Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and	ending						
B c	heck if pplicable	C Name of organization		D Employer identifie	cation number				
	Addres	THE RED BARN							
	Name change			45-25931	91				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	∃Final return/	2700 BAILEY ROAD		205-699-					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	905,391.					
	Amend return	LEEDS, AL 35094		H(a) Is this a group re					
	Application			for subordinates? Yes X No					
	pendin	2700 BAILEY ROAD SW, LEEDS, AL 35094	· · · = =						
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions				
	Vebsit			H(c) Group exemptio					
	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2011 N	1 State of legal domicile: AL				
Pa		Summary							
•		Briefly describe the organization's mission or most significant activities: ${ m { t TO} \ \ P}$							
Governance		ASSISTED ACTIVITIES TO INDIVIDUALS, ESPEC	IALLY	CHILDREN WI	TH				
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	3				
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	2				
es 8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			18				
Ϋ́È	6	Total number of volunteers (estimate if necessary)		6	159				
Activities	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
Φ				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		766,722.	800,379.				
eun	l	Program service revenue (Part VIII, line 2g)		24,338.	29,136.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		298.	26,961.				
ш.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		311,172.	37,984.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,102,530.	894,460.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		640,068.	691,357.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		42,350.	480.				
od x	b ·	Total fundraising expenses (Part IX, column (D), line 25)113,0		224 242	404 050				
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		384,348.	424,053.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,066,766.	1,115,890.				
	19	Revenue less expenses. Subtract line 18 from line 12		35,764.	-221,430.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		574,446.	345,845.				
et A	21	Total liabilities (Part X, line 26)		328,106.	320,937.				
Z:	rt II	Net assets or fund balances. Subtract line 21 from line 20		246,340.	24,908.				
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	a and atatam	anta and to the heat of mu	I knowledge and halief it is				
		ties of perjury, i declare that i have examined this return, including accompanying schedule: a, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	Kilowieuge allu bellel, it is				
uue,	Correc	, and complete. Declaration of preparer (other than officer) is based on an information of wi	nch preparer	lias ally kilowieuge.					
C:	_	Signature of officer		I Date					
Sign		JOY O'NEAL, PRESIDENT							
Her	е	Type or print name and title							
			TI	Date Check	PTIN				
Paid		Print/Type preparer's name Preparer's signature DAVID COMPHER DAVID COMPHER		05/16/24 of self-employ					
	arer		ļ0		2-1396621				
	Only	2722 222)	FITTI SEIN /	<u> </u>				
USE	Unity	Firm's address 3700 COLONNADE PARKWAY, SUITE 300 BIRMINGHAM, AL 35243	,	Dhone no 20	5.933.7822				
May	the IF	S discuss this return with the preparer shown above? See instructions		Filolie IIU. 2 U	X Yes No				
·viay	LI TO IT	Groupe and retain with the proparor brown above! Occ Hothucholis			103 110				

Form	1 990 (2023) THE RED BARN	45-2593191	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF THE RED BARN IS TO PROMOTE AND PROVIDE EQUENCIES TO LOW-INCOME INDIVIDUALS WITH DISABILITIES AND		D
	CIRCUMSTANCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		nd
4a	(Code:) (Expenses \$ 883, 262 • including grants of \$) (Revenue.	1e.\$ 54.	603.)
	THE RED BARN, INC. IS A NON-PROFIT ORGANIZATION INCORPORA		
	LAWS OF ALABAMA FOR THE PURPOSE OF PROMOTING AND SUPPORT:		
	EQUINE-ASSISTED ACTIVITIES TO LOW INCOME INDIVIDUALS OF A	ALL ABILITIES	S
	AND CIRCUMSTANCES, ESPECIALLY CHILDREN. THE ORGANIZATION	PROVIDES	
	WEEKLY RIDING LESSONS FOR CHILDREN WITH PHYSICAL, COGNIT		
	EMOTIONAL DISABILITIES AND SPECIAL CIRCUMSTANCES, SUCH AS		ε,
	ADOPTION, SOCIAL DELAYS, AND GRIEF AS WELL AS OCCUPATIONAL		
	USING HORSES. THE ORGANIZATION ALSO HOSTS TRADITIONAL DA		
	CHILDREN AND VETERANS AND HOSTS TRAINING SESSIONS FOR THO		
	INTERESTED IN IMPROVING HORSEMANSHIP SKILLS, BECOMING AN		OR
	FORMING AN AGENCY. THE ORGANIZATION IS FUNDED BY A COMBIN		
	CORPORATE AND INDIVIDUAL GRANTS AND DONATIONS, FUNDRAISING		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue.	ıe \$)
4c	(Code:) (Expenses \$	ue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 883,262.		
		Form 9	90 (2023)

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Form 990 (2023) THE RED BARN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			₩.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		_ _ _
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023) THE RED BARN

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ا
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> 30</u>	21	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	1

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Form 990 (2023) THE RED BARN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 45-2593191 Page 5

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 18								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	_								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		_		77					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 		X					
b			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	- .		х					
لم	to file Form 8282?	7d	7c		Λ					
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	-110	7e							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7f 7g							
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u> 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
sponsoring organization have excess business holdings at any time during the year?										
9 Sponsoring organizations maintaining donor advised funds.										
а	Did the agree with a second in the second se		9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
		100	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
-	excess parachute payment(s) during the year?		15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	rivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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Form 990 (2023) THE RED BARN 45-2593191 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b										
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JOY O'NEAL - 205-699-8204									
	2700 BAILEY RD SW, LEEDS, AL 35094									

Form 990 (2023) THE RED BARN 45-2593191 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					(D)	(F)		
Name and title	Average	(do	not c	Pos	ition	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai		II ecto	Tuus	100)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	n be		1099-NEC)	10001120,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ALEXIS BRASWELL	40.00									
VICE PRESIDENT & SECRETARY				Х				55,503.	0.	0.
(2) JOY O'NEAL	50.00									
PRESIDENT				Х				0.	0.	0.
(3) EMMET O'NEAL	10.00									
TREASURER				Х				0.	0.	0.
]								
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Form 990 (2023) THE RED BARN 45-2593191 Page 8

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗίς	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than o						Reportable	Reportable		Estimat	ed
. tamo ana tato	hours per					than c s both		compensation	compensation	າ	amount	
	week					r/trust		from	from related		othe	
	(list any	ctor						the	organizations		compens	
	hours for	Individual trustee or director				-B		organization (W-2/1099-		C/	from tl	ne
	related	tee or	ıstee			nsat		(W-2/1099-MISC/	1099-NEC)		organiza	tion
	organizations	trus	nal tru		yee	om pe		1099-NEC)			and rela	ted
	below	/idua	Institutional trustee	Je.	key employee	est c loyee	Jer				organizat	ions
	line)	İndi	Insti	Officer	Key	Highest compensated employee	Former					
										\Box		
										\neg		
			\vdash			Н				\dashv		
			\vdash			\vdash				\rightarrow		
		-										
										\dashv		
										_		
										\dashv		
1b Subtotal	•							55,503.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								55,503.		0.		0.
Total number of individuals (including but n												
compensation from the organization	ot iiriitea to tri	ose	IISLE	u ab	ove) WIII	o re	ceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	
O Did the committee list and former officer	-li t t t	1					ابد : حا			Г	100	110
3 Did the organization list any former officer,	*		•		•		•		•			v
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su	•							•	•			37
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	•				•			· ·				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	pers	on .				<u></u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	ensati	ion from	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith c	or wit	<u>hin</u>		ear.			
(A)				_				(B)		_	(C)	
Name and business	address	NC	ONE	<u>; </u>			_	Description of s	ervices		ompensation	on
							+		+			
							\dashv					
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organization	zation				0)						

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THE RED BARN

Form 990 (2023) THE RED
Part VIII Statement of Revenue

		Check if Schedule O	onta	ains a respons	se or	e in this Part VIII				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 :	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
2 5		Fundraising events								
ifts ar A				1d						
nii,G	,	e Government grants (contri								
Šiš	1	f All other contributions, gifts,								
her i		similar amounts not included			8	300,379.				
Ē	,	Noncash contributions included in I				15,020.				
a S	ı	h Total. Add lines 1a-1f					800,379.			
						Business Code				
g.	2 :	PROGRAM SERVI	CE	FEES		324100	29,136.	29,136.		
Š	ı	b								
Se		c								
Program Service Revenue		d								
g E	(e								
Ā	1	All other program service i	ever	nue	[
		g Total. Add lines 2a-2f					29,136.			
	3	Investment income (includ	ing o	dividends, int	erest	t, and				
		other similar amounts)				26,961.	25,467.		1,494.	
	4	Income from investment o	f tax	exempt bond	d pro	oceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6	a Gross rents	6a							
	ı	Less: rental expenses	6b							
	•	Rental income or (loss)	6с							
		d Net rental income or (loss)								
	7 :	a Gross amount from sales of		(i) Securitie	S	(ii) Other				
		assets other than inventory	7a							
_	١	b Less: cost or other basis								
ther Revenue		and sales expenses	7b							
e e		Gain or (loss)	7с							
Ä		d Net gain or (loss)			<u>-</u>					
‡	8	a Gross income from fundraisin	•	` . I						
0		including \$								
		contributions reported on		' I	0-	48,915.				
		Part IV, line 18			8a 8b	10,931.				
		Net income or (loss) from the				10,331.	37,984.			37,984.
		a Gross income from gamin		· · ·	Ï		37,304			37,304.
	9 (Part IV, line 19		I	9a	l				
		Less: direct expenses		I	9b					
		Net income or (loss) from			0.0					
		Gross sales of inventory, le	-	·	T					
		and allowances		I	10a					
	ı	Less: cost of goods sold		I	10b					
		Net income or (loss) from								
		,:, :: 2111 ·		1		Business Code				
sno	11 :	a								
ane		<u> </u>								
Miscellaneous Revenue		c								
Alisc B		d All other revenue								
2		e Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ns				894,460.	54,603.	0.	39,478.

332009 12-21-23

Form 990 (2023) THE RED BARN Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	467,453.	387,986.	37,396.	42,071.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	54 540			
9	Other employee benefits	74,718. 149,186.	62,016.	5,977. 11,935.	6,725.
10	Payroll taxes	149,186.	123,824.	11,935.	13,427.
11	Fees for services (nonemployees):				
а	Management	4 026		4 026	
b	Legal	4,936. 34,676.		4,936.	
C	Accounting	34,070.		34,676.	
d	Lobbying	480.			480.
e	Professional fundraising services. See Part IV, line 17	400.			400.
Τ	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,111.	1,111.		
13	Office expenses	50,828.	40,051.	4,958.	5,819.
14	Information technology			·	•
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,871.	7,363.	710.	798.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40.000	20.040		1 710
23	Insurance	40,209.	32,942.	5,557.	1,710.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) HORSE CARE	126,251.	126,251.	0.	0.
a b	REPAIR AND MAINTENANCE	67,103.	55,696.	5,368.	6,039.
_	POSTAGE AND PRINTING	27,766.	3,610.	0.	24,156.
c d	PROFESSIONAL DEVELOPMEN	20,612.	16,902.	3,504.	206.
	All other expenses	41,690.	25,510.	4,528.	11,652.
25	Total functional expenses. Add lines 1 through 24e	1,115,890.	883,262.	119,545.	113,083.
26	Joint costs. Complete this line only if the organization	_,,	,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2222)

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THE RED BARN

Form 990 (2023) Part X Balance Sheet

Par	τλ	Balance Sneet					
		Check if Schedule O contains a response or	note to any	/ line in this Part XI		·····	(5)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			264,795.		308,694
	2	Savings and temporary cash investments		45,350.	2	25,320	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	nese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			11,199.	9	11,781
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		80,000.	_		
	b	Less: accumulated depreciation		80,000.	0.	10c	0
	11	Investments - publicly traded securities	4.5	11			
	12	Investments - other securities. See Part IV, lin	47.	12	50		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		052 055	14		
	15	Other assets. See Part IV, line 11			253,055.	15	2.45 0.45
	16	Total assets. Add lines 1 through 15 (must e			574,446.		345,845
	17	Accounts payable and accrued expenses			18,957.		19,523
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Ĭ		trustee, key employee, creator or founder, su				00	
Liabilities	00	controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line.)					
		of Schedule D	ŕ	· ·	309,149.	25	301,414
	26	Total liabilities. Add lines 17 through 25		·····	328,106.		320,937
	20	Organizations that follow FASB ASC 958, or			320,1000	20	320,337
န္မ		and complete lines 27, 28, 32, and 33.	TICOK TICIC	, <u></u>			
Š	27				246,340.	27	24,908
3919	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC					
Ĭ		and complete lines 29 through 33.					
<u>ه</u> ا	29	Capital stock or trust principal, or current fun	ds			29	
ers	30	Paid-in or capital surplus, or land, building, or				30	
ASS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			246,340.	32	24,908
_	33	Total liabilities and net assets/fund balances			574,446.	33	345,845
					, , ,	1	Form 990 (202

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,11 -22					
3	Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-2.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2	4,9	08.			
Pa	rt XII Financial Statements and Reporting			-				
	Check if Schedule O contains a response or note to any line in this Part XII							
	•			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number THE RED BARN 45-2593191

Pa	art I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)		
1	$\overline{\Box}$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in sect	*				<i>K-K T</i>	
3	Ħ	A hospital or a cooperative		:		V6V1VAVii	ii\	
4	H	A medical research organiz						the hospital's name
-	ш	· · ·	ation operated in col	njunotion with a nospital	acsonbca	iii Sectio	11 17 0(D)(1)(A)(III). Enter	the nospital s hame,
_		city, and state:						ad :
5		An organization operated for		liege or university owned	or operat	ed by a go	overnmental unit describe	ea in
		section 170(b)(1)(A)(iv).	•					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X							
		section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. an	d aross receipts from
		activities related to its exem						
		income and unrelated busin		•	` '		• •	· ·
		See section 509(a)(2). (Con		(1033 300tion on tax) inc	nn basines	soco acqui	red by the organization a	inter durie do, 1373.
44				ivaly to toot for public co	foty Coo	coation E(20(0)(4)	
11	H	An organization organized a						numacos of one or
12		An organization organized a	•	•	•		•	
		more publicly supported or	-					check the box on
		lines 12a through 12d that	* *			-	· · · · · ·	
a	ı		· · · · · · · · · · · · · · · · · · ·	·	•	-		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		_ organization. You must o	complete Part IV, Se	ections A and B.				
k	,	Type II. A supporting org	anization supervised	I or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.	
c	i 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	guirement and an attenti	/eness
		requirement (see instructi	-		•		•	
e		Check this box if the orga	-	-				
-		functionally integrated, or					., , , , , , , , , , , , , , , , , , ,	
1	Ente	er the number of supported of	• •	nany integrated capperti	ng organiz	ation.		
		vide the following information		ed organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount of monetary	(vi) Amount of other
		organization	. ,	(described on lines 1-10	Yes	ing document?	support (see instructions)	support (see instructions)
_				above (see instructions))	res	No		
T-4	-1						I	i .

332021 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	848,706.	918,645.	999,422.	766,722.	800,379.	4333874.
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	848,706.	918,645.	999,422.	766,722.	800,379.	4333874.
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)						1849479.
6	Public support. Subtract line 5 from line 4.						2484395.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	848,706.	918,645.	999,422.	766,722.	800,379.	4333874.
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						4333874.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	385,603.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	57 . 33 %
15	Public support percentage from 2022	Schedule A, Part	I, line 14			15	51.62 %
16a	33 1/3% support test - 2023. If the	organization 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 suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
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	s
							(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- 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		
2		
За		
- Ou		
3b		
3с		
4a		
4b		
4c		
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5a		
5b		
5c		
6		
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9a		
9b		
36		
9с		
33		
10a		
10b		
ule A (Forn	n 990)	2023

Pa	Triv 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		\vdash
	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			
<u>Sac</u>	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations		V	N ₂
	Did the accoming hady members of the accoming hady officers acting in their official conscity as membership of one or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		`		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	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		

2025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	8	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7		annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which th	e organization is responsive			
		de details in Part VI). See instructions.			8	
9	7	outable amount for 2023 from Section C, line 6			9	
10		amount divided by line 9 amount			10	
		,	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distrib	outable amount for 2023 from Section C, line 6				
2	Unde	distributions, if any, for years prior to 2023 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2023				
а	From	2018				
b	From	2019				
С	From	2020				
d	From	2021				
е	From	2022				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2023 distributable amount				
i	Carry	over from 2018 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2023 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2023 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2023, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	ero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2023. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2024. Add lines 3j				
	and 4	-				
8		down of line 7:				
		s from 2019				
		s from 2020				
		s from 2021				
		s from 2022				
		s from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Organization type (check one):

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE RED BARN

45-2593191

Filers of:	Section:					
Form 990 or 990-E	Z X 501(c)(3) (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					
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
deneral ridio						
	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	pecial Rules					
sections s	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 org	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one					
contribute	or, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,					
literary, o	r educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering					
"N/A" in o	column (b) instead of the contributor name and address), II, and III.					
year, con is checke purpose.	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 organ	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must					
	art 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 mee	it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

THE RED BARN 45-2593191 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 EMMET AND JOY O'NEAL X Person **Payroll** 2500 MOUNTAIN BROOK PARKWAY 251,905. Noncash (Complete Part II for BIRMINGHAM, AL 35223 noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 SUZANNE AND MIKE GRAHAM X Person **Payroll** 9 WEST MONTCREST DRIVE 65,500. Noncash (Complete Part II for BIRMINGHAM, AL 35213 noncash contributions.) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 COLLEEN AND SHAY SAMPLES X Person **Payroll** 2606 CALDWELL MILL LANE 20,000. Noncash (Complete Part II for BIRMINGHAM, AL 35243 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

THE RED BARN

45-2593191

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) (2023) Page **4**

Name of organization **Employer identification number** THE RED BARN 45-2593191 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE RED BARN

Employer identification number 45-2593191

organization answered "Yes" on Form 990, Part IV, line 6.				
	and other accounts			
	and other accounts			
1 Total number at end of year				
2 Aggregate value of contributions to (during year)				
3 Aggregate value of grants from (during year)				
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds				
are the organization's property, subject to the organization's exclusive legal control?	Yes No			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140			
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring				
impermissible private benefit?	Yes No			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.				
1 Purpose(s) of conservation easements held by the organization (check all that apply).				
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area			
Protection of natural habitat Preservation of a certified histori	ric structure			
Preservation of open space				
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation				
day of the tax year.	eld at the End of the Tax Year			
a Total number of conservation easements 2a				
b Total acreage restricted by conservation easements 2b				
c Number of conservation easements on a certified historic structure included on line 2a 2c				
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not				
on a historic structure listed in the National Register				
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax			
year				
Number of states where property subject to conservation easement is located				
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No			
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—			
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering economication eacemen	onto during the your			
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year			
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)				
and section 170(h)(4)(B)(ii)?	Yes No			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the			
organization's accounting for conservation easements.				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet				
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic			
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor				
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,			
provide the following amounts relating to these items.				
(i) Revenue included on Form 990, Part VIII, line 1				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
the following amounts required to be reported under FASB ASC 958 relating to these items:				
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 				
	chedule D (Form 990) 2023			

D	1 emanent endownent
С	Term endowment%
	The percentages on lines 2a, 2b, and 2c should equal 100%.
3а	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by:
	(i) Unrelated organizations?
	(ii) Related organizations?
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a(i) 3a(ii)

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		80,000.	80,000.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	0.			

Schedule D (Form 990) 2023

h

С

Schedule D (Form 990) 2023 THE RED BAR	45-2593191 _{Page} 3		
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	<i>I (B</i>))		
Part X Other Liabilities	(5))		l
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) NOTE PAYABLE - EIDL LOAN			301,414.
(3)			,
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

301,414.

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	dule D (Form 990) 2023 THE RED BARN		43-2333131	Page 🕶
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	. 4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
· -	I VIII A			

| Part XIII | Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ACCORDANCE WITH THE IRC REGULATIONS, THE ORGANIZATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO ITS TAX EXEMPT PURPOSE. THE ORGANIZATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE ORGANIZATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS EVALUATED ALL OF ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2023.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
THE RED						45-2593	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicitar f Solicitar g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
THE BETTER FUNDRAISING		Yes	No				
COMPANY - PO BOX 1563,	FUNDRAISING CONSULTING		Х	0.		480.	-480.
Total						480.	-480.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

Pa	rt I					
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1 LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	48,915.			48,915.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	48,915.			48,915.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs	0.			
Direct Expenses	7	Food and beverages	8,023.			8,023.
	8	Entertainment				
	9	Other direct expenses				2,908.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			10,931.
		Net income summary. Subtract line 10 from li	•			37,984.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ι	(I-) Dull tabe/instant	<u> </u>	(d) Total coming (odd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
33208	2 09	-13-23			Sche	edule G (Form 990) 2023

Schedule G (Form 990) 2023 THE RED BARN	45-2593191 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
COURDING C DARM T ITHE OR ITCM OF MEN UTCHECK DATA FINDRAT	·cebc.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	. SEND :
/->	
(I) NAME OF FUNDRAISER: THE BETTER FUNDRAISING COMPANY	
(I) ADDRESS OF FUNDRAISER: PO BOX 1563, EDMONDS, WA 98020	
(1) ADDRESS OF FUNDRAISER: PO BOX 1563, EDMONDS, WA 98020	
PART I, LINE 2B, COLUMN (V):	
IN MAY 2019, THE BETTER FUNDRAISING COMPANY, WAS HIRED TO ASS	SIST THE RED
DADY HVDI OVERG DIDEGROOG AND MOLITARIDES DE DOMINIO DE CONTRESE D	.T
BARN EMPLOYEES, DIRECTORS, AND VOLUNTEERS BY PROVIDING THEM WITH PROFESSIONAL FUNDRAISING CONSULTING SERVICES. THESE SERVICES	

Schedule G (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

THE RED BARN

Employer identification number 45 – 2593191

THE RED DAM
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISABILITIES OR SPECIAL CIRCUMSTANCES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM FEES.
FORM 990, PART VI, SECTION A, LINE 2:
JOY O'NEAL AND EMMET O'NEAL ARE MARRIED TO ONE ANOTHER. ALEXIS BRASWELL IS
A DAUGHTER OF JOY O'NEAL.
FORM 990, PART VI, SECTION B, LINE 11B:
REFER TO LINE 12C
FORM 990, PART VI, SECTION B, LINE 12C:
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 15:
WAGES FOR EMPLOYEES ARE DETERMINED BY INDUSTRIAL STANDARDS OF THE TWO
ACCREDITING AGENCIES - PROFESSIONAL ASSOCIATIONS OF THERAPEUTIC
HORSEMANSHIP (PATH) AND THE CERTIFIED HORSEMANSHIP ASSOCIATION (CHA).
FORM 990, PART VI, SECTION C, LINE 19:
REFER TO LINE 12C

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990) 2023

Name of the organization	THE RED	BARN		Employer identification number 45-2593191
ROUNDING				-2.