

Return of Organization Exempt From Income Tax

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization LIVING GRACE CANINE RANCH
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
723 W University Ave Ste 110 142
City or town, state or province, country, and ZIP or foreign postal code
Georgetown, TX 78626
F Name and address of principal officer: Michael Beecher
109 Kathi Ln, Georgetown, TX 78628

D Employer identification number 84-4824464
E Telephone number 512-940-1183
G Gross receipts \$ 771,592

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: livinggracecanineranch.org

K Form of organization: Corporation Trust Association Other LLC
L Year of formation: 2020
M State of legal domicile: TX

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes financial data for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Michael Beecher, Treasurer, Date, Type or print name and title

Paid Preparer Use Only: Preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No