

EXTENDED TO JULY 15, 2026

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2024Department 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.Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **SEP 1, 2024** and ending **AUG 31, 2025****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**LAST CHANCE RANCH, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 1009

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

QUAKERTOWN, PA 18951**F** Name and address of principal officer: **ARLENE BRENNAN****SAME AS C ABOVE****D** Employer identification number**23-3054817****E** Telephone number**2155382510****G** Gross receipts \$ **2,199,851.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **LASTCHANCERANCH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1999** **M** State of legal domicile: **PA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION SERVES AS A RESCUE FOR EQUINES AND OTHER ANIMALS THAT ARE RESCUED FROM		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	28	
	6	Total number of volunteers (estimate if necessary)	150	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,520.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,093,418.	Current Year 1,475,885.
	9	Program service revenue (Part VIII, line 2g)	226,385.	220,709.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,797.	15,708.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,739.	131,177.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,469,339.	1,843,479.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	411,185.	461,147.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	26,116.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	794,299.	897,489.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,205,484.	1,358,636.
	19	Revenue less expenses. Subtract line 18 from line 12	263,855.	484,843.
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,593,235.	End of Year 3,076,969.
	21	Total liabilities (Part X, line 26)	2,863.	1,754.
22	Net assets or fund balances. Subtract line 21 from line 20	2,590,372.	3,075,215.	

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		Date		
	ARLENE BRENNAN, TREASURER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	DONALD J PIERCE CPA				P00635740
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MAILLIE LLP	23-1518888		(610) 935-1420	
	Firm's address				
	500 NORTH LEWIS RD				
	LIMERICK, PA 19468				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24

Form **990** (2024)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE ORGANIZATION SERVES AS A TEMPORARY RESCUE FOR EQUINES AND OTHER ANIMALS THAT ARE RESCUED FROM MISTREATMENT. WE PROVIDE CARE AND EVENTUAL ADOPTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 964,258. including grants of \$) (Revenue \$ 220,709.)
RESCUE AND REHABILITATION OF EQUINE, COMPANION & SMALL FARM ANIMALS.
THE ORGANIZATION PROVIDES A SAFE AND SECURE REFUGE FOR ABUSED, UNWANTED AND MISTREATED ANIMALS. WE REHABILITATE THE PHYSICAL AND PSYCHOLOGICAL ISSUES OF RESCUED ANIMALS AND PLACE THEM IN NEW HOMES WHERE THEY WILL RECEIVE THE ATTENTION THEY DESERVE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 964,258.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c 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		X
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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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		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		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 Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	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 28		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	N/A	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 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:		
a Gross income from members or shareholders N/A 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		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17		
If "Yes," complete Form 6069.		

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**Section A. Governing Body and Management**

	1a	1b	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.	7			
b Enter the number of voting members included on line 1a, above, who are independent		4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
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 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section 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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA, NJ, NY, CA, FL, MD

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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ 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 financial 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
ARLENE BRENNAN - TREASURER - 215-538-2510
10 BECK ROAD, QUAKERTOWN, PA 18951

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

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

47132 1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	22,014.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,453,871.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 191,716.			
	h	Total. Add lines 1a-1f		1,475,885.			
Program Service Revenue	2 a	ADOPTION FEES	Business Code	812910	148,528.	148,528.	
	b	EDUCATIONAL PROGRAMS		812910	72,181.	72,181.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		220,709.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,099.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 22,014. of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	5.		5.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		5.			
	12	Total revenue. See instructions		1,843,479.	220,709.	2,520.	144,365.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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	97,097.	43,619.	53,478.	
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	320,676.	263,841.	35,968.	20,867.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,661.	3,064.	4,597.	
10 Payroll taxes	35,713.	23,985.	9,562.	2,166.
11 Fees for services (nonemployees):				
a Management				
b Legal	162,070.		162,070.	
c Accounting	20,185.		20,185.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,792.		4,792.	
12 Advertising and promotion	11,478.	11,478.		
13 Office expenses	50,510.		50,510.	
14 Information technology				
15 Royalties				
16 Occupancy	128,074.	115,140.	12,934.	
17 Travel	13,844.	13,844.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,730.	3,730.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,469.	58,469.		
23 Insurance	70,830.	56,664.	14,166.	
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 O.)				
a ANIMAL HEALTH CARE	210,784.	210,784.		
b FEED AND GRAIN	77,476.	77,476.		
c RANCH MAINTENANCE AND U	66,978.	66,978.		
d KENNEL AND SMALL ANIMAL	9,460.	9,460.		
e All other expenses	8,809.	5,726.		3,083.
25 Total functional expenses. Add lines 1 through 24e	1,358,636.	964,258.	368,262.	26,116.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	36,887.	1	670,506.
	2 Savings and temporary cash investments	577,324.	2	408,867.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,000.	8	17,000.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,936,449.		
	b Less: accumulated depreciation	10b 963,532.	1,953,082.	10c 1,972,917.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,942.	15	7,679.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,593,235.	16	3,076,969.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,863.	25	1,754.
	26 Total liabilities. Add lines 17 through 25	2,863.	26	1,754.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		2,590,372.	27	2,547,610.
28 Net assets with donor restrictions			28	527,605.
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		2,590,372.	32	3,075,215.
33 Total liabilities and net assets/fund balances		2,593,235.	33	3,076,969.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,843,479.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,358,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	484,843.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,590,372.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,075,215.

Part XII Financial Statements and ReportingCheck 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 ☐ Accrual ☒ Other SEE SCH O		
	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?		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c	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?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

LAST CHANCE RANCH, INC.

Employer identification number

23-3054817

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990) 2024

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	615,303.	779,812.	662,449.	1,093,418.	1,475,885.	4,626,867.
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	292,632.	293,440.	276,909.	226,385.	220,709.	1,310,075.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	907,935.	1,073,252.	939,358.	1,319,803.	1,696,594.	5,936,942.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						5,936,942.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	907,935.	1,073,252.	939,358.	1,319,803.	1,696,594.	5,936,942.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,912.	3,616.	12,274.	34,160.	16,099.	73,061.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,912.	3,616.	12,274.	34,160.	16,099.	73,061.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			274.	39.	5.	318.
13 Total support. (Add lines 9, 10c, 11, and 12.)	914,847.	1,076,868.	951,906.	1,354,002.	1,712,698.	6,010,321.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	98.78 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	1.22 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.79 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a 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?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Supplemental information area with horizontal lines for text entry.

SCHEDULE D

(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

LAST CHANCE RANCH, INC.

Employer identification number
23-3054817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 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 important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic 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 easement on the last day of the tax year.

	Held 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	

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	\$	

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition d ☐ Loan or exchange program
b ☐ Scholarly research e ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a 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? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI 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		848,675.		848,675.
b Buildings		1,584,522.	541,775.	1,042,747.
c Leasehold improvements		483,205.	421,757.	61,448.
d Equipment		20,047.		20,047.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,972,917.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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 11d. 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, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALES TAX PAYABLE	661.
(3) OTHER PAYABLE	735.
(4) EMPLOYEE HEALTH INS WITHHELD	358.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	
	1,754.

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

Schedule D (Form 990) (Rev. 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements 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	1,938,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	95,119.
e	Add lines 2a through 2d	2e	95,119.
3	Subtract line 2e from line 1	3	1,843,479.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,843,479.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,453,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	95,119.
e	Add lines 2a through 2d	2e	95,119.
3	Subtract line 2e from line 1	3	1,358,636.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,358,636.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE	55,665.
COGS - INVENTORY SOLD	33,283.
GAMING DIRECT EXPENSE	6,171.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	95,119.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE	55,665.
COGS - INVENTORY SOLD	33,283.
GAMING DIRECT EXPENSE	6,171.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	95,119.

Part XIII Supplemental Information *(continued)*

(This area is for supplemental information. It is not to be used for line items.)

(Leave blank.)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

LAST CHANCE RANCH, INC.

Employer identification number	23-3054817
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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.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of nongovernment grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- ☐
- Yes

☐ No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]**Total**

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	RABIES CLINIC (event type)	3 (total number)	
Revenue	1 Gross receipts	89,967.	23,083.	23,546.	136,596.
	2 Less: Contributions	20,030.		1,984.	22,014.
	3 Gross income (line 1 minus line 2)	69,937.	23,083.	21,562.	114,582.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,024.	5,097.	3,712.	38,833.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				38,833.
	11 Net income summary. Subtract line 10 from line 3, column (d)				75,749.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	37,858.		4,942.	42,800.
	2 Cash prizes	1,500.			1,500.
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	4,671.			4,671.
	6 Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				6,171.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				36,629.

9 Enter the state(s) in which the organization conducts gaming activities: PAa Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

14. Do you ever conduct coming 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	.00 %
b An outside facility	13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name JACKIE BURKE

Address 10 BECK ROAD - QUAKERTOWN, PA 18951

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 retained by the third party \$ _____

c If "Yes," enter the 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 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.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

LAST CHANCE RANCH, INC.

Employer identification number
23-3054817

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	112,193.	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (DONATED PET AND)	X	1	79,523.	THRIFT SHOP VALUE
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2024

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REFERS TO THE TYPE OF CONTRIBUTION
RECEIVED BY THE ORGANIZATION.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LAST CHANCE RANCH, INC.

Employer identification number
23-3054817

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MISTREATMENT. THEY PROVIDE CARE AND EVENTUAL ADOPTION.

FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT CLEARLY
OUTLINES WHAT CONSTITUTES A CONFLICT OF INTEREST. THE ORGANIZATION HAS
IMPLEMENTED SYSTEMS FOR MONITORING AND ENFORCING THIS POLICY. THE
ORGANIZATION DISCLOSES THIS POLICY TO ALL EMPLOYEES, EDUCATES EMPLOYEES ON
THE POLICY AND HOLDS EMPLOYEES ACCOUNTABLE TO COMPLY WITH THE CONFLICT OF
INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:
SALARIES SET BY THE BOARD WITH A REVIEW OF COMPARABLE INDUSTRY DATA

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AND FINANCIAL INFORMATION
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 1:
THERE HAS BEEN NO CHANGE FROM PRIOR YEAR.

FORM 990, PART XII, LINE 2C:
THERE HAS BEEN NO CHANGE FROM PRIOR YEAR.

[illegible]

A
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DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Section 602 Annual Limitation		Section 602 Carryover							
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Ar Us _____
2015	1,158.								
2016	1,852.								
2017	7,307.								

A
B
C
D
E
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[illegible]

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning SEP 1, 2024, and ending AUG 31, 2025**2024**Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

LAST CHANCE RANCH, INC.

EIN or SSN

23-3054817Name and title of officer or person subject to tax **ARLENE BRENNAN
TREASURER****Part I Type of Return and Return Information**

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

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

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **MAILLIE LLP**

ERO firm name

to enter my PIN **02018**Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Arlene Brennan*Date **06/23/2026****Part III Certification and Authentication**

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

23556602018

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Arlene Brennan*Date **06/23/2026****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2024)

EXTENDED TO JULY 15, 2026

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024For calendar year 2024 or other tax year beginning SEP 1, 2024 and ending AUG 31, 2025Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A ☒ Check box if address changed.		Name of organization (☐ Check box if name changed and see instructions.)		D Employer identification number	
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A		Print or Type LAST CHANCE RANCH, INC. Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1009 City or town, state or province, country, and ZIP or foreign postal code QUAKERTOWN, PA 18951		E Group exemption number (see instructions)	
C Book value of all assets at end of year		1,972,917.		F ☐ Check box if an amended return.	
G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity					

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐	
J Enter the number of attached Schedules A (Form 990-T) <u>1</u>	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation	
L The books are in care of <u>ARLENE BRENNAN - TREASURER</u> Telephone number <u>215-538-2510</u>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	0.
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a	
b Amount due from Form 8611	3b	
c Amount due from Form 8697	3c	
d Amount due from Form 8866	3d	
e Other amounts due (see instructions)	3e	
f Total amounts due. Add lines 3a through 3e	3f	0.
4 Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.

LHA For Paperwork Reduction Act Notice, see instructions. 423701 01-30-25

Form 990-T (2024)

43

15520622 759479 47132

2024.06000 LAST CHANCE RANCH, INC.

47132__1

Part III Tax and Payments (continued)

5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6 a Payments: Preceding year's overpayment credited to the current year	6a		
b Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Elective payment election amount from Form 3800	6g		
h Payment from Form 2439	6h		
i Credit from Form 4136	6i		
j Other (see instructions)	6j		
7 Total payments. Add lines 6a through 6j		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
If "Yes," see instructions for other forms the organization may have to file.		
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ <u>10,317.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
445200	\$ 34,780.	
	\$	
	\$	
	\$	
6 a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	TREASURER	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	DONALD J PIERCE CPA				P00635740
	Firm's name MAILLIE LLP	Firm's EIN 23-1518888			
	Firm's address 500 NORTH LEWIS RD LIMERICK, PA 19468			Phone no. (610) 935-1420	

Form 990-T (2024)

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT

1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/16	1,158.	0.	1,158.	1,158.
08/31/17	1,852.	0.	1,852.	1,852.
08/31/18	7,307.	0.	7,307.	7,307.
NOL CARRYOVER AVAILABLE THIS YEAR			10,317.	10,317.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization LAST CHANCE RANCH, INC.	B Employer identification number 23-3054817
C Unrelated business activity code (see instructions) 445200	D Sequence: 1 of 1

E Describe the unrelated trade or business **RETAIL SALES OF SMALL ANIMAL FOOD AND SUPPLIE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 35,803.			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		2,520.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	2,520.	2,520.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	8,114.
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) SEE STATEMENT 2			14	740.
15 Total deductions. Add lines 1 through 14			15	8,854.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-6,334.
17 Deduction for net operating loss. See instructions			17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16			18	-6,334.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

N/A

1	Inventory at beginning of year	1	0.
2	Purchases	2	33,283.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	33,283.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	33,283.
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☒ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Schedule A (Form 990-T) 2024

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
			0.	0.

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	0.			0.

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	2	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5	
5	Gross income from activity that is not unrelated business income	6	
6	Expenses attributable to income entered on line 5	7	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12		

Schedule A (Form 990-T) 2024

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

A	B	C	D

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Page 11, column (B) 0.

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
UTILITIES	740.
TOTAL TO SCHEDULE A, PART II, LINE 14	740.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S BUSINESS ACTIVITY	UNRELATED	STATEMENT	3
--------------------------	--	-----------	-----------	---

RETAIL SALES OF SMALL ANIMAL FOOD AND SUPPLIES
TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT	4
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/19	10,404.	0.	10,404.	10,404.
08/31/20	3,016.	0.	3,016.	3,016.
08/31/21	2,188.	0.	2,188.	2,188.
08/31/22	8,352.	0.	8,352.	8,352.
08/31/23	10,820.	0.	10,820.	10,820.
NOL CARRYOVER AVAILABLE THIS YEAR			34,780.	34,780.

Depreciation and Amortization

(Including Information on Listed Property)

990

OMB No. 1545-0172

2024

Attachment
Sequence No. 179

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LAST CHANCE RANCH, INC.

FORM 990 PAGE 10

23-3054817

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	316.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A	
17	MACRS deductions for assets placed in service in tax years beginning before 2024
17	57,086.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		5,977.	7 YRS.	MQ	200DB	1,067.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	58,469.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Alternative Minimum Tax-Corporations

OMB No. 1545-0123

2024

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation	Employer identification number (EIN)
LAST CHANCE RANCH, INC.	23-3054817

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5		6	
7 3-year average annual AFSI (see instructions)		7	

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)

- 8** Is line 7 more than \$1 billion?
☐ **Yes.** Continue to line 9.
☐ **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
☐ **Yes.** Continue to line 10.
☐ **No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15

- 16** Is line 15 \$100 million or more?
☐ **Yes.** Continue to Part II.
☐ **No.** STOP here. Attach to your tax return.

Form **4626** (2024)

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-7,334.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-7,334.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-7,334.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit**Section I - CAMT Foreign Tax Credit**

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g		2	
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c		3d	
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)		3g	
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)		3h	
4	CAMT FTC Line 4 - Reserved for future use		4	
5	CAMT FTC Line 5 - Reserved for future use		5	
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8		6	

Form **4626** (2024)

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FEDERAL INFORMATIONAL FORMS

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	STORAGE SHED	11/09/11	200DB	7.00		HV17	2,020.				2,020.	2,020.		0.	2,020.
2	HORSE FEEDERS	12/01/11	200DB	7.00		HV17	9,845.				9,845.	9,845.		0.	9,845.
3	EQUINE RUN-INS	12/22/11	200DB	7.00		HV17	3,605.				3,605.	3,605.		0.	3,605.
4	KENNEL ROOF	03/20/12	150DB	15.00		HV17	14,000.				14,000.	11,932.		826.	12,758.
6	RANCH IMPROVEMENTS	11/01/07	200DB	7.00		HV17	1,984.				1,984.	1,984.		0.	1,984.
8	KENNELS	01/01/08	200DB	7.00		HV17	9,554.				9,554.	9,554.		0.	9,554.
10	BARN SHED	01/31/08	200DB	7.00		HV17	8,905.				8,905.	8,905.		0.	8,905.
12	EQUINE RUN-INS	05/01/08	200DB	7.00		HV17	3,390.				3,390.	3,390.		0.	3,390.
14	KENNELS	02/01/09	200DB	7.00		HV17	2,615.				2,615.	2,615.		0.	2,615.
18	KENNELS	10/01/10	SL	39.00		MM17	412,346.				412,346.	146,700.		10,573.	157,273.
19	KENNEL FENCING	10/30/10	200DB	7.00		HV17	1,541.				1,541.	1,541.		0.	1,541.
20	BARN DOORS	02/04/11	200DB	7.00		HV17	2,014.				2,014.	2,014.		0.	2,014.
21	SMALL ANIMAL CAGES	04/08/11	200DB	7.00		HV17	3,641.				3,641.	3,548.		0.	3,548.
22	GRAIN SILO	05/06/11	200DB	7.00		HV17	2,671.				2,671.	2,603.		0.	2,603.
23	HORSE FEEDERS	06/08/11	200DB	7.00		HV17	7,870.				7,870.	7,267.		0.	7,267.
27	GAZEBO	09/19/12	200DB	7.00		HV17	2,700.				2,700.	2,700.		0.	2,700.
28	AGRICULTURAL EXPANSION	08/28/13	150DB	15.00		HV17	1,500.				1,500.	1,193.		89.	1,282.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	16 X 30 RUN INS	09/26/13	200DB	7.00		MQ17	11,070.				11,070.	11,070.		0.	11,070.
30	BARN ROOF	07/25/14	150DB	15.00		MQ17	14,538.				14,538.	10,353.		859.	11,212.
45	ARENA, KENNEL ADDITION, CONF ROOMS	02/15/16	SL	39.00		MM17	840,405.				840,405.	184,074.		21,548.	205,622.
46	ARENA, KENNEL ADDITION, CONF ROOMS	04/21/17	SL	39.00		MM17	76,850.				76,850.	14,530.		1,970.	16,500.
47	KENNELS	04/21/17	SL	39.00		MM17	11,872.				11,872.	2,242.		304.	2,546.
49	ARENA, KENNEL ADDITION, CONF ROOMS	08/02/17	SL	39.00		MM17	25,000.				25,000.	4,514.		641.	5,155.
54	LAND IMPROVEMENTS	10/05/16	150DB	15.00		HV17	24,000.				24,000.	13,370.		1,418.	14,788.
58	ARENA, KENNEL ADDITION, CONF ROOMS	02/28/18	SL	39.00		MM17	65,000.				65,000.	10,906.		1,667.	12,573.
59	KENNEL FLOOR FLOORING	01/16/18	200DB	7.00		HV17	25,289.				25,289.	24,161.		1,128.	25,289.
62	CONVERSION GROOMING RM TO ISOLATION RM	08/09/19	SL	39.00		MM17	13,725.				13,725.	1,775.		352.	2,127.
63	KENNEL COVERS, FENCING	03/25/19	150DB	15.00		HV17	15,000.				15,000.	6,588.		885.	7,473.
71	KENNEL ADDITION WORK	01/21/20	SL	39.00		MM17	1,180.				1,180.	139.		30.	169.
76	KENNEL CAGES	01/27/21	200DB	7.00		HV17	4,526.				4,526.	3,112.		404.	3,516.
77	THRIFT SHOP FLOORING	11/11/20	200DB	7.00		HV17	8,000.				8,000.	5,500.		714.	6,214.
87	FLOORING INSTALLATION	01/21/25	200DB	7.00		MQ19C	5,977.				5,977.			1,067.	1,067.
	* 990 PAGE 10 TOTAL BUILDINGS						1,632,633.				1,632,633.	513,750.		44,475.	558,225.
5	FENCING	07/13/12	200DB	7.00		HV17	935.				935.	935.		0.	935.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	WELL DRILLING	12/01/07	200DB	7.00		HY17	4,982.				4,982.	4,982.		0.	4,982.
9	FENCING	01/01/08	200DB	7.00		HY17	60,809.				60,809.	60,809.		0.	60,809.
15	FENCING 2009	04/01/09	200DB	7.00		HY17	25,717.				25,717.	25,717.		0.	25,717.
17	FENCING 2010	08/27/10	200DB	7.00		HY17	4,717.				4,717.	4,458.		0.	4,458.
25	GENERATOR	11/23/12	200DB	7.00		HY17	9,650.				9,650.	9,650.		0.	9,650.
26	FENCING	01/24/13	200DB	7.00		HY17	9,503.				9,503.	9,503.		0.	9,503.
32	FENCING	06/16/14	200DB	7.00		MQ17	1,427.				1,427.	1,427.		0.	1,427.
36	(D) STORE FIXTURES	10/29/14	200DB	7.00		HY17	1,705.				1,705.	1,705.		0.	1,705.
38	2-2000 GAL HOLDING TANKS	02/08/16	150DB	15.00		HY17	5,800.				5,800.	3,574.		342.	3,916.
39	(D) THRIFT STORE FIXTURES	02/26/16	200DB	7.00		HY17	808.				808.	808.		0.	808.
40	GROOMING ROOM FIXTURES	08/12/16	200DB	7.00		HY17	3,028.				3,028.	3,028.		0.	3,028.
41	HORSE SLING	02/24/16	200DB	7.00		HY17	5,021.				5,021.	5,021.		0.	5,021.
42	RIDING ARENA GROOMER	01/08/16	200DB	7.00		HY17	2,848.				2,848.	2,848.		0.	2,848.
43	PHONE AND SURVEILLANCE SYSTEM	01/13/16	200DB	7.00		HY17	14,145.				14,145.	14,145.		0.	14,145.
44	AUTOMATIC WATERERS	09/14/15	200DB	7.00		HY17	4,358.				4,358.	4,358.		0.	4,358.
48	RESCUE CLEANING SYSTEM	08/25/17	200DB	7.00		HY17	2,507.				2,507.	2,507.		0.	2,507.
51	SOFTWARE - QUICKBOOKS 2017	02/27/17	200DB	7.00		HY17	800.				800.	800.		0.	800.
56	WHITE BOARDS	09/09/16	200DB	7.00		HY17	912.				912.	912.		0.	912.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
57	2ND FLOOR FURNISHING - AG BLDG	02/28/18	200DB	7.00	HY17	6,403.				6,403.	6,118.		285.	6,403.
60	LAPTOPS, DESKTOPS, NETWORK CONFIG	02/15/19	200DB	5.00	HY17	23,871.				23,871.	23,871.		0.	23,871.
64	WALK ON PLATFORM SCALE	02/06/16	200DB	7.00	HY17	665.				665.	290.		0.	290.
65	CART	02/06/16	200DB	7.00	HY17	900.				900.	392.		0.	392.
67	RICOH MPC PRINTER	07/30/20	200DB	5.00	HY17	1,256.				1,256.	1,184.		72.	1,256.
68	SHOR-LINE KENNEL CAGES	01/27/20	200DB	7.00	HY17	10,868.				10,868.	8,444.		969.	9,413.
69	SNDYER KENNEL CAGES	12/31/19	200DB	7.00	HY17	16,565.				16,565.	12,869.		1,478.	14,347.
72	JOHN D Z915E GAS MOWER	04/10/21	200DB	7.00	HY17	7,596.				7,596.	5,223.		678.	5,901.
73	SNOW BLOWER	10/10/20	200DB	7.00	HY17	1,349.				1,349.	927.		120.	1,047.
74	LIVE STOCK FEEDER	02/25/21	200DB	7.00	HY17	1,530.				1,530.	1,053.		137.	1,190.
78	KENNEL BANK/CAGES	10/06/21	200DB	7.00	HY17	4,775.				4,775.	2,686.		596.	3,282.
86	DRYER	03/11/21	200DB	7.00	HY17	2,883.				2,883.	1,983.		257.	2,240.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					238,333.				238,333.	222,227.		4,934.	227,161.
	TRANSPORTATION EQUIPMENT													
11	TRACTOR	03/01/08	200DB	7.00	HY17	13,000.				13,000.	13,000.		0.	13,000.
24	TOYOTA TUNDRA	12/01/12	200DB	7.00	HY17	33,748.				33,748.	33,748.		0.	33,748.
31	FEATHERLIGHT TRAILER	03/13/14	200DB	7.00	MO17	11,150.				11,150.	11,150.		0.	11,150.
35	JOHN DEERE LOADER	04/15/15	200DB	7.00	HY17	1,650.				1,650.	1,650.		0.	1,650.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
52	2017 DODGE VAN	01/06/17	200DB	5.00	HY17	22,000.				22,000.	22,000.		0.	22,000.
53	GATOR WITH 45 GAL BED SPRAYER	10/17/16	200DB	5.00	HY17	10,000.				10,000.	10,000.		0.	10,000.
61	2019 GMC TRUCK	10/16/18	200DB	5.00	HY17	46,465.				46,465.	46,465.		0.	46,465.
70	2001 BUMPER HORSE TRAILER	03/17/20	200DB	7.00	HY17	5,000.				5,000.	3,887.		446.	4,333.
79	2022 FEATHERLITE TRAILER VIN #4FGB12426NC158128	04/19/22	200DB	7.00	HY17	31,050.				31,050.	17,472.		3,878.	21,350.
80	CARGO TRAILER FOR THRIFT STORE	06/08/22	200DB	7.00	HY17	3,000.				3,000.	1,689.		375.	2,064.
81	FORD TRANSPORT VAN 2019	05/16/23	200DB	5.00	HY17	20,000.				20,000.	10,400.		3,840.	14,240.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					197,063.				197,063.	171,461.		8,539.	180,000.
83	LAND-													
	LAND- ALLENTOWN ROAD	07/15/24	L	39.00	MM	790,171.				790,171.			0.	0.
	* 990 PAGE 10 TOTAL LAND					790,171.				790,171.	0.		0.	0.
	OTHER													
82	CIP	08/31/25	NC	.000	HY	20,047.				20,047.			0.	0.
84	LAND DEVELOPMENT	07/19/24	150DB	15.00	HY17	5,000.				5,000.	28.		0.	28.
85	FENCING	08/30/23	SL	7.00	L6	2,211.				2,211.	316.		316.	632.
88	LAND DEVELOPMENT	08/31/25	150DB	15.00	MCL19E	52,874.				52,874.			0.	0.
89	(D) WASHER	03/11/21	200DB	7.00	HY17	4,577.				4,577.	3,147.		205.	3,352.
90	LAND- ALLENTOWN ROAD (ADDL LEGAL)	09/04/24	L			630.				630.			0.	0.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						85,339.				85,339.	3,491.		521.	4,012.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,943,539.				2,943,539.	910,929.		58,469.	969,398.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,864,011.			0.	2,864,011.	910,929.			968,331.
	ACQUISITIONS						79,528.			0.	79,528.	0.			1,067.
	DISPOSITIONS/RETIRED						7,090.			0.	7,090.	5,660.			5,865.
	ENDING BALANCE						2,936,449.			0.	2,936,449.	905,269.			963,533.
	ENDING ACCUM DEPR LESS DISPOSITIONS											963,533.			
	ENDING BOOK VALUE											1,972,916.			963,533.

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	STORAGE SHED	110911	200DB	7.00	17	2,020.			2,020.	2,020.		0.
2	HORSE FEEDERS	120111	200DB	7.00	17	9,845.			9,845.	9,845.		0.
3	EQUINE RUN-INS	122211	200DB	7.00	17	3,605.			3,605.	3,605.		0.
4	KENNEL ROOF	032012	150DB	15.00	17	14,000.			14,000.	11,932.		826.
6	RANCH IMPROVEMENTS	110107	200DB	7.00	17	1,984.			1,984.	1,984.		0.
8	KENNELS	010108	200DB	7.00	17	9,554.			9,554.	9,554.		0.
10	BARN SHED	013108	200DB	7.00	17	8,905.			8,905.	8,905.		0.
12	EQUINE RUN-INS	050108	200DB	7.00	17	3,390.			3,390.	3,390.		0.
14	KENNELS	020109	200DB	7.00	17	2,615.			2,615.	2,615.		0.
18	KENNELS	100110	SL	39.00	17	412,346.			412,346.	146,700.		10,573.
19	KENNEL FENCING	103010	200DB	7.00	17	1,541.			1,541.	1,541.		0.
20	BARN DOORS	020411	200DB	7.00	17	2,014.			2,014.	2,014.		0.
21	SMALL ANIMAL CAGES	040811	200DB	7.00	17	3,641.			3,641.	3,548.		0.
22	GRAIN SILO	050611	200DB	7.00	17	2,671.			2,671.	2,603.		0.
23	HORSE FEEDERS	060811	200DB	7.00	17	7,870.			7,870.	7,267.		0.
27	GAZEBO	091912	200DB	7.00	17	2,700.			2,700.	2,700.		0.
28	AGRICULTURAL EXPANSION	082813	150DB	15.00	17	1,500.			1,500.	1,193.		89.

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
29	16 X 30 RUN INS	092613	200DB	7.00	17	11,070.			11,070.	11,070.		0.
30	BARN ROOF	072514	150DB	15.00	17	14,538.			14,538.	10,353.		859.
45	ARENA, KENNEL, ADDITION, CONF ROOM	021516	SL	39.00	17	840,405.			840,405.	184,074.		21,548.
46	ARENA, KENNEL, ADDITION, CONF ROOM	042117	SL	39.00	17	76,850.			76,850.	14,530.		1,970.
47	KENNELS	042117	SL	39.00	17	11,872.			11,872.	2,242.		304.
49	ARENA, KENNEL, ADDITION, CONF ROOM	080217	SL	39.00	17	25,000.			25,000.	4,514.		641.
54	LAND IMPROVEMENTS	100516	150DB	15.00	17	24,000.			24,000.	13,370.		1,418.
58	ARENA, KENNEL, ADDITION, CONF ROOM	022818	SL	39.00	17	65,000.			65,000.	10,906.		1,667.
59	KENNEL FLOOR	011618	200DB	7.00	17	25,289.			25,289.	24,161.		1,128.
62	CONVERSION GROOMING RM TO ISOLATION RM	080919	SL	39.00	17	13,725.			13,725.	1,775.		352.
63	KENNEL COVERS, FENCING	032519	150DB	15.00	17	15,000.			15,000.	6,588.		885.
71	KENNEL ADDITION WORK	012120	SL	39.00	17	1,180.			1,180.	139.		30.
76	KENNEL CAGES	012721	200DB	7.00	17	4,526.			4,526.	3,112.		404.
77	THRIFT SHOP FLOORING	111120	200DB	7.00	17	8,000.			8,000.	5,500.		714.
87	FLOORING INSTALLATION	012125	200DB	7.00	190	5,977.			5,977.			1,067.
	* 990 PAGE 10 TOTAL BUILDINGS MACHINERY & EQUIPMENT					1,632,633.		0.	1,632,633.	513,750.		44,475.
5	FENCING	071312	200DB	7.00	17	935.			935.	935.		0.

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	WELL DRILLING	120107	200DB	7.00	17	4,982.			4,982.	4,982.		0.
9	FENCING	010108	200DB	7.00	17	60,809.			60,809.	60,809.		0.
15	FENCING 2009	040109	200DB	7.00	17	25,717.			25,717.	25,717.		0.
17	FENCING 2010	082710	200DB	7.00	17	4,717.			4,717.	4,458.		0.
25	GENERATOR	112312	200DB	7.00	17	9,650.			9,650.	9,650.		0.
26	FENCING	012413	200DB	7.00	17	9,503.			9,503.	9,503.		0.
32	FENCING	061614	200DB	7.00	17	1,427.			1,427.	1,427.		0.
36	(D)STORE FIXTURES	102914	200DB	7.00	17	1,705.			1,705.	1,705.		0.
38	2-2000 GAL HOLDING TANKS	020816	150DB	15.00	17	5,800.			5,800.	3,574.		342.
39	(D)THRIFT STORE FIXTURES	022616	200DB	7.00	17	808.			808.	808.		0.
40	GROOMING ROOM FIXTURES	081216	200DB	7.00	17	3,028.			3,028.	3,028.		0.
41	HORSE SLING	022416	200DB	7.00	17	5,021.			5,021.	5,021.		0.
42	RIDING ARENA GROOMER	010816	200DB	7.00	17	2,848.			2,848.	2,848.		0.
43	PHONE AND SURVEILLANCE SYSTEM	011316	200DB	7.00	17	14,145.			14,145.	14,145.		0.
44	AUTOMATIC WATERERS	091415	200DB	7.00	17	4,358.			4,358.	4,358.		0.
48	RESCUE CLEANING SYSTEM	082517	200DB	7.00	17	2,507.			2,507.	2,507.		0.
51	SOFTWARE - QUICKBOOKS 2017	022717	200DB	7.00	17	800.			800.	800.		0.
56	WHITE BOARDS	090916	200DB	7.00	17	912.			912.	912.		0.

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
57	2ND FLOOR FURNISHING - AG BLDG LAPTOPS, DESKTOPS, NETWORK CONFIG	0228182000	DB	7.00	17	6,403.			6,403.	6,118.		285.
60	WALK ON PLATFORM	0215192000	DB	5.00	17	23,871.			23,871.	23,871.		0.
64	SCALE	0206162000	DB	7.00	17	665.			665.	290.		0.
65	CART	0206162000	DB	7.00	17	900.			900.	392.		0.
67	RICOH MPC PRINTER	0730202000	DB	5.00	17	1,256.			1,256.	1,184.		72.
68	SHOR-LINE KENNEL CAGES	0127202000	DB	7.00	17	10,868.			10,868.	8,444.		969.
69	SNDYER KENNEL CAGES	1231192000	DB	7.00	17	16,565.			16,565.	12,869.		1,478.
72	JOHN D Z915E GAS MOWER	0410212000	DB	7.00	17	7,596.			7,596.	5,223.		678.
73	SNOW BLOWER	1010202000	DB	7.00	17	1,349.			1,349.	927.		120.
74	LIVE STOCK FEEDER	0225212000	DB	7.00	17	1,530.			1,530.	1,053.		137.
78	KENNEL BANK/CAGES	1006212000	DB	7.00	17	4,775.			4,775.	2,686.		596.
86	DRYER	0311212000	DB	7.00	17	2,883.			2,883.	1,983.		257.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION EQUIPMENT					238,333.		0.	238,333.	222,227.		4,934.
11	TRACTOR	0301082000	DB	7.00	17	13,000.			13,000.	13,000.		0.
24	TOYOTA TUNDRA	1201122000	DB	7.00	17	33,748.			33,748.	33,748.		0.
31	FEATHERLIGHT TRAILER	0313142000	DB	7.00	17	11,150.			11,150.	11,150.		0.
35	JOHN DEERE LOADER	0415152000	DB	7.00	17	1,650.			1,650.	1,650.		0.

428102 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	2017 DODGE VAN	010617	200DB	5.00	17	22,000.			22,000.	22,000.		0.
53	GATOR WITH 45 GAL BED SPRAYER	101716	200DB	5.00	17	10,000.			10,000.	10,000.		0.
61	2019 GMC TRUCK	101618	200DB	5.00	17	46,465.			46,465.	46,465.		0.
70	2001 BUMPER HORSE TRAILER	031720	200DB	7.00	17	5,000.			5,000.	3,887.		446.
79	2022 FEATHERLITE TRAILER VIN #4FGB12	041922	200DB	7.00	17	31,050.			31,050.	17,472.		3,878.
80	CARGO TRAILER FOR THRIFT STORE	060822	200DB	7.00	17	3,000.			3,000.	1,689.		375.
81	FORD TRANSPORT VAN	051623	200DB	5.00	17	20,000.			20,000.	10,400.		3,840.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					197,063.		0.	197,063.	171,461.		8,539.
	LAND											
83	LAND- ALLENTOWN ROAD	071524	L	39.00		790,171.			790,171.			0.
	* 990 PAGE 10 TOTAL LAND					790,171.		0.	790,171.	0.		0.
	OTHER											
82	CIP	083125	NC	.000		20,047.			20,047.			0.
84	LAND DEVELOPMENT	071924	150DB	15.00	17	5,000.			5,000.	28.		0.
85	FENCING	083023	SL	7.00	16	2,211.			2,211.	316.		316.
88	LAND DEVELOPMENT	083125	150DB	15.00	19E	52,874.			52,874.			0.
89	(D) WASHER	031121	200DB	7.00	17	4,577.			4,577.	3,147.		205.
90	LAND- ALLENTOWN ROAD (ADDL LEGAL)	090424	L			630.			630.			0.

2024 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					85,339.		0.	85,339.	3,491.		521.
	OTHER											
	* GRAND TOTAL 990					2,943,539.		0.	2,943,539.	910,929.		58,469.
	PAGE 10 DEPR											
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2,864,011.		0.	2,864,011.	910,929.		
	ACQUISITIONS					79,528.		0.	79,528.	0.		
	DISPOSITIONS					7,090.		0.	7,090.	5,660.		
	ENDING BALANCE					2,936,449.		0.	2,936,449.	905,269.		

- NEXT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
1	STORAGE SHED	11/09/11	200DB	7.00	2,020.		2,020.	2,020.	0.
2	HORSE FEEDERS	12/01/11	200DB	7.00	9,845.		9,845.	9,845.	0.
3	EQUINE RUN-INS	12/22/11	200DB	7.00	3,605.		3,605.	3,605.	0.
4	KENNEL ROOF	03/20/12	150DB	15.00	14,000.		14,000.	12,758.	827.
6	RANCH IMPROVEMENTS	11/01/07	200DB	7.00	1,984.		1,984.	1,984.	0.
8	KENNELS	01/01/08	200DB	7.00	9,554.		9,554.	9,554.	0.
10	BARN SHED	01/31/08	200DB	7.00	8,905.		8,905.	8,905.	0.
12	EQUINE RUN-INS	05/01/08	200DB	7.00	3,390.		3,390.	3,390.	0.
14	KENNELS	02/01/09	200DB	7.00	2,615.		2,615.	2,615.	0.
18	KENNELS	10/01/10	SL	39.00	412,346.		412,346.	157,273.	10,573.
19	KENNEL FENCING	10/30/10	200DB	7.00	1,541.		1,541.	1,541.	0.
20	BARN DOORS	02/04/11	200DB	7.00	2,014.		2,014.	2,014.	0.
21	SMALL ANIMAL CAGES	04/08/11	200DB	7.00	3,641.		3,641.	3,548.	0.
22	GRAIN SILO	05/06/11	200DB	7.00	2,671.		2,671.	2,603.	0.
23	HORSE FEEDERS	06/08/11	200DB	7.00	7,870.		7,870.	7,267.	0.
27	GAZEBO	09/19/12	200DB	7.00	2,700.		2,700.	2,700.	0.
28	AGRICULTURAL EXPANSION	08/28/13	150DB	15.00	1,500.		1,500.	1,282.	89.
29	16 X 30 RUN INS	09/26/13	200DB	7.00	11,070.		11,070.	11,070.	0.
30	BARN ROOF	07/25/14	150DB	15.00	14,538.		14,538.	11,212.	858.
45	ARENA, KENNEL ADDITION, CONF ROOMS	02/15/16	SL	39.00	840,405.		840,405.	205,622.	21,548.
46	ARENA, KENNEL ADDITION, CONF ROOMS	04/21/17	SL	39.00	76,850.		76,850.	16,500.	1,970.
47	KENNELS	04/21/17	SL	39.00	11,872.		11,872.	2,546.	304.
49	ARENA, KENNEL ADDITION, CONF ROOMS	08/02/17	SL	39.00	25,000.		25,000.	5,155.	641.
54	LAND IMPROVEMENTS	10/05/16	150DB	15.00	24,000.		24,000.	14,788.	1,416.
58	ARENA, KENNEL ADDITION, CONF ROOMS	02/28/18	SL	39.00	65,000.		65,000.	12,573.	1,667.
59	KENNEL FLOOR FLOORING	01/16/18	200DB	7.00	25,289.		25,289.	25,289.	0.
	CONVERSION GROOMING RM TO ISOLATION								
62	RM	08/09/19	SL	39.00	13,725.		13,725.	2,127.	352.
63	KENNEL COVERS, FENCING	03/25/19	150DB	15.00	15,000.		15,000.	7,473.	885.
71	KENNEL ADDITION WORK	01/21/20	SL	39.00	1,180.		1,180.	169.	30.
76	KENNEL CAGES	01/27/21	200DB	7.00	4,526.		4,526.	3,516.	404.
77	THRIFT SHOP FLOORING	11/11/20	200DB	7.00	8,000.		8,000.	6,214.	714.
87	FLOORING INSTALLATION	01/21/25	200DB	7.00	5,977.		5,977.	1,067.	1,403.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
* 990	PAGE 10 TOTAL BUILDINGS				1,632,633.		1,632,633.	558,225.	43,681.
	MACHINERY & EQUIPMENT								
5	FENCING	07/13/12	200DB	7.00	935.		935.	935.	0.
7	WELL DRILLING	12/01/10	7200DB	7.00	4,982.		4,982.	4,982.	0.
9	FENCING	01/01/10	8200DB	7.00	60,809.		60,809.	60,809.	0.
15	FENCING 2009	04/01/10	9200DB	7.00	25,717.		25,717.	25,717.	0.
17	FENCING 2010	08/27/10	200DB	7.00	4,717.		4,717.	4,458.	0.
25	GENERATOR	11/23/12	200DB	7.00	9,650.		9,650.	9,650.	0.
26	FENCING	01/24/13	200DB	7.00	9,503.		9,503.	9,503.	0.
32	FENCING	06/16/14	200DB	7.00	1,427.		1,427.	1,427.	0.
382	2000 GAL HOLDING TANKS	02/08/16	150DB	15.00	5,800.		5,800.	3,916.	343.
40	GROOMING ROOM FIXTURES	08/12/16	200DB	7.00	3,028.		3,028.	3,028.	0.
41	HORSE SLING	02/24/16	200DB	7.00	5,021.		5,021.	5,021.	0.
42	RIDING ARENA GROOMER	01/08/16	200DB	7.00	2,848.		2,848.	2,848.	0.
43	PHONE AND SURVEILLANCE SYSTEM	01/13/16	200DB	7.00	14,145.		14,145.	14,145.	0.
44	AUTOMATIC WATERERS	09/14/15	200DB	7.00	4,358.		4,358.	4,358.	0.
48	RESCUE CLEANING SYSTEM	08/25/17	200DB	7.00	2,507.		2,507.	2,507.	0.
51	SOFTWARE - QUICKBOOKS 2017	02/27/17	200DB	7.00	800.		800.	800.	0.
56	WHITE BOARDS	09/09/16	200DB	7.00	912.		912.	912.	0.
57	2ND FLOOR FURNISHING - AG BLDG	02/28/18	200DB	7.00	6,403.		6,403.	6,403.	0.
60	LAPTOPS, DESKTOPS, NETWORK CONFIG	02/15/19	200DB	5.00	23,871.		23,871.	23,871.	0.
64	WALK ON PLATFORM SCALE	02/06/16	200DB	7.00	665.		665.	290.	0.
65	CART	02/06/16	200DB	7.00	900.		900.	392.	0.
67	RICOH MPC PRINTER	07/30/20	200DB	5.00	1,256.		1,256.	1,256.	0.
68	SHOR-LINE KENNEL CAGES	01/27/20	200DB	7.00	10,868.		10,868.	9,413.	971.
69	SNDYER KENNEL CAGES	12/31/19	200DB	7.00	16,565.		16,565.	14,347.	1,479.
72	JOHN D Z915E GAS MOWER	04/10/21	200DB	7.00	7,596.		7,596.	5,901.	678.
73	SNOW BLOWER	10/10/20	200DB	7.00	1,349.		1,349.	1,047.	120.
74	LIVE STOCK FEEDER	02/25/21	200DB	7.00	1,530.		1,530.	1,190.	136.
78	KENNEL BANK/CAGES	10/06/21	200DB	7.00	4,775.		4,775.	3,282.	426.
86	DRYER	03/11/21	200DB	7.00	2,883.		2,883.	2,240.	257.
* 990	PAGE 10 TOTAL MACHINERY & EQUIPMENT				235,820.		235,820.	224,648.	4,410.
	TRANSPORTATION EQUIPMENT								

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - LAST CHANCE RANCH, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
11	TRACTOR	0301082000	DB	7.00	13,000.		13,000.	13,000.	0.
24	TOYOTA TUNDRA	1201112200	DB	7.00	33,748.		33,748.	33,748.	0.
31	FEATHERLIGHT TRAILER	0313142000	DB	7.00	11,150.		11,150.	11,150.	0.
35	JOHN DEERE LOADER	0415152000	DB	7.00	1,650.		1,650.	1,650.	0.
52	2017 DODGE VAN	0106172000	DB	5.00	22,000.		22,000.	22,000.	0.
53	GATOR WITH 45 GAL BED SPRAYER	1017162000	DB	5.00	10,000.		10,000.	10,000.	0.
61	2019 GMC TRUCK	1016182000	DB	5.00	46,465.		46,465.	46,465.	0.
70	2001 BUMPER HORSE TRAILER	0317202000	DB	7.00	5,000.		5,000.	4,333.	447.
79	#4 FGB12426NC158128	0419222000	DB	7.00	31,050.		31,050.	21,350.	2,773.
80	CARGO TRAILER FOR THRIFT STORE	0608222000	DB	7.00	3,000.		3,000.	2,064.	268.
81	FORD TRANSPORT VAN 2019	0516232000	DB	5.00	20,000.		20,000.	14,240.	2,304.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				197,063.		197,063.	180,000.	5,792.
83	LAND- ALLENTOWN ROAD	071524L		39.00	790,171.		790,171.		0.
	* 990 PAGE 10 TOTAL LAND				790,171.		790,171.	0.	0.
	OTHER								
82	CIP	083125NC		.000	20,047.		20,047.		0.
84	LAND DEVELOPMENT	0719241500	DB	15.00	5,000.		5,000.	28.	428.
85	FENCING	083023SL		7.00	2,211.		2,211.	632.	316.
88	LAND DEVELOPMENT	0831251500	DB	15.00	52,874.		52,874.		5,224.
90	LAND- ALLENTOWN ROAD (ADDL LEGAL)	090424L			630.		630.		0.
	* 990 PAGE 10 TOTAL OTHER				80,762.		80,762.	660.	5,968.
	* GRAND TOTAL 990 PAGE 10 DEPR				2,936,449.		2,936,449.	963,533.	59,851.

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