

**2021 Exempt Org. Return**  
prepared for:

**Drage Second Chance Ranch**  
4550 W Old Hwy Road  
Mountain Green, UT 84050

**CARVER FLOREK & JAMES CPAS**  
2246 N. UNIVERSITY PARK BLVD  
LAYTON, UT 84041

2021

**FEDERAL FILING INSTRUCTIONS**

DRAGE SECOND CHANCE RANCH

82-3571352

**ELECTRONICALLY FILED:**

FORM 990-PF - 2021 RETURN OF PRIVATE FOUNDATION

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE SIGNATURE AUTHORIZATION.

**PAYMENT:**

NO PAYMENT IS REQUIRED.

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

**2021**

Department of the Treasury  
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**  
► **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

**DRAGE SECOND CHANCE RANCH**

**82-3571352**

Name and title of officer or person subject to tax

**JESSIE LEIGH DRAGE SECRETARY**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a Form 990</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a Form 990-EZ</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a Form 990-PF</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b> <u>0.</u>
<b>5a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a Form 990-T</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> _____
<b>7a Form 4720</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a Form 5227</b> check here . . . . .	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a Form 5330</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a Form 8038-CP</b> check here . . . . .	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize CARVER FLOREK & JAMES CPAS to enter my PIN 84938 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ►

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**87027187027**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► REBECCA BALAICH, CPA

Date ► \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>DRAGE SECOND CHANCE RANCH</b>	Taxpayer identification number (TIN) <b>82-3571352</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>4550 W OLD HWY ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOUNTAIN GREEN, UT 84050</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ JESSIE DRAGE \_\_\_\_\_

Telephone No. ▶ (801) 661-8584 \_\_\_\_\_ Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 21 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3 a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3 b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3 c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation**

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

**Open to Public Inspection**

<b>For calendar year 2021 or tax year beginning</b>		<b>, 2021, and ending</b>	<b>,20</b>						
DRAGE SECOND CHANCE RANCH 4550 W OLD HWY ROAD MOUNTAIN GREEN, UT 84050			<b>A</b> Employer identification number 82-3571352						
			<b>B</b> Telephone number (see instructions)						
<b>G</b> Check all that apply: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>			<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>C</b> If exemption application is pending, check here. ▶ <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity								
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return								
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change								
<b>H</b> Check type of organization: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</td> <td><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust</td> <td><input type="checkbox"/> Other taxable private foundation</td> </tr> </table>			<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation	<b>D 1</b> Foreign organizations, check here. . . . . ▶ <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ <input type="checkbox"/>			
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Other taxable private foundation							
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 29,775.		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)							

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule). . .	29,268.				
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	<b>3</b> Interest on savings and temporary cash investments . . . . .					
	<b>4</b> Dividends and interest from securities. . . . .					
	<b>5a</b> Gross rents . . . . .					
	<b>b</b> Net rental income or (loss) . . . . .					
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .					
	<b>b</b> Gross sales price for all assets on line 6a . . . . .					
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .					
	<b>8</b> Net short-term capital gain . . . . .					
	<b>9</b> Income modifications . . . . .					
	<b>10a</b> Gross sales less returns and allowances . . . . .					
<b>b</b> Less: Cost of goods sold . . . . .						
<b>c</b> Gross profit or (loss) (attach schedule). . . . .						
<b>11</b> Other income (attach schedule). . . . .						
<b>SEE STATEMENT 1</b>						
<b>12 Total.</b> Add lines 1 through 11. . . . .	64,667.	93,935.	0.	64,667.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. . . . .	16,170.		8,908.	7,262.	
	<b>14</b> Other employee salaries and wages. . . . .	7,495.		4,129.	3,366.	
	<b>15</b> Pension plans, employee benefits . . . . .					
	<b>16a</b> Legal fees (attach schedule) . . . . .					
	<b>b</b> Accounting fees (attach sch) . . . . . <b>SEE ST. 2</b>	1,200.		661.	539.	
	<b>c</b> Other professional fees (attach sch). . . . .					
	<b>17</b> Interest. . . . .	1,111.		612.	499.	
	<b>18</b> Taxes (attach schedule)(see instrs). . . . . <b>SEE ST. 3</b>	455.		251.	204.	
	<b>19</b> Depreciation (attach schedule) and depletion . . . . . <b>SEE ST. 4</b>	12,906.		12,906.		
	<b>20</b> Occupancy. . . . .					
	<b>21</b> Travel, conferences, and meetings. . . . .					
	<b>22</b> Printing and publications. . . . .					
	<b>23</b> Other expenses (attach schedule)					
	<b>SEE STATEMENT 5</b>					
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	67,529.	106,866.		37,198.	42,201.
<b>25</b> Contributions, gifts, grants paid. . . . .						
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	106,866.	106,866.	0.	64,665.	42,201.	
<b>27</b> Subtract line 26 from line 12:						
<b>a Excess of revenue over expenses and disbursements</b> . . . . .	-12,931.					
<b>b Net investment income</b> (if negative, enter -0-) . . . . .			0.			
<b>c Adjusted net income</b> (if negative, enter -0-) . . . . .				2.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	1	Cash – non-interest-bearing	5,481.	2,654.	2,654.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment: basis	60,139.			
	Less: accumulated depreciation (attach schedule) SEE STMT 6	33,018.	40,027.	27,121.	27,121.
15	Other assets (describe )				
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I).	45,508.	29,775.	29,775.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, & other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)	15,939.	13,137.	
	22	Other liabilities (describe )			
23	<b>Total liabilities</b> (add lines 17 through 22)	15,939.	13,137.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <input checked="" type="checkbox"/>				
	24	Net assets without donor restrictions	29,569.	16,638.	
	25	Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <input type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
29	<b>Total net assets or fund balances</b> (see instructions)	29,569.	16,638.		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions)	45,508.	29,775.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	29,569.
2	Enter amount from Part I, line 27a	2	-12,931.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	16,638.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	16,638.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) . . . . .	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7		2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . .		3

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 — see instructions)**

1 a	Exempt operating foundations described in section 4940(d)(2), check here . . . . . <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)		
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) . . . . .	1	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .	2	0.
3	Add lines 1 and 2 . . . . .	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	0.
6	Credits/Payments:		
a	2021 estimated tax pymts and 2020 overpayment credited to 2021 . . . . .	6 a	
b	Exempt foreign organizations — tax withheld at source . . . . .	6 b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6 c	
d	Backup withholding erroneously withheld . . . . .	6 d	
7	Total credits and payments. Add lines 6a through 6d . . . . .	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> ▶	11	
	<b>Refunded</b> ▶		

BAA

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
<b>1 b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		X
If the answer is 'Yes' to <b>1 a</b> or <b>1 b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>1 c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation ▶ \$ <u>0.</u> <b>(2)</b> On foundation managers ▶ \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If 'Yes,' attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes .....		X
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>4 b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If 'Yes,' attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....		X
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XIV .....	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered. See instructions <u>N/A</u>		
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation .....	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If 'Yes,' complete Part XIII. .		X
<b>10</b> Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. ....		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' attach schedule. See instructions. ....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions. ....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ... Website address: ..... ▶ <u>WWW.DRAGE2NDCHANCERANCH.ORG</u>	X	
<b>14</b> The books are in care of ▶ <u>JESSIE DRAGE</u> Telephone no. ▶ <u>(801) 661-8584</u> Located at ▶ <u>4550 W OLD HWY ROAD MOUNTAIN GREEN UT</u> ZIP + 4 ▶ <u>84050</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here. .... N/A. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. .... ▶ <u>15</u> N/A		
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶		

BAA

Form 990-PF (2021)

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
<b>1 a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1 a (1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1 a (2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1 a (3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1 a (4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	1 a (5)	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1 a (6)	X
<b>b</b> If any answer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. ....	1 b	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here. .... <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1 d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2 a	X
If 'Yes,' list the years ▶ 20 __ , 20 __ , 20 __ , 20 __		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement – see instructions.) .....	2 b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __		
<b>3 a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3 a	X
<b>b</b> If 'Yes,' did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3 b	
<b>4 a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4 a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4 b	X

BAA

Form 990-PF (2021)

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

	Yes	No
<b>5 a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5 a (1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5 a (2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5 a (3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5 a (4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5 a (5)	X
<b>b</b> If any answer is 'Yes' to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5 b	N/A
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>c</b> If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).	N/A	5 d
<b>6 a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6 a	X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870.	6 b	X
<b>7 a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7 a	X
<b>b</b> If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7 b
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8	X

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GARY SHAUN DRAGE 4550 WEST OLD HIGHWAY ROAD MOUNTAIN GREEN, UT 84050	PRESIDENT 20.00	11,130.	0.	0.
JESSIE LEIGH DRAGE 4550 WEST OLD HIGHWAY ROAD MOUNTAIN GREEN, UT 84050	SECRETARY 20.00	0.	0.	0.
HOLLI STRECK 2613 W 775 N LAYTON, UT 84604	CO-DIRECTOR 20.00	5,040.	0.	0.
-----				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
-----				
-----				
-----				
-----				
-----				

**Total** number of other employees paid over \$50,000 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE ----- -----		
----- -----		
----- -----		
----- -----		
----- -----		
<b>Total</b> number of others receiving over \$50,000 for professional services		0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 <u>TO RESCUE, REHAB, RETRAIN AND REHOME RESCUED HORSES AND TO PROVIDE OUTREACH SERVICES FOR AT-RISK YOUTH AND RECOVERING ADDICTS THROUGH HORSEMANSHIP.</u>	106,866.
2 ----- -----	
3 ----- -----	
4 ----- -----	

**Part VIII-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount	
1 <u>N/A</u> ----- -----		
2 ----- -----		
All other program-related investments. See instructions. 3 ----- -----		
<b>Total.</b> Add lines 1 through 3		0.

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**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b> Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b> Average monthly fair market value of securities .....	<b>1 a</b>	
<b>b</b> Average of monthly cash balances .....	<b>1 b</b>	4,067.
<b>c</b> Fair market value of all other assets (see instructions) .....	<b>1 c</b>	
<b>d Total</b> (add lines 1a, b, and c) .....	<b>1 d</b>	4,067.
<b>e</b> Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1 e</b>	0.
<b>2</b> Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b> Subtract line 2 from line 1d .....	<b>3</b>	4,067.
<b>4</b> Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	<b>4</b>	SEE STATEMENT 7 4,067.
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	0.
<b>6 Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	<b>6</b>	0.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b> Minimum investment return from Part IX, line 6 .....	<b>1</b>	
<b>2 a</b> Tax on investment income for 2021 from Part V, line 5 .....	<b>2 a</b>	
<b>b</b> Income tax for 2021. (This does not include the tax from Part V.) .....	<b>2 b</b>	
<b>c</b> Add lines 2a and 2b .....	<b>2 c</b>	
<b>3</b> Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	
<b>4</b> Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	
<b>5</b> Add lines 3 and 4 .....	<b>5</b>	
<b>6</b> Deduction from distributable amount (see instructions) .....	<b>6</b>	
<b>7 Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	<b>7</b>	0.

**Part XI Qualifying Distributions** (see instructions)

<b>1</b> Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b> Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 .....	<b>1 a</b>	42,201.
<b>b</b> Program-related investments – total from Part VIII-B .....	<b>1 b</b>	
<b>2</b> Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b> Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b> Suitability test (prior IRS approval required) .....	<b>3 a</b>	
<b>b</b> Cash distribution test (attach the required schedule) .....	<b>3 b</b>	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	<b>4</b>	42,201.

BAA

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				0.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years: 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020	21,506.			
f Total of lines 3a through e	21,506.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 42,201.				
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2021 distributable amount				0.
e Remaining amount distributed out of corpus	42,201.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	63,707.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount – see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	63,707.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020	21,506.			
e Excess from 2021	42,201.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> 'Assets' alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> 'Support' alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

JESSIE LEIGH DRAGE

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**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

---

**b** The form in which applications should be submitted and information and materials they should include:

---

**c** Any submission deadlines:

---

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
<b>Total</b> .....				<b>3 a</b>
<i>b Approved for future payment</i>				
<b>Total</b> .....				<b>3 b</b>





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

DRAGE SECOND CHANCE RANCH

Employer identification number

82-3571352

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

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

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).

Name of organization <b>DRAGE SECOND CHANCE RANCH</b>	Employer identification number <b>82-3571352</b>
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**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	JESSIE DRAGE ----- 4550 W OLD HWY RD ----- MOUNTAIN GREEN, UT 84050 -----	\$ 14,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HOLLI STRECK ----- 2613 W 775 N ----- LAYTON, UT 84041 -----	\$ 7,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>DRAGE SECOND CHANCE RANCH</b>	Employer identification number <b>82-3571352</b>
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**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
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **DRAGE SECOND CHANCE RANCH** Employer identification number **82-3571352**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 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 information once. See instructions.)..... ▶\$                      N/A  
 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
	N/A		

(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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**STATEMENT 1**  
**FORM 990-PF, PART I, LINE 11**  
**OTHER INCOME**

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
RANCH SERVICE REVENUE.....	\$ 64,667.		\$ 64,667.
TOTAL	<u>\$ 64,667.</u>	<u>\$ 0.</u>	<u>\$ 64,667.</u>

**STATEMENT 2**  
**FORM 990-PF, PART I, LINE 16B**  
**ACCOUNTING FEES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES.....	\$ 1,200.		\$ 661.	\$ 539.
TOTAL	<u>\$ 1,200.</u>	<u>\$ 0.</u>	<u>\$ 661.</u>	<u>\$ 539.</u>

**STATEMENT 3**  
**FORM 990-PF, PART I, LINE 18**  
**TAXES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES & FEES.....	\$ 455.		\$ 251.	\$ 204.
TOTAL	<u>\$ 455.</u>	<u>\$ 0.</u>	<u>\$ 251.</u>	<u>\$ 204.</u>

**STATEMENT 4**  
**FORM 990-PF, PART I, LINE 19**  
**ALLOCATED DEPRECIATION**

DATE ACQUIRED	COST BASIS	PRIOR YR DEPR	METHOD	RATE	LIFE	CURRENT YR DEPR	NET INVEST INCOME	ADJUSTED NET INCOME
GMC SIERRA 3/01/19	28,139	14,404	200DB	0.192		5,403	0	0
FORD FOCUS 12/31/19	4,000	1,280	200DB	0.192		768	0	0
3 HORSE SLANT 1/01/20	10,000	2,500	200DB	0.2143		2,143	0	0
8 HORSE SLANT 10/01/20	12,000	428	200DB	0.2755		3,306	0	0
SADDLES 1/01/20	6,000	1,500	200DB	0.2143		1,286	0	0

**STATEMENT 5**  
**FORM 990-PF, PART I, LINE 23**  
**OTHER EXPENSES**

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ARENA & PASTURE FEES.....	\$ 15,860.		\$ 8,737.	\$ 7,123.
EDUCATION.....	460.		253.	207.
FUEL.....	2,834.		1,561.	1,273.
GRAIN/FEED.....	2,696.		1,485.	1,211.
HAY.....	10,177.		5,606.	4,571.
HORSE SUPPLIES.....	2,415.		1,330.	1,085.
MISC.....	3,889.		2,142.	1,747.
REPAIRS & MAINTENANCE.....	19,059.		10,499.	8,560.
SMALL EQUIPMENT.....	5,232.		2,882.	2,350.
SUPPLIES.....	47.		26.	21.
TELEPHONE & OFFICE.....	2,520.		1,388.	1,132.
VETERINARY.....	2,340.		1,289.	1,051.
TOTAL	<u>\$ 67,529.</u>	<u>\$ 0.</u>	<u>\$ 37,198.</u>	<u>\$ 30,331.</u>

**STATEMENT 6**  
**FORM 990-PF, PART II, LINE 14**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
AUTO./TRANSPORTATION EQUIP.	\$ 32,139.	\$ 21,855.	\$ 10,284.	\$ 0.
MACHINERY AND EQUIPMENT	28,000.	11,163.	16,837.	27,121.
TOTAL	<u>\$ 60,139.</u>	<u>\$ 33,018.</u>	<u>\$ 27,121.</u>	<u>\$ 27,121.</u>

**STATEMENT 7**  
**FORM 990-PF, PART IX, LINE 4**  
**EXPLANATION OF CASH DEEMED HELD FOR CHARITABLE ACTIVITIES**

ALL CASH IS HELD FOR DIRECT CHARITABLE ACTIVITIES.

DRAGE SECOND CHANCE RANCH

82-3571352

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
1	GMC SIERRA	3/01/19		28,139							28,139	14,404	200DB HY	5	.19200	5,403
2	FORD FOCUS	12/31/19		4,000							4,000	1,280	200DB HY	5	.19200	768
TOTAL AUTO / TRANSPORT EQUIP				32,139		0	0	0	0	0	32,139	15,684				6,171
MACHINERY AND EQUIPMENT																
3	3 HORSE SLANT	1/01/20		10,000							10,000	2,500	200DB MQ	7	.21430	2,143
4	8 HORSE SLANT	10/01/20		12,000							12,000	428	200DB MQ	7	.27550	3,306
5	SADDLES	1/01/20		6,000							6,000	1,500	200DB MQ	7	.21430	1,286
TOTAL MACHINERY AND EQUIPME				28,000		0	0	0	0	0	28,000	4,428				6,735
TOTAL DEPRECIATION				60,139		0	0	0	0	0	60,139	20,112				12,906
GRAND TOTAL DEPRECIATION				60,139		0	0	0	0	0	60,139	20,112				12,906