

PUBLIC DISCLOSURE COPY **

Short Form

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990-EZ**

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

For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change 81-4634781 FREEDOM REIGNS RANCH Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 1725 BARKER ROAD 615-513-6264 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return THOMPSON STATION, TN 37179 Number > Application pending X Cash Accrual Other (specify) Accounting Method: **H** Check ▶ if the organization is Website: ► WWW.FREEDOMREIGNSRANCH.COM not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) ()**⋖**(insert no.) 4947(a)(1) or [(Form 990). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 194,237. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 194,135 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) SEE SCHEDULE O 102 8 8 194,237. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 46,502. 12 12 7,955. 13 Professional fees and other payments to independent contractors 13 22,382. Occupancy, rent, utilities, and maintenance SEE SCHEDULE O 14 14 Printing, publications, postage, and shipping 5,489. 15 15 SEE SCHEDULE O 64,288. 16 Other expenses (describe in Schedule 0) 16 146,616. 17 17 Total expenses. Add lines 10 through 16 47,621. Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 61.783. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 109,404. Net assets or fund balances at end of year. Combine lines 18 through 20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

Pa	art II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to resp	ond to any questio	n in this Part II				X
				(A) Beginning of year		(B) E	nd of year	
22	Cash,	, savings, and investments		43,783	22		97,4	04.
23		and buildings			23			
24	Other	assets (describe in Schedule 0) SEE SCHEDULE O		18,000.	24		12,0	00.
25		assets		61,783			109,4	04.
26	Total	liabilities (describe in Schedule 0)		0.				0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		61,783			109,4	
$\overline{}$	art III	Statement of Program Service Accomplishmen	ts (see the instruct	ions for Part III)			penses	
		Check if the organization used Schedule O to resp	•	,	X		for section	
	at ic the	organization's primary exempt purpose? SEE SCHEDULE O	ond to any question	Till till Tartill			and 501(c)	
		· · · · · · · · · · · · · · · · · · ·				organization others.)	ons; option	ai tor
		rganization's program service accomplishments for each of its three largest program se ibe the services provided, the number of persons benefited, and other relevant informati		s. In a clear and concise				
28	CFF	SCHEDULE O						
20	200	Benedone o						
	(0)	A North is a second includes foreign as			$\overline{}$	00-		
•	(Grants	s \$) If this amount includes foreign g	rants, cneck nere	······		28a		
29								
					$\overline{}$			
	(Grants	s\$) If this amount includes foreign g	rants, check here	>		29a		
30								
					_			
	(Grants	•	rants, check here	>		30a		
31	Other							
	(Grants	s \$) If this amount includes foreign g	rants, check here)		31a		
		program service expenses (add lines 28a through 31a)	·····		🕨	32		0.
Pa	art IV	1			ee the i	nstructions for	r Part IV)	
		Check if the organization used Schedule O to resp	ond to any questio	n in this Part IV		<u></u>		
			(b) Average hours			alth benefits,	(e) Estin	nated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC/	emplo	oyee benefit	amount o	
			position	1099-NEC) (if not paid, enter -0-)		and deferred pensation	compens	sation
CA	RISS	SA RAMSDELL						
EX	ECU	TIVE DIRECTOR	40.00	26,400.		0.		0.
EV	ERE	TT SIMMONS						
		OF DIRECTORS	2.00	0.		0.		0.
		BETH ST. CLAIR						
		OF DIRECTORS	2.00	0.		0.		0.
		PRINGER						
		OF DIRECTORS	10.00	3,989.		0.		0.
		OI DIRECTORD	10,00	3,303.				
							 	
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No Section 501(c)(1) approximation in epage in any significant activity not previously reported to the IHS? If "Yes," provide a detailed description of each activity in Schedule 0 S.		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		X
actively in Schedule 0 All Wers an systillarial changes made to the organization growning documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 3 but the organization have unrelated business gloss income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 7a, among others)? 3 bit 1 Yes's to line \$3a, has the organization line of 1 or 1990-1 for the year? If "No," provide an explanation in Schedule 0 3 bit 1 Yes's to line \$3a, has the organization line of 1 or 1990-1 for the year? If "No," provide an explanation in Schedule 0 3 bit 1 Yes's to line \$3a, has the organization of the search of the year? If "Yes," complete schedule 0, Part III 5 bit 1 bit organization a section \$101(2)(4), 501(2)(5), 501(6)(6) organization subject to section 603(2)) entitie, reporting, and provy tax 5 considerable parts of Schedule 1 and 1 or 1990-1 for the year? If "No," provide an explanation in Schedule 0 5 bit 1 bit or 1990-1 or 1990-1 or 1990-1 for the year? If "No," complete spicification diverses or 1990-1				Yes	No
34 Were any significant changes made to the organization of governing documents? If Yes, "attach a conformed copy of the amended documents" they relifed a change to the organization's rame. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, Sa, and 7a, among others?) 35b If Yes's 10 line Sa, has the organization filed a Form 990-T for the year? If Yeo," provide an explanation in Schedule O. 35b If Yes 2, Sa, and 7a, among others? 35c X. 35d X. 35d X. 35d X. 35d X. 36d X. 37d Ever amount of political expenditures, direct or indirect, as described in the instructions 36c X. 37a Ever amount of political expenditures, direct or indirect, as described in the instructions 37b If Yes, complete Schedule I. Part II, and enter the total amount involved 37c If Yes, complete Schedule I. Part II, and enter the total amount involved 37c If Yes, complete Schedule I. Part II, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, and enter the total amount involved 38c Schedule CI., Part III, Part III, and enter the total amount involved in the specific of the specifi	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			_
about the organization hase winded this piece. See the struction of the complete special to the propriet special to the struction of the structure of the struc			33		_X_
35 a Ut the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fines 2, 6s, and 7a, among others)? 35 b If Yes' to line 35a, has the organization filed a Form 990-T for the year? If No,* provide an explanation in Schedule 0 48 b If Yes' to line 35a, has the organization filed a Form 990-T for the year? If No,* provide an explanation in Schedule 0 48 b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete Schedule, Part III 58 b If the organization of profits descenditures, direct or indirect, as described in the instructions 59 c	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on lines 2, 6a, and 7a, among others)? b If Vers' to line 365, has the organization listed a form 990-1 for the year? If Yoc; provide an explanation in Schedulo 0 c Was the organization a section 50 I(c)(4), 50 I(c)(5), or 50 I(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes; complete Schedulo C, Fart II 72 a Chetar amount of political expenditures, direct or indirect, as described in the instructions 73 a Chetar amount of political expenditures, direct or indirect, as described in the instructions 74 b Other organization form or mice any loans to ,any officar, director, trustee, or key employee; or were any such loans made in a prior year and still custaming at the end of the bax year covered by this return? 1 b If Yes, complete Schedule L, Part II, and enter the total amount involved 1 b Gross receipts, included on line 9 (6) reputice use of club facilities 2 b Gross receipts, included on line 9 (7) organizations. Enter amount of tax imposed on the organization during the year of under the section 491 (1) organizations. Enter amount of tax imposed on the organization during the year of under the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0 . 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Sherification and the organization engage in any section 4955 ▶ 0 . 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40x retiremouse by the organization organization organization are proved on any of tax prior Forms 900 or 900-EZP If Yes, Complete Schedule L, Part II 2 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40x retiremouse by the organization or one of the PURY Part Manusch		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		_X_
b If Yes' to lime 35a, has the organization if led a Form 990-1 for the year? If Yea', provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes', complete Schedule C, Part III 35 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes', complete Schedule C, Part III 36 bit the organization in Ferm 1190-P0L for this year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 bit the organization in Ferm 1190-P0L for this year? 39 bit the organization in Ferm 1190-P0L for this year? 30 bit the organization in Ferm 1190-P0L for this year? 31 bit the organization in Ferm 1190-P0L for this year? 32 bit the organization in Ferm 1190-P0L for this year? 39 bit the organization in Ferm 1190-P0L for this year? 30 bit the organization in Ferm 1190-P0L for this year? 30 bit the organization in Ferm 1190-P0L for this year? 31 bit the organization in Ferm 1190-P0L for this year? 32 bit the organization in Ferm 1190-P0L for this year? 33 bit If Yes, complete Schedule L, Part II, and enter the lot all amount involved 30 bit if Yes, complete Schedule L, Part II 30 bit the organization in Ferm 1190-P0L for this year? 31 bit the organization in Ferm 1190-P0L for this year of the properties of the organization engage in any section 4935 excess benefit transaction during the year, or did it rengage in an excess benefit transaction in a prory year that has not been reported on any of its prior Ferms 980 or 980-E27 If Yes', complete Schedule L, Part I 40b	35 a				
b If Yes's to line 35a, has the organization field a Form 990-T for the year? If Yes', provide an explanation in Schedule 0		on lines 2, 6a, and 7a, among others)?	35a		
requirements during the year? If "Yes," complete Schedule C, Part III 856	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete apprincible parts of Schedule N 37a	C				
as a controlled applicable parts of Schedule N b Did the organization for political expenditures, direct or indirect, as described in the instructions b Did the organization for political expenditures, direct or indirect, as described in the instructions b Did the organization for political expenditures, direct or indirect, as described in the instructions b Did the organization for political expenditures, direct or indirect, as described in a prior year and still outstanding at the end of the tax year covered by this return? 38		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization in le Form 1129-POL for this year?	36				
b Did the organization file Form 1120-POL for this year? 38 a Did the organization fororw from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 58 a N/A 58 Section 50 (1c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 58 Section 50 (1c)(7) organizations. Enter amount of tax imposed on the organization during the year under: a section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. 58 Section 50 (1c)(3), 50 (1c)(4), and 50 (1c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes; complete Schedule L, Part I 40b			36		X
Big Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 1					
in a prior year and still outstanding at the end of the tax year covered by this return? in a prior year and still outstanding at the end of the tax year covered by this return? in prior year and still outstanding at the end of the tax year covered by this return? in Initiation fees and capital contributions included on line 9 in Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. During the organization during the year under section of the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction from the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction and sections 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c retirbursed by the organization. Alary time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If Yes, complete form 886-T 1. List the states with which a copy of this return is filed ▶ TN 1. List the states with which a copy of this return is filed ▶ TN 1. List the states with which a copy of this return is filed ▶ TN 1. List the states with which a copy of this return is filed ▶ TN 1. List the states with which a copy of this return is filed ▶ TN 1. List the states with which a copy of this return is filed ▶ TN 2. At any time during the calendar year, did the organization have an interest in or a signature or other authority	b	Did the organization file Form 1120-POL for this year?	37b		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club racillities. 39 N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in any excess the enter transaction during the year or did it engage in any excess the enter transaction managers or disqualified persons during the year ordal excess to self-transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders sections 4912 ± 595, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization a All organizations. At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T 11. List the states with which a coupy of this return is filed ▶ TN 12. It is the states with which a coupy of this return is filed ▶ TN 13. Telephone no. ▶ (615)296-050 0 2 I/P + ♦ \$7215 14. List the states with which a coupy of this return is filed ▶ TN 14. List the states with which a coupy of this return is filed ▶ TN 14. Telephone no. ▶ (615)296-050 0 2 I/P + ♦ \$7215 15. D At any time during the calendary year, did the organization have an interest in or a signature or other authority 16. A tary time dur	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities cection 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3) graphizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction for forms 900 or 990 EZ2? If 'ves,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization and prior year that has not been reported on any of its prior forms 900 or 990 EZ2 If 'ves,' complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization and solicy organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transactor? If 'ves,' complete form 8868 = 1 1. List the states with which a copy of this return is filed ▶ TN 1. List the states with which a copy of this return is filed ▶ TN 1. List the organization's books are in care of ▶ PURYEAR AND NOONAN, CPAS Telephone no. ▶ (615) 2.96 – 0.500 1. Located at ▶ 40 BURTON HILLS BLVD, STE 170, NASHVILLE, TN 2. IP + 4 ▶ 372.15 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ 2 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 2. At any time during the calendar year, did the organization maintain an office outside the United States? 1. Yes, 'enter the name of the foreign countr			38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	4		
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 999 or 990-E27 if "Yes," complete Schedule L, Part 1 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. There amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization as the organization as party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filled ▶ TN 42a The organization's books are in care of ▶ PURYEAR AND NOONAN, CPAS 1 Telephone no. ▶ (615) 296-0500 1 Located at ▶ 40 BURTON HILLS BLVD, STE 170, NASHVILLE, TN 1 P+4 ▶ 3721.5 b At any time during the calendar year, did the organization was an interest in or a signature or other authority over a financial account in a foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42b X 1 Yes, enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X 42c X 42c X 42c C 44d Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44d Did the organization receive any payments for in			4		
section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the profession o	b	Gross receipts, included on line 9, for public use of club facilities	4		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T List the states with which a copy of this return is filed TN 121 List the states with which a copy of this return is filed TN 122 The organizations books are in care of PURYEAR AND NOONAN, CPAS	40 a				
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 11. List the states with which a copy of this return is filed > TN 12. The organization's books are in care of PURYEAR AND NOONAN, CPAS 12. The organization's books are in care of PURYEAR AND NOONAN, CPAS 13. Telephone no. (615) 296-0500 Located at		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8866-T List the states with which a copy of this return is filed TN The organization is books are in care of PURYEAR AND NOONAN, CPAS Telephone no. (615) 296-0500 ZIP+4 37215 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 501(c)(4), and 501(c)(29) organizations. Enter amount of tax except in the range of the foreign country Section 501(c)(4), and 501(c)(29) organization receive any payments for indoor tranning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ time the name of the foreign country Ves No 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ time the name of the foreign country Ves No 44b	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_X_
d Section 501(c)(3), 501(c)(4), and 501(c)(2)9 organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ►TN 11 Elst the states with which a copy of this return is filed ►TN 12 The organization's books are in care of ► PURYEAR AND NOONAN, CPAS Telephone no. ► (615) 296-0500 Located at ► 40 BURTON HILLS BLVD, STE 170, NASHVILLE, TN 2IP+4 ► 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 14 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 2 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 3 Did the organization receive any payments for indoor tanning services during the year? 4 Use	C				
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41 List the states with which a copy of this return is filled ▶ TN 42a The organization's books are in care of ▶ PURYEAR AND NOONAN, CPAS Telephone no. ▶ (615) 296-0500 Located at ▶ 40 BURTON HILLS BLVD, STE 170, NASHVILLE, TN ZIP+4 ▶ 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? f "Yes," enter the name of the foreign country ▶ 42c	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		in Schedule 0			
			45a		X
512/h)/12/2 If "Voc " Form 000 and Schodula P may need to be completed instead of Form 000 E7. See instructions	b				
312(b)(13)? If 165, Furth 990 and Schedule h may freed to be completed instead of Furth 990-122. See instructions		512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

									Yes	No
46		ganization engage, directly or indirectly, in poli	tical campaign activitie	s on behalf of or i	in opposition t	to candidates for pu	blic office?			
		omplete Schedule C, Part I	Ol					4(3	X
Pa		Section 501(c)(3) Organizations	=							
		All section 501(c)(3) organizations must ar			-					
	'	Check if the organization used Schedule (J to respond to any	question in this	Part VI				Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?								1.00	1
		f "Yes," complete Sch. C, Part II								x
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								3	X
49 a	Did the or	ganization make any transfers to an exempt no	n-charitable related orç	ganization?				. 49	a	X
b	If "Yes," w	as the related organization a section 527 organ	ization?					49		
50		this table for the organization's five highest con			rs, directors, t	rustees, and key er	nployees) wh	o each	received	more
	than \$100	0,000 of compensation from the organization. If	there is none, enter "N		h	(-)	(4)	<i>a</i> . T	/-\ F-#-	
		(a) Name and title of each employee		(b) Average per week de		(C) Reportable compensation (Forms	(d) Health bei contributions employee be	s to ,	(e) Estin amount o	
		NON	E	positio		W-2/1099-MISC/ 1099-NEC)	plans, and def	erred	compens	
		11011					compensat	-		
_										
f	Total num	ber of other employees paid over \$100,000		•	<u> </u>					
51		this table for the organization's five highest con			each receive	d more than \$100,0	00 of compe	nsation	from the	
	organizati	on. If there is none, enter "None." NON	E							
	(a) N	ame and business address of each independen	t contractor		(b) T	ype of service		(c) Con	npensatio	n
		nber of other independent contractors each rece	•			. •				
52		ganization complete Schedule A? Note: All sec	. , , , -					X	V00 [□ No
Unde		d Schedule A					et of my know			No_
	-	nd complete. Declaration of preparer (other than					-	nouge t	ina bonon	, 11 13
,	3311331,411	•	· omeen / to succe on a		mon proparo	mas any mismisag				
Sig		Signature of officer					Date			
He	re	CARISSA RAMSDELL, EX	KECUTIVE DI	RECTOR						
		Type or print name and title	Duna and Late		I p. :	Observ	☐ ;r	1		
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Pai		MADITUM DIACE EA	אוא אוע דע אויים אוא אויים או	ארם הא	07/01/	self- emplo	·	1126	0716	
	parer	MARILYN PLACE, EA Firm's name ► PURYEAR & NOO	MARILYN PL	ACE, EA	07/01/		PC ▶ 62-0			
Us	e Only	Firm's address ► 40 BURTON H		STE 170		Phone no.				
		NASHVILLE,		/0		Li none no.			3330	
May	the IRS dis	scuss this return with the preparer shown above					>	X	Yes	No
									n 990-EZ	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization FREEDOM REIGNS RANCH 81-4634781 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	53,673.	168,495.	102,939.	113,766.	194,135.	633,008.	
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	53,673.	168,495.	102,939.	113,766.	194,135.	633,008.	
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)						118,550.	
6	Public support. Subtract line 5 from line 4.						514,458.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	53,673.	168,495.	102,939.	113,766.	194,135.	633,008.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)							
11	Total support. Add lines 7 through 10						633,008.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	870.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here					>	
Sec	tion C. Computation of Public	c Support Per	centage					
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	81.27 %	
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	<u>%</u>	
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∐	
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or	
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	Part VI how the		
	organization meets the facts-and-circu		•				▶∐	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
1		
2		
3a		
3b		
- CE		
3с		
00		
4a		
40		
4h		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Par	TIV Supporting Organizations (continued)			
			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		
	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Sche	dule A (Form 990) 2021 FREEDOM REIGNS RANCH			81-4634781 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
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):			
а	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		
Sect	ion 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		
	Distributable Amount Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2021

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) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization	Employer identification number
FREEDOM REIGNS RANCH	81-4634781

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FREEDOM REIGNS RANCH

81-4634781

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Nume, address, and En 1 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,790.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>15,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FREEDO	OM REIGNS RANCH		81-4634781
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		5,40 -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- - \$6,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

FREEDOM REIGNS RANCH

81-4634781

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

Schedule B (Form 990) (2021)

Name of organization

Name or or	rganization		Employer identification number				
FREEDO	OM REIGNS RANCH		81-4634781				
Part III	Exclusively religious, charitable, etc., contributi		on 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or 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) Description of how gift is held				
			-				
	(e) Transfer of gift						
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Thomas of the					
	(e) Transfer of gift						
	Transferee's name, address, a	10 ZIP + 4	Relationship of transferor to transferee				

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 81-4634781 FREEDOM REIGNS RANCH

THEORY HELDING HELDING	1 0
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	102.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, U	TILITIES, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	6,000.
OTHER EXPENSES	16,382.
TOTAL TO FORM 990-EZ, LINE 14	22,382.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
AUTO	5,884.
GENERAL PROGRAM EXPENSES	5,289.
HORSE CARE	27,863.
INSURANCE	7,362.
MISCELLANEOUS	201.
MARKETING	11,514.
TAXES AND LICENSES	400.
TECHNOLOGY & SOFTWARE	3,191.
OFFICE SUPPLIES	249.
COMMUNITY EQUINE EMERGENCY RELIEF	2,335.
TOTAL TO FORM 990-EZ, LINE 16	64,288.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION	BEG. OF YEAR END OF YEAR

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Employer identification number Name of the organization FREEDOM REIGNS RANCH 81-4634781 18,000. OTHER DEPRECIABLE ASSETS 12,000. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: SERVING CHILDREN AND YOUNG ADULTS IN THE ONE-ON-ONE SESSION PROGRAM BY PROVIDING INTENTIONAL MENTORSHIP. ONE-ON-ONE SESSIONS ARE FOR CHILDREN AND YOUNG ADULTS WHO HAVE BEEN THROUGH TRAUMA AND OTHER LIFE-CHALLENGES. MANY ARE FROM "AT RISK" SITUATIONS.

SESSION PROGRAM:

AT NO COST TO PARTICIPANTS, FREEDOM REIGNS RANCH INVESTED 2441.5 MENTOR HOURS WITH PROGRAM PARTICIPANTS IN 2021, WHICH INCLUDED:

-SERVING CHILDREN AND YOUNG ADULTS IN THE ONE-ON-ONE SESSION PROGRAM BY PROVIDING INTENTIONAL MENTORSHIP

-SERVING YOUTH AND YOUNG ADULTS (AGES 10-24) IN THE "JUNIOR RANCHER"

SMALL GROUP MENTORSHIP PROGRAM, ALLOWING MORE CHILDREN AND TEENS TO BE

A PART OF RANCH PROGRAMS BY IMPROVING EFFICIENCY WHILE STILL

MAINTAINING INTENTIONALITY

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

Schedule O (Form 990) 2021 Page **2**

Name of the organization FREEDOM REIGNS RANCH	Employer identification number 81-4634781
-HORSES REQUIRING ADDITIONAL NUTRITION WERE GIVEN SUPPLEME	NTAL QUALITY
GRAIN, SUPPLEMENTS/MEDICINE, HAY, AND CARE AS NECESSARY FO	R THEIR
FUNCTION AND PURPOSE AT FREEDOM REIGNS RANCH. AS A RESULT	ALL HORSES
HAVE MAINTAINED AND/OR IMPROVED HEALTH AND ARE BEING USED	IN THE RANCH
PROGRAM.	
VOLUNTEER DEVELOPMENT/GROWTH:	
-IN 2021 EACH VOLUNTEER WAS TRAINED BY SENIOR VOLUNTEERS	AND FIELD
PROFESSIONALS, LEADING TO CONTINUITY AND INTEGRITY THROUGH	OUT RANCH
PROGRAMS	
-IN 2021 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-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	