SESSION PROGRAM:	
AT NO COST TO PARTICIPANTS, FREEDOM REIGNS RANG	
HOURS WITH PROGRAM PARTICIPANTS IN 2022, WHICH	
-SERVING CHILDREN AND YOUNG ADULTS IN THE ONE-C	ON-ONE SESSION PROGRAM BY
PROVIDING INTENTIONAL MENTORSHIP	
-SERVING YOUTH AND YOUNG ADULTS (AGES 10-24) IN	
SMALL GROUP MENTORSHIP PROGRAM, ALLOWING MORE (
A PART OF RANCH PROGRAMS BY IMPROVING EFFICIENC 4b (Code:) (Expenses \$ including grants of \$)	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Rev	venue \$
(Expenses \$ including grants of \$) (Rev	Form 990 (202

Form	990	(2022)

 Form 990 (2022)
 FREEDOM
 REIGNS
 RANCH

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	14-	х	
Ŀ	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
u	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	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		х
h	Schedule D, Parts XI and XII	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I. Parts I and II	21		Х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

Form	990	(2022)
	330	

 Form 990 (2022)
 FREEDOM
 REIGNS
 RANCH

 Part IV
 Checklist of Required Schedules (continued)

I UI	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X X
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		- 23
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2022) FREEDOM REIGNS RANCH 81-4634 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	781	P	_{age} 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	10a		
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			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		í —
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			í —
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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?	17		
	If "Yes," complete Form 6069.			
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FREEDOM REIGNS RANCH

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.

X

000	tion A. Governing body and Management				Т				
		١.	1	- 	_	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		5					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	416		4					
b	Enter the number of voting members included on line 1a, above, who are independent	•		4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				~		x		
~	officer, director, trustee, or key employee?			H	2				
3	Did the organization delegate control over management duties customarily performed by or under the				2		x		
4			a filad?		3 4		X		
	 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 								
5 6				· ⊢	5 6		X X		
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			F	0		- 23		
7 a					7a		x		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, si			F	<u>1</u> a		- 23		
b					7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				10				
a		-	-		8a	Х			
a h	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			H	00				
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				5				
	the internal network of the internal network of the internal network of the internal network of the internal ne	venue	Code.)			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			F	10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			F					
-		•	,,	1	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,							
12a									
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ")			· -					
	on Schedule O how this was done	,			12c	х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	ıl by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			1	15a		X		
b	Other officers or key employees of the organization			1	15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	vith a						
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's						
	exempt status with respect to such arrangements?			1	16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $\{TN}$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (section 501(c)(3)s o	nly) a	vailat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website Upon request Other (explain	n on So	chedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, a	nd fi	nanc	ial			
	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 boo	oks an	d records						
	PURYEAR AND NOONAN, CPAS - (615)296-0500	-							
	40 BURTON HILLS BLVD, STE 170, NASHVILLE, TN 37215)			_	000	105-		
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Form	990 ((2022)
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Part VII	Co	mpensation	of Officers,	Directors,	, Trustees,	Key Employees,	Highest	Compensate
	Eu	nployees, and	d Independe	ent Contra	ctors			

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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos	ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CARISSA RAMSDELL	55.00				-					
EXEC DIRECTOR & BOARD PRES		х		x				41,067.	0.	0.
(2) AMY SPRINGER	2.00									
BOARD SECRETARY		х		х				0.	Ο.	0.
(3) ELIZABETH ST. CLAIR	2.00									
BOARD MEMBER		х						0.	Ο.	0.
(4) EVERETT SIMMONS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ALLISON PRIDDY	2.00									
BOARD MEMBER		Х						0.	0.	0.
						-				
		1								
		1								
		1								
		1								
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Form 990 (2022)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) Name and title Average hours per week					rson i irecto	than c s both r/trust	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	n I S	am com fr org:	(F) timate nount o other pensa om the anizati	of tion e on
		organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				d relate	
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but n	, Section A	·····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				41,067. 0. 41,067.	000 of reportable	0.0.0.			0.0.
3	compensation from the organization Did the organization list any former officer,								·				Yes	0 No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	uch individual m of reportabl	 e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		X
<u> </u>	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensati	ion fro	m	
·	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services								Сс	(C omper	;) nsatior	ר ו		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to f	thos (ted	above) who received mo	pre than		Form	990 (2	2022)

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	n 990 (IS RANCH			81-4634	781 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line			(-)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G Ame	с	Fundraising events 1c	26,020.				
ar Gift	d	Related organizations 1d					
ns, Simi	е	3 ()					
er S	f		279 506				
Oth		similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	278,596.				
non Dan	y h			304,616.			
0 %		Total. Add lines 1a-1f	Business Code	501/0100			
Ø	2 a						
Program Service Revenue	b						
Sei	с						
am	d						
е В Н	е						
ē	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter- other similar amounts)					
	4	other similar amounts) Income from investment of tax-exempt bond p					
	5	Royalties	1				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с						
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
Ð	a	Less: cost or other basis and sales expenses					
venue	c	Gain or (loss)					
		Net gain or (loss)					
Other Re		Gross income from fundraising events (not					
Ę		including \$ 26,020. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses	6,182.	<u> </u>			<u> </u>
		Net income or (loss) from fundraising events		-6,182.			-6,182.
	9 a	Gross income from gaming activities. See					
	۲ ۲	Part IV, line 19 92 Less: direct expenses 92					
		Net income or (loss) from gaming activities	·				
		Gross sales of inventory, less returns					
		and allowances <u>10</u>	a				
	b	Less: cost of goods sold 10	b				
		Net income or (loss) from sales of inventory .					
s			Business Code				
leor	11 a						
scellaneo <u>Revenue</u>	b						
Miscellaneous Revenue	c d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		298,434.	0.	0.	
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Grants and other assistance to domestic

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

	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

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic organizations

Do not include amounts reported on lines 6b,

2

11

а

7b, 8b, 9b, and 10b of Part VIII.

- Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6
- persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7
- 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- Other employee benefits 9 10 Payroll taxes

Fees for services (nonemployees):

- Management b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е
- Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy
- 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21
- 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) HORSE CARE а PROGRAM EXPENSES b BANK & PROCESSING FEES С d

All other expenses е Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)	FREEDOM	REIGNS	RANCH	8						
Part IX Statement	of Functional Ex	cpenses								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										

(A)

Total expenses

2,350.

41,067.

31,258.

6,425.

5,149.

9,797.

2,146.

2,343.

23,991.

10,065.

59,225.

10,457.

206,436.

350.

1,813.

(D)

Fundraising

expenses

(C) Management and general expenses

800.

8,670.

833.

5,149.

2,146.

2,343.

854.

20,795.

(B)

Program service expenses

2,350.

40,267.

22,588.

5,592.

23,991.

10,065.

59,225.

10,457.

175,844.

350.

959.

9,797.

9,797.

11

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		Check if Schedule O contains a response or no	to to an	/ line in this Part X			
		Check in Schedule O contains a response of no			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			97,404.	1	148,775.
	2	Savings and temporary cash investments		2	,		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current o		_			
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disgual					
		under section 4958(f)(1)), and persons describe		·		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	B				9	4,400.
		Land, buildings, and equipment: cost or other	I	·····		5	1,1000
	104		102	77 980			
	h	basis. Complete Part VI of Schedule D	10a	28 065	12,000.	10c	49,915.
	11				12,000.	11	<u> </u>
		Investments - publicly traded securities				12	
	12	Investments - other securities. See Part IV, line					
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			109,404.	15	203,090.
	16	Total assets. Add lines 1 through 15 (must equ			109,404.	16	205,090.
	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				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lab.		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X	0		1 600
		of Schedule D			0.		1,688.
	26	Total liabilities. Add lines 17 through 25			0.	26	1,688.
6		Organizations that follow FASB ASC 958, che	eck here	e X			
če		and complete lines 27, 28, 32, and 33.			100 101		001 400
Ilan	27			·····	109,404.	27	201,402.
B	28	Net assets with donor restrictions		28			
pun		Organizations that do not follow FASB ASC 9	958, che	ck here			
يت ت		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	ncome, d	or other funds		31	
Net	32	Total net assets or fund balances			109,404.	32	201,402.
-	33	Total liabilities and net assets/fund balances			109,404.	33	203,090.

Form **990** (2022)

Form	990 (2022) FREEDOM REIGNS RANCH	81-	-4634781	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	298		
2	Total expenses (must equal Part IX, column (A), line 25)	2	206	, 4	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	91	, 9	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109	, 4	04.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	201	, 4	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Carual Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C).		
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?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public

Т

Name of the organization

Name	lame of the organization Employer identification number								
Dav							1-4634781		
Par	τι	Reason for Public C	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgan	ization is not a private found			•				
1		A church, convention of chu				n 170(b)(1	l)(A)(i).		
2		A school described in section							
3 [A hospital or a cooperative					-		
4 [A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
г	_	city, and state:							
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
. г		section 170(b)(1)(A)(iv). (C							
6 [A federal, state, or local gov	-						
7 [X	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ie general p	oublic described in
- r		section 170(b)(1)(A)(vi). (C							
8 [A community trust describe			-				
9 [An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university:		then 00 1/00/ -fite a	aut fuerer -	o ootwik+:	o monshau-l-	in fact and	d areas ressints from
10 [An organization that norma					-	•	•
		activities related to its exem		-					-
		income and unrelated busin See section 509(a)(2). (Con				ses acqui	red by the org	anization a	arter Julie 30, 1973.
11 [An organization organized a	-	vely to test for public sat	fetv See	section 50)9(a)(4)		
12		An organization organized a	•					rry out the	nurnoses of one or
[more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •					-	aivina
		the supported organization		-	• • •	-			
		organization. You must c							
b		Type II. A supporting org	-		tion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	-				•		-
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information			(iv) is the oros	anization listed	() A		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No		1311 40110113)	
Total									

Schedule A (Form 990) 2022

FREEDOM REIGNS RANCH

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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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	168,495.	102,939.	113,766.	194,135.	304,616.	883,951.
2	Tax revenues levied for the organ-						
	ization'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	168,495.	102,939.	113,766.	194,135.	304,616.	883,951.
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)						134,027.
	Public support. Subtract line 5 from line 4.						749,924.
Sec	ction B. Total Support	T		[1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	168,495.	102,939.	113,766.	194,135.	304,616.	883,951.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						000 051
	Total support. Add lines 7 through 10						883,951.
	Gross receipts from related activities,					12	870.
13	First 5 years. If the Form 990 is for the	•					
0.0	organization, check this box and stop						
	ction C. Computation of Publi						01 01 01
	Public support percentage for 2022 (I		•			14	84.84 % 81.27 %
	Public support percentage from 2021					15	
168	33 1/3% support test - 2022. If the other have The experimentian multilized						V
h	stop here. The organization qualifies		-			or mara abaali thi	
N	33 1/3% support test - 2021. If the o						
17~	and stop here. The organization qual					and line 1/ is 10%	
178	10% -facts-and-circumstances test and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	•	•		•	7a and line 15 is .	
	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
				,,, c. 176	,		(Form 990) 2022

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Schedule A	(Form	990	202
		000	1 202

FREEDOM REIGNS RANCH

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.)

Sec	ction A. Public Support					-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20)22	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
А	Tax revenues levied for the organ-							
-	ization'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							
	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							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
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.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) or	ganizatio	n,
	check this box and stop here						<u></u>	
Sec	ction C. Computation of Publ	ic Support Per	rcentage					
15	Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15		%
	Public support percentage from 2021		-			16		%
Sec	ction D. Computation of Invest	stment Income	e Percentage					
17	Investment income percentage for 20	022 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17		%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2022. If the					33 1/3%, ar	nd line 17	is not
	more than 33 1/3%, check this box as							
b	33 1/3% support tests - 2021. If the						1/3%, ar	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
23202	3 12-09-22					Sch	nedule A	(Form 990) 2022

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FREEDOM REIGNS RANCH

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

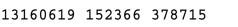
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2022	FREEDOM	
Part IV	Supporting Or	ganizations (contin	ued)

FREEDOM REIGNS RANCH

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlled the	e supportina c	prganization.
Section C. T	pe II Suppor	ting Organ	nižations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 FREEDOM REIGNS RANCH Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	I
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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FREEDOM REIGNS RANCH

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Sche	dule A (Form 990) 2022 FREEDOM REIGN			8	1-4634781 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
•					

Schedule A (Form 990) 2022

	(Form 990) 2022	FREEDOM 1			81-4634781 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c, , lines 2 and 3; Part	5a, 6, 9a, 9b IV, Section I	tions required by Part II, line 10; Part II, line b, 9c, 11a, 11b, and 11c; Part IV, Section B, E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 2, 5, and 6. Also complete this part for any a	lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,
	(See instructions.)				
232028 12-09-2	2			21	Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

81-4634781

FREEDOM	REIGNS	RANCH

Section:
$\fbox{3}$ 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

FREEDOM REIGNS RANCH

Name of organization

Employer identification number

81-4634781

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 JOHN R. LINDAHL FOUNDATION X Person Payroll 205 DERBY GLEN LN 10,000. Noncash \$ (Complete Part II for BRENTWOOD, TN 37024 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 DEBBIE SIMMONS X Person Payroll **432 HUTCHINSON LANE** 10,576. Noncash (Complete Part II for MURFREESBORO, TN 37128 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 GROOVE INC. X Person Payroll 1220 SCHOOL ST. #25 25,000. Noncash \$ (Complete Part II for SPRING HILL, TN 37174 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 WOODY O'BRIAN X Person Payroll 7,650. Noncash 3416 QUEENSFERRY DRIVE \$ (Complete Part II for WILSON, NC 27896 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 PEPPY BUTLER X Person Payroll 5892 NATCHEZ TRACE RD 18,364. Noncash (Complete Part II for FRANKLIN, TN 37064 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 CORINNE REMUS X Person Payroll 5018 REMUS LANE 9,430. Noncash \$ (Complete Part II for THOMPSONS STATION, TN 37179 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

13160619 152366 378715

23 2022.03050 FREEDOM REIGNS RANCH

Page 2

Schedule B (Form 990) (2022)

FREEDOM REIGNS RANCH

Name of organization

Employer identification number

Page 2

81-4634781

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 NATHAN ESTES X Person Payroll 1666 GRANTS RD 6,850. Noncash \$ (Complete Part II for COLUMBIA, TN 38401 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 ELIZABETH ST. CLAIR X Person Payroll 1723 DEAN RD 10,851. Noncash \$ (Complete Part II for THOMPSONS STATION, TN 37179 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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Schedule	B (Form	990)	(2022)
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Name of organization

Employer identification number

81-4634781

FREEDOM REIGNS RANCH

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	Noncash Property (see instructions). Use duplicate copies of Part II		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

13160619 152366 378715

Schedule	B (Form 990) (2022)			Page 4				
Name of c	organization			Employer identification number				
FREED	OM REIGNS RANCH			81-4634781				
Part III	Exclusively religious, charitable, etc., contribution							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info	. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gi	ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
<u> </u>								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of tr	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
		(e) Transfer of gi	 ft					
	Transferee's name, address, a			ansferor to transferee				
		[

Schedule B (Form 990) (2022)

			0			OMB No. 1545-0047
Pert V, line 6, 7, 8, 8, 10, 11a, 11b, 11c, 11a, 11, 11a, 11a, 11a, 11a, 11a,	SC					
Department Construction Open to Public Depart of Public Name of the organization Entropy entropy of the instructions and the latest information. Entropy entropy of the instructions and the latest information. Part Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization number at end of year 2 Aggregate value of contributions to (kinny year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of grants from (kinny year) (b) Funds and other accounts. (c) Punds and other accounts. 4 Aggregate value of and for the organization in writing that the assets held in donor advisor in writing that grant unds can be used only for a for any other purpose confering impermetation inform all grantes, donors, and donor advisor in writing that grant unds can be used only for any other purpose confering impermetation inform all grantes, donors, and conor advisor and tonor or donor advisor, or for any other purpose confering impermetation for purpose transition inform all grantes, donors, and conor sectaors in writing that grant unds can be used only for a sectarity in the organization inform all grantes, donors, and conor advisor, or for any other purpose confering impermetation and the purpose confering impermetation inform and purpose asset. Protection of nature habitat Preservation of a an other purpose confering impermetation inform and purpose asset. Protection of a corequite ase preservation (asset asset held in the torm of a conse	(Form 990)				2022	
Name of the organization Employer identification numbers Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 5. Complete if the complete if the organization answered "Yes" on Form 980, Part IV, line 5. 1 Total number all of olysis (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (b) Funds and other accounts (c) Donor advised funds 4 Aggregate value of grants from (during year) (c) Donor advised funds (c) Donor advised funds 5 Dd the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only tor charitable purpose and not the benefit of the donor or donor advisor, or or any other purpose conterning impartments private barefit? No Part Locolegit of conservation assements held by the organization inclust in the aggregate value of a historically important land area Preservation of aper space 2 Complete in the organization held a qualified conservation contribution in the form of a conservation assements 2a 1 Preservation of aper space 2a 2a 2a <t< th=""><td></td><td></td><td>A</td><td>Attach to Form 990.</td><td></td><td></td></t<>			A	Attach to Form 990.		
PREDIM PILL OF SIMULATION PILL of SIMULATION<				0 for instructions and the latest information.		
organization answered "Yes" on Form 990, Part IV, line 6. (a) Denor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Denor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Aggregate value of ands from (during year) (b) Funds and other accounts 3 Aggregate value of ands from (during year) (c) Aggregate value of ands from	Nam	Ū	FREEDOM REIGNS RAN		-	81-4634781
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Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization is property, subject to the organization's exclusive legal control? Tor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Tor conservation Easements. Complete if the organization answered 'Ves' on Form 980, Part IV, line 7. Purpose(g) of conservation easements held by the organization (check all that apply). Preservation of a land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a conservation easements held a qualified conservation contribution in the form of a conservation easements the last day of the tax year. Total number of conservation easements a certified by conservation easements the National Preservation easements the Automation Preservation easements the National Preservation easements the Automation easements the Automation easements the National Preservation easements the						
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for chartistic purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	6					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation of a not for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. Total number of conservation easements 2a 0 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2b 1 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 2 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 4 Number of states where property subject to conservation easements is located 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handlin		•	•	0 0		
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area 1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area 1 Preservation of and torp ublic use (for example, recreation or education) Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements Image: the tax Year 3 Total arcmage restricted by conservation easements 2a 2a 2 day of the tax year. 2a 2a 3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 3 3 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year 4 Number of states where property subject to conservation easement is locized year Yes No 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcemes statements during the year				· · · · · · · · · · · · · · · · · · ·		
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Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the fax year. a Total acreage restricted by conservation easements Detai acreage restricted by conservation easements detain the National Register a Total acreage restricted by conservation easements detain the National Register detain the Nation		Preservation	of land for public use (for example, recrea	ation or education)	torically	important land area
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Par	t III Organizations Maintaining C	collections of Ar	t, Historica	al Treasures, c	or Othe	r Similaı	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following that	at make s	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan	or exchange prog	ram					
b	Scholarly research	e	e 🗌 Othe							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	ther the organizat	ion's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historic	al treasures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answered	"Yes" or	n Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contri	butions or other as	sets not	included		-	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Ending balance							7		
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete						vaara baak		wooro	book
		(a) Current year	(b) Prior y	ear (c) Two ye	als Dack	(d) Three y	HEATS DACK	(e) Four	years	DACK
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			umn (a)) neid as:						
a L	Board designated or quasi-endowment		_%							
D	Permanent endowment	% %								
C	Term endowment The percentages on lines 2a, 2b, and 2c sho									
20			tion that are	and administ	rad for th					
Ja	Are there endowment funds not in the posse organization by:	ssion of the organiza	alion that are			le		l	Yes	No
	c							3a(i)		
	(i) Unrelated organizations(ii) Related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the							00		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere). Part IV. line	11a. See Form 99	0. Part X.	line 10.				
	Description of property	(a) Cost or c) Cost or other	1	ccumulate	ed	(d) Boo	k valu	e
	Description of property	basis (investr	•	basis (other)	1	preciation	~	(4) 000	. valu	-
1a	Land		·	. /						
b	Buildings									
	Leasehold improvements				1					
	Equipment			77,980.	1	28,00	65.	4	9,9	15.
	Other			, • •	1				,	
-	. Add lines 1a through 1e. (Column (d) must e		X column (D)	line 10c)	1			4	9,9	15.
		guari onn 330, rail					<u></u>			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	FREEDOM		KANCII
Part VII Investments - (Other Securitie	25	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dart IV line	11a Saa Form 000 Dart V line 12	
(a) Description of investment	(b) Book value		and of year market yelye
	(D) DOOK VAIUE	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
\-/			
(9)			
(9)			
(9) • tal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		a 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (b)	Description		25.
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Other Liabilities. Complete if the organization answered "Yes" (a)	Description		25. (b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		25.
 (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) 	Description		25. (b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL & OTHER LIABILITIE	Description		25. (b) Book value
 (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) PAYROLL & OTHER LIABILITIE (3) (4) 	Description		25. (b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL & OTHER LIABILITIE (3) (4) (5)	Description		25. (b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) PAYROLL & OTHER LIABILITIE (3) (4) (5) (6)	Description		25. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) PAYROLL & OTHER LIABILITIE (3) (4) (5) (6) (7)	Description		25. (b) Book value
(9) Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) PAYROLL & OTHER LIABILITIE (3) (4) (5) (6)	Description		25. (b) Book value

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 FREEDOM REIGNS RANCH		81-4634781 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
с	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						2022		
Department of the Treasury	Ū	Attach to Form 990 of					Open to Public		
Internal Revenue Service		o www.irs.gov/Form990 for instrue	ctions	and th	ne latest information		Inspection		
Name of the organization		DETONG DANGU					r identification number		
Part I Fundrais		REIGNS RANCH Complete if the organization answer					534781		
	complete this part		erea "Y	es" or	1 Form 990, Part IV, II	ne 17. Form 99	U-EZ filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraiser listed in col.	by) to (or retained by)		
			Yes	No					
Total			1						
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fro	m registration		

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Schedule G (Form 990) 2022

232081 10-27-22

FREEDOM REIGNS RANCH

81-4634781 Page 2

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 n \$5 000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines I and 6D. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			HORSE SHOW			col. (c))
е			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,020.			26,020.
	2	Less: Contributions	26,020.			26,020.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
		Entertainment				
	9	Other direct expenses	6,182.			6,182.
		Direct expense summary. Add lines 4 through				6,182.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-6,182.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	•		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	En	ter the state(s) in which the organization condu	uoto aomina activitioo:			
		the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
~						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:				
	_					
23208	32 10)-27-22			Sche	dule G (Form 990) 2022

Sched	ule G (Form 990) 2022	FREEDOM REIGNS RANCH	81-4	634781	Page 3
11 D	oes the organization conduct ga	ning activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partnershi			
				Yes	No No
	ndicate the percentage of gaming				
				13a	%
				13b	%
14 E	inter the name and address of th	person who prepares the organization's gaming/speci	al events books and records:		
N	lame				
А	ddress				
15a D	oes the organization have a con	ract with a third party from whom the organization rece	ives gaming revenue?	🗌 Yes	No No
			and the amount		
	f gaming revenue retained by the				
c lf	"Yes," enter name and address	of the third party:			
N	lame				
^	ddroop				
A	ddress				
16 G	aming manager information:				
	anning manager mornation.				
Ν	lame				
G	aming manager compensation	\$			
D	escription of services provided				
	Director/officer	Employee Independent contract	tor		
17 N	landatory distributions:				
		state law to make charitable distributions from the gam	ing proceeds to		
re	etain the state gaming license?			Yes	🗌 No
bΕ	inter the amount of distributions	equired under state law to be distributed to other exem	pt organizations or spent in the		
	rganization's own exempt activit				
Part		nation. Provide the explanations required by Part I, li		rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See	e instructions.		
232083	10-27-22		Sched	ule G (Form	990) 2022
		33			

Schedule G	(Form 990) Supplemental Infor	FREEDOM REIGNS	RANCH	81-4634781	Page 4
Part IV	Supplemental Infor	mation (continued)			
				Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



FREEDOM REIGNS RANCH

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FREEDOM REIGNS RANCH'S PRIMARY PURPOSE IS TO PROVIDE A POSITIVE, SAFE,

AND STRUCTURAL RANCH ENVIRONMENT FOR CHILDREN AND YOUNG ADULTS,

INCLUDING THOSE WHO HAVE BEEN THROUGH TRAUMA AND OTHER LIFE CHALLENGES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MAINTAINING INTENTIONALITY

- PROVIDED SESSIONS FOR FAMILIES WHO HAVE BEEN THROUGH TRAUMATIC EVENTS

EVERY OTHER MONTH. SESSION TIMES WERE UTILIZED IN A VARIETY OF

DIFFERENT WAYS WHICH CAN INCLUDE A TEAM-BUILDING ACTIVITY, TEACHING

THEM GROUNDWORK WITH THE HORSES, OR TEACHING THEM HOW TO RIDE.

- PROVIDED SESSIONS ONCE PER SEASON OR MONTHLY FOR RESIDENTS AT

NONPROFITS THAT PROVIDED RESIDENTIAL SERVICES FOR CHILDREN AND TEENS

WHO HAVE BEEN THROUGH TRAUMA, HUMAN TRAFFICKING, OR WERE IN THE FOSTER

SYSTEM. SESSION TIMES WERE UTILIZED IN A VARIETY OF DIFFERENT WAYS

WHICH CAN INCLUDE A TEAM-BUILDING ACTIVITY, TEACHING THEM GROUNDWORK

WITH THE HORSES, OR TEACHING THEM HOW TO RIDE.

HORSE AND PASTURE CARE:

-ALL HORSES WERE GIVEN STANDARD PROFESSIONAL VETERINARY CARE

(VACCINATIONS, DENTAL WORK, TEETH FLOATING), CHIROPRACTIC ADJUSTMENT,

MEDICINE, AND EMERGENCY CARE AS NEEDED TO KEEP ALL HORSES HEALTHY AND

SUITABLE FOR THEIR JOB

-ALL PASTURES WERE CULTIVATED TO THE STANDARD REQUIREMENTS FOR HORSES

-HORSES REQUIRING ADDITIONAL NUTRITION WERE GIVEN SUPPLEMENTAL QUALITY

GRAIN, SUPPLEMENTS/MEDICINE, HAY, AND CARE AS NECESSARY FOR THEIR

 FUNCTION AND PURPOSE AT FREEDOM REIGNS RANCH. AS A RESULT ALL HORSES

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

13160619 152366 378715

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Schedule O (Form 990) 2022	Page 2
Name of the organization FREEDOM REIGNS RANCH	Employer identification number 81-4634781
HAVE MAINTAINED AND/OR IMPROVED HEALTH AND ARE BEING USED	IN THE RANCH
PROGRAM.	
VOLUNTEER DEVELOPMENT/GROWTH:	
-IN 2022 EACH VOLUNTEER WAS TRAINED BY SENIOR VOLUNTEERS	AND FIELD
PROFESSIONALS, LEADING TO CONTINUITY AND INTEGRITY THROUGH	OUT RANCH
PROGRAMS	
-IN 2022 VOLUNTEERS RECEIVED OPPORTUNITIES FOR BI-MONTHLY	CONTINUING
EDUCATION RELATED TO HORSE HUSBANDRY, FARM STEWARDSHIP, TR	AUMA-INFORMED
MENTORSHIP, FIRST-AID, AND OTHER RELEVANT TOPICS THAT LED	TO A HIGH
VOLUNTEER RETENTION RATE SEASON-OVER-SEASON, CREATING A CU	LTURE OF
COMMUNITY AND GROWTH, AND EXCELLENCE IN HORSEMANSHIP AND I	N WORKING
WITH CHILDREN AND FAMILIES IN RANCH PROGRAMS	
FORM 990, PART VI, SECTION B, LINE 11B:	
BOARD MEMBERS REVIEW THE 990 PRIOR TO FILING	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY TO PROTE	CT THE
CORPORATION'S INTEREST WHEN IT IS CONTEMPLATING ANY TRANSA	CTION OR
ARRANGEMENT WHICH MAY BENEFIT ANY DIRECTOR, OFFICER, EMPLO	YEE, AFFILIATE OR
MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS.	

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

232212 10-28-22

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Freedom Reigns Ranch 1725 Barker Road Thompson Station, TN 37179

Prepared By:

Puryear & Noonan, CPAs 40 Burton Hills Blvd Ste 170 Nashville, TN 37215

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS

Q	879-TE		IRS e-file Signati for a Tax Ex	ure Authorization	า	OMB No. 1545-0047
Form U	073-12	E				
		For calendar year 2	022, or fiscal year beginning	. Keep for your records.	, 20	2022
	ent of the Treasury evenue Service			9TE for the latest information		
Name o					EIN or SS	N
	FREEDO	M REIGNS	RANCH		81-4	634781
Name a	nd title of officer or pe			۲L		
		-	EXECUTIVE DIREC	TOR		
Part	I Type of I	Return and R	leturn Information			
Form 5 or 10a whiche	330 filers may enter below, and the amover is applicable, bl ne line in Part I.	r dollars and cent ount on that line f ank (do not enter 	are using this Form 8879-TE and ts. For all other forms, enter whol for the return being filed with this r -0-). But, if you entered -0- on the	e dollars only. If you check the form was blank, then leave line e return, then enter -0- on the a	box on line 1a, 2a e 1b, 2b, 3b, 4b, 5i pplicable line below	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 6b, 7b, 8b, 9b, or 10b, v. Do not complete more
1a	Form 990 check h			rm 990, Part VIII, column (A), lir		
2a	Form 990-EZ che			rm 990-EZ, line 9)		
3a	Form 1120-POL of	_		L, line 22)		
4a	Form 990-PF che	_	_	nt income (Form 990-PF, Part)		
5a	Form 8868 check			, line 3c)		
6a 7o	Form 990-T check			art III, line 4) rt III, line 1)		
7a 8a	Form 4720 check Form 5227 check	_		tax year (Form 5227, Item D)		7b 8b
9a	Form 5330 check	_	b Tax due (Form 5330, Par			9b
	Form 8038-CP ch			ent requested (Form 8038-CP,	Part III line 22)	10b
Part			ature Authorization of Of			100
completintermetacknow of any to financial later th paymet person	ete. I further declare ediate service provic vledgement of recei o the financial institu al institution to debi an 2 business days nt of taxes to receiv al identification nun neck one box only I authorize <u>PU</u> as my signature with a state age on the return's c	that the amount der, transmitter, o pt or reason for r , I authorize the l ution account ind t the entry to this prior to the payn e confidential inf aber (PIN) as my RYEAR & 1 on the tax year 2 ncy(ies) regulating lisclosure conser	schedules and statements, and, t in Part I above is the amount sho or electronic return originator (ER ejection of the transmission, (b) U.S. Treasury and its designated licated in the tax preparation soft s account. To revoke a payment, nent (settlement) date. I also auth formation necessary to answer ind signature for the electronic return NOONAN, CPAS ER0 firm name 2022 electronically filed return. If I g charities as part of the IRS Fed. nt screen.	bwn on the copy of the electror D) to send the return to the IRS the reason for any delay in pro- Financial Agent to initiate an el ware for payment of the federa I must contact the U.S. Treasu orize the financial institutions i quiries and resolve issues relate and, if applicable, the conserv have indicated within this retu	hic return. I consent S and to receive fror cessing the return c lectronic funds with al taxes owed on thi ry Financial Agent a nvolved in the proc ed to the payment. t to electronic funds to enter my to enter my firn that a copy of th e the aforementione	t to allow my m the IRS (a) an or refund, and (c) the date idrawal (direct debit) s return, and the at 1-888-353-4537 no essing of the electronic I have selected a s withdrawal. PIN <u>12345</u> Enter five numbers, but do not enter all zeros he return is being filed ed ERO to enter my PIN
Signature	return. If I have i	ndicated within t rogram, I will ente	his return that a copy of the return er my PIN on the return's disclose	n is being filed with a state age		charities as part of the
Part		tion and Aut	hentication			
numbe	r (EFIN) followed by	your five-digit se	ronic filing identification elf-selected PIN. PIN, which is my signature on the	6229331 Do not enter 2022 electronically filed retur	all zeros	I confirm that I am
submit	ting this return in ac ss Returns.	cordance with th	ne requirements of Pub. 4163, M		tion for Authorized	IRS <i>e-file</i> Providers for
ERO's s	ignature MAR	ILYN PLAC	CE, EA	Date	06/19/23	
		Do Not	ERO Must Retain This F Submit This Form to the			
LHA F	or Privacy Act and		duction Act Notice, see instruct			Form 8879-TE (2022)
202521 1	-	-		37		· · ·

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2022.03050 FREEDOM REIGNS RANCH 378715_1

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or						number (TIN)	
print	FREEDOM REIGNS RANCH				81-463	4781	
File by the due date for filing your	le by the ue date for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions			ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 7	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99)-PF	04	Form 5227			10	
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	D-T (trust other than above)	06	Form 8870			12	
Form 99	D-T (corporation) PURYEAR AND NOC	07					
 If the If this box > 1 I re the 2 If t 	he tax year entered in line 1 is for less than 12 months, ch	Aroup Exe and atta NOVE1 anization's , an neck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole gr ers the extens npt organizatio	oup, check this ion is for.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069, y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069, timated tax payments made. Include any prior year overpa	•		3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa				Ψ		
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 8879-1	_	

EXTENDED TO NOVEMBER 15, 2023						
Form 990-T						
	(and proxy tax under section 6033(e))					
	For calendar year 2022 or other tax year beginning, and ending,					
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Public Inspection for 501(c)(3) Organizations Only		
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(
A Check box if address changed.						
B Exempt under section	xempt under section Print FREEDOM REIGNS RANCH					
X 501(c)(3)	501(c)(3) Vumber, street, and room or suite no. If a P.O. box, see instructions.					
408(e) 220(e)	Type	,	,			
408A 530(a)						
529(a) 529A						
		ok value of all assets at end of year 203,090.		an amended return.		
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	L		
		ed Schedules A (Form 990-T)		T		
• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
		d identifying number of the parent corporation.	/615)296-0500		
		PURYEAR AND NOONAN, CPAS Telephone number d Business Taxable Income Telephone number	(013	/290-0500		
		ss taxable income computed from all unrelated trades or businesses (see	1	0.		
			1			
3 Add lines 1 and 2			3			
		ng loss. See instructions				
	•	ss taxable income before specific deduction and section 199A deduction.				
Subtract line 6 fro		· · · · · · · · · · · · · · · · · · ·	7			
	Specific deduction (generally \$1,000, but see instructions for exceptions)			1,000.		
	Trusts. Section 199A deduction. See instructions					
	Total deductions. Add lines 8 and 9					
11 Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
enter zero		-	11	0.		
Part II Tax Com	putat	ion				
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.		
2 Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on				
Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	. 2			
3 Proxy tax. See ins	structio	ns	3			
	Other tax amounts. See instructions					
	• •					
		h 6 to line 1 or 2, whichever applies	7	<u> </u>		
I HA For Paperwork	Reduct	ion Act Notice, see instructions		Form 990-T (2022)		

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-1 (2022)

223701 01-16-23

	90-T (2022)				Page 2	
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)					
с	General business credit. Attach Form 3800 (see instructions)					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2	0.	
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8		3			
4	Total tax. Add lines 2 and 3 (see instructions).			3		
4				4	0.	
5	section 1294. Enter tax amount here			5	0.	
5 6a	Payments: A 2021 overpayment credited to 2022	1	1	5		
b	2022 estimated tax payments. Check if section 643(g) election applies			-		
c				-		
d	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions)			-		
u e	Backup withholding (see instructions)			-		
f	Credit for small employer health insurance premiums (attach Form 8941)			-		
	Other credits, adjustments, and payments: Form 2439			-		
g	Form 4136 Other Total	6g				
7	Total payments. Add lines 6a through 6g		······	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8		
9				9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	aid		10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	on (se	ee instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a	a signa	ture or other authority		Yes No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the c	organiza	ation may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name o	of the foreign country			
	here				X	
2						
	foreign trust?				X	
•	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year		\$			
3						
4						
F	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce					
э			•			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for					
	Business Activity Code		ilable post-2017 NOL	carryover		
	\$					
	Sid the evention choose its method of accounting? (accientmetions)					
6a					X	
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-Pl	⊢, or Fo	orm 1128? If "No,"			
	explain in Part V				<u> </u>	

 Part V
 Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here				return, including accompanying schedules and statements, and to the bes payer) is based on all information of which preparer has any knowledge. EXECUTIVE DIREC!				May the IRS discuss this return with		
	Signature of officer		Date	Title		instructions)? X Yes No				
	Print/Type prepa	arer's name	Preparer's signature		Date	Check	if P	TIN		
Paid Preparer Use Only						self- employe	ed			
	. MARILYN	PLACE, EA	MARILYN PLA	CE, EA	06/19/23			P01360716		
		PURYEAR & N	OONAN, CPAS			Firm's EIN		62-0788068		
	/	40 BURTON	HILLS BLVD S	STE 170						
	Firm's address	NASHVILLE	, TN 37215			Phone no.	615	-296-0500		
223711 01-16-	23							Form 990-T (2022)		
			4	0						