Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	e 2023 calendar year, or tax year beginning and	ending						
В	Check if applicab	C Name of organization		D Employer identifi	cation number				
	Addre								
	Name	Doing business as		26-44482	38				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	7				
	Final return	31340 VTA COLTNAG INTTO 101		(855) 49					
	termir ated		G Gross receipts \$	185,627.					
Ė	Amen	ded WECHTARE VITTAGE CA 01262	H(a) Is this a group re						
	Applie			for subordinates					
	pendi	Na E 0.00 - 0	DOWN WITCHN OR MEGATINES WITCH OF OR						
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)		H(b) Are all subordinates in	list. See instructions				
	Websi		<u></u>	H(c) Group exemptio					
ĸ	Form o	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: CA				
	art I	Summary			n otato or rogar dormono, w				
	1	Briefly describe the organization's mission or most significant activities: TO R	EDUCE	PET OVERPOP	JLATION BY				
Activities & Governance		HAVING MOBILE SPAY/NEUTER CLINICS ACROSS							
nar	2	Check this box if the organization discontinued its operations or dispo							
Ķ	3			al's Office 3	3				
ဇိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	1				
•ජ ග	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	111 26	2024 5	0				
ii:	6	Total number of volunteers (estimate if necessary)	×	6	0				
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 Registry of	Charities a		0.				
ĕ	h	Net unrelated business taxable income from Form 990-T, Part I, line 11	- Ondinaco c	7b	0.				
_		Total and a decimal and a mount of the control of t		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		126,314.	185,627.				
	9			0.	0.				
	10	Land to the state of the state		0.	0.				
æ	11	Other reserve (Part VIII) and the Colon of t		9,758.	0.				
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		136,072.	185,627.				
_	1			0.	0.				
	14	Ponefite poid to au fau mombare (Part IV, column (A) time (I)		0.	0.				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0.	0.				
ses	16-			0.	0.				
Expenses	IVa	Professional fundraising fees (Part IX, column (A), line 11e)	^						
Ä	1,0	Total fundraising expenses (Part IX, column (D), line 25)		19,419.	112,724.				
_	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	······	19,419.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,653.	112,724.				
- 9	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	72,903. End of Year				
ts o	20 21 22	Total assets (Part V. line 16)	1 56	143,914.	216,817.				
SSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		143,914.	0.				
et	21	Net assets or fund balances. Subtract line 21 from line 20		143,914.	216,817.				
P	art II			143,314.	210,017.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatama	nto and to the heat of mu	Impuriodes and halist it is				
		t, and complete. Degraration of preparer (other than officer) is based on all information of wh			knowledge and beller, it is				
iiuo	, сопес	t, and complete. Design and of preparer (only than officer) is based on an information of will	iicii preparei		-2024				
e:~	_	Signature of officer		Date	2024				
Sig		JOSEPH HERRICK, PRESIDENT		54.0					
Here JOWEPH HERRICK, PRESIDENT Type or print name and title									
- I was a second of the second									
Paid	4	Print/Type preparer's name SCOTT B. HOWARD Preparer's signature SCOTT B. HOWARD	I .	3/27/24 of self-employe	PTIN PO0404602				
	parer	Firm's name BAKER TILLY US, LLP	IV		9-0859910				
	Only	Firm's address 6320 CANOGA AVE, 17TH FLOOR	· · · · · · · · · · · · · · · · · · ·	Firm's EIN 3	9 0033310				
USE	omy	WOODLAND HILLS, CA 91367		01	0 005 0000				
N 4 =	. Ale - 17			I Phone no. 8 1	8.995.0090				
ivia	y the II	S discuss this return with the preparer shown above? See instructions			X Yes No				

	1 990 (2023) THE LUCY PET FOUNDATION, INC.	26-4448238 Pa	ige 2
Pa	rt 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: TO REDUCE PET OVERPOPULATION BY HAVING MOBILE SPAY/NEUTE ACROSCO THE COLDERS AND TO GUEROUSE CANCEL THE PROPERTY AND THE COLDERS AND THE COLDER		
	ACROSS THE COUNTRY AND TO SUPPORT CAUSES THAT BENEFIT AN	IIMAL WELFARE.	
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 X] No
	If "Yes," describe these new services on Schedule O.		1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 112,724 · including grants of \$) (Reve	enue \$ 143,914	
4a	(Code:) (Expenses \$		<u>+ •</u>)
	SPAY/NEUTER, VACCINATIONS & PET ADOPTION CLINICES, MULTI		
	THE TOURNAMENT OF ROSES PARADE TO BRING AWARENESS TO THE		
	SPAYING & NEUTERING DOGS AND CATS, AND TO BRING AWARE TO		
	ANIMALS IN SHELTERS.		
		,	
4b	(Code:) (Expenses \$	enue \$	
.~	/ (Expenses of		<u> </u>
4-			
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	— '
			—
		· · · · · · · · · · · · · · · · · · ·	
		···	
	Oll The Control of Con		
4d	Other program services (Describe on Schedule O.)	N.	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 112,724.		
<u>4e</u>	Total program service expenses	Form 990 (2023)
		· +···· · · · · · · · · · · · · · · · ·	/

Form 990 (2023) THE LUCY PET Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		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	4		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	5		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	6		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	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,,
_	Schedule D, Part III	_8_		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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	-29	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			3
а	, , ,	440	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ۔. ا		v
44	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	_		v
00	complete Schedule G, Part III	19		$\frac{x}{x}$
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
22222	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II		990	(2023)

	990 (2023) THE LUCY PET FOUNDATION, INC. 26-44	<u> 148238</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		T.	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	Yes	No
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	····		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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			ļ
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	44	44	J III
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV		<u> </u>	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	ŀ		
	"Yes, " complete Schedule L, Part IV		ļ	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱,,
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	_^	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	 	
b		256		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		 	
30			ł	Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	 	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			22
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		L
	Check 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	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	Ŏ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ije sili

332004 12-21-23

(gambling) winnings to prize winners?

Form **990** (2023)

Par	t 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 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	P	138884		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	 			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		 		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-	l	x		
L	If "Yes," enter the name of the foreign country	4a		41		
D				all i		
F	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		THE STATE OF	X		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ο-		х		
L	any contributions that were not tax deductible as charitable contributions?	_6a_				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	0 1		ŀ		
-		6b	64. si			
7	Organizations that may receive deductible contributions under section 170(c).			77		
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?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,		
_	to file Form 8282?	7c	getation i	X		
ď	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>7h</u>	86 363 000 000			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1000 1000 1000 1000 1000 1000 1000 100			
	sponsoring organization have excess business holdings at any time during the year?	8	**************************************	7:50 vale?		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Childry Sanson			
10	Section 501(c)(7) organizations. Enter:	a	<u>.</u>			
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			7.0		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)		dia	AD L		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	300.4	lines - collette		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ile si			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15.4.5.				
а	Is the organization licensed to issue qualified health plans in more than one state?	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			- 52		
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Committee	X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				

If "Yes," complete Form 6069.

26-444<u>8238 Page 6</u> Form 990 (2023) THE LUCY PET FOUNDATION, INC. 26-4448238 Page
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. T

Sec	tion A. Governing Body and Management					A
	and the determined body and management				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 _a		3	163	140
	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		1		3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		inv other			39
_	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th			··· 		
-	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or as					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				110	
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		•••••	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	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 ch	napters	affiliates,			ĺ
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				Mada	ikszál
12a	, , , , , , , , , , , , , , , , , , , ,				X	Ь—
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	├─
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe	ł		
	on Schedule O how this was done				X	├ ──
13	Did the organization have a written whistleblower policy?				X	├
14	Did the organization have a written document retention and destruction policy?			14	Х	300
15	Did the process for determining compensation of the following persons include a review and approve	a by inc	iependent			- FI
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				15 1011	v
a	The organization's CEO, Executive Director, or top management official			15a	Y	X
р	Other officers or key employees of the organization			15b	_	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		#l= -			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	tn a	40-		X
L	taxable entity during the year?			16a		A
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
				16b		
Sec	exempt status with respect to such arrangements?	**********		100		
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (section 501/c)(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	500	. ,5555// 55 //6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Own website Another's website X Upon request Other (explain	202.50	hedule Ol			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		•	and finance	cial	
	statements available to the public during the tax year.				- /	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
	THE LUCY PET FOUNDATION INC - (855) 499-5829		· · · · ·			

31340 VIA COLINAS, UNIT 101, WESTLAKE VILLAGE, CA 91362

332006 12-21-23

Form **990** (2023)

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	-	Cer ar	luau	Tecto	i / trus	lee)	from	from related	other
	(list any	recto	l					the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	TuSte.	T I		ee /ee	n pen		1099-NEC)	1099-1420)	and related
	below	dualt	utiona	_	oldm	st co	<u>ا</u>	1000 1120,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) JOSEPH HERRICK	5.00									
PRESIDENT & CEO		x		Х				0.	0.	0.
(2) LYNNDA HERRICK	5.00									
CFO		X		Х	L			0.	0.	0.
(3) JUDY BARRON	1.00									
SECRETARY		X		Х				0.	0.	0.
										
						<u></u>	<u> </u>			
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Form 990 (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023)

\$100,000 of compensation from the organization

			Check if Schedule O contains a resp	onse	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1	а	, , ,						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
S, C		С	Fundraising events 1c					医胚膜 直膜	
E GH		d	Related organizations 1d						
S.			Government grants (contributions) 1e				R Barille	appent ten	
iti y		f	All other contributions, gifts, grants, and		405 605				
έξ	İ		similar amounts not included above 1f		185,627.				
E P		_	Noncash contributions included in lines 1a-1f	\$		105 609			
<u>0</u> 8	┝	h	Total. Add lines 1a-1f			185,627.			
	۔ ا				Business Code				
<u>i</u>	2	2 a	-			<u> </u>			
e č		b						<u> </u>	
8 6		C							
gra Re		d							
Program Service Revenue		•	All other program service revenue			<u> </u>			
_		'	Total, Add lines 2a-2f					To gers i	
	3	_¥_	Investment income (including dividends,				Company oxygen (1975)		COLUMN TRANSPORTER SERVICES
	ľ		other similar amounts)						
	4	Ļ	Income from investment of tax-exempt b				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	5		Royalties	J J. P					
	_		(i) Re	al	(ii) Personal				
	6	a	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c		1				
		d	Net rental income or (loss)						
	7	a	Gross amount from sales of (i) Secur	ities	(ii) Other				
			assets other than inventory 7a					Barta A	alsan at i
		b	Less: cost or other basis						
ne			and sales expenses 7b					stadd A	
ven		С	Gain or (loss) 7c		<u> </u>	7			
Other Revenue		ď	Net gain or (loss)						
her	8	a	Gross income from fundraising events (not	-	[a zad			
ŏ			including \$ of					. 16 18 1	
			contributions reported on line 1c). See	1					
			Part IV, line 18						
			Less: direct expenses						
	_		Net income or (loss) from fundraising eve		I				
	9	а	Gross income from gaming activities. Se				B.M. A.B.		
			Part IV, line 19					laka k	
			Less: direct expenses Net income or (loss) from gaming activiti		<u> </u>			P. 1872	
	10		Gross sales of inventory, less returns		T				
	ıU	d	and allowances	10a				estale	
		h	Less: cost of goods sold					A a public	n drā med
			Net income or (loss) from sales of inventor					A STANDARD OF THE STANDARD OF	1,12,12,12,12
		<u> </u>	The state of the s	- ,	Business Code				
Snc	11	а				The second secon	Section 1 to Section 1 to 1	A 445	
Miscellaneous Revenue		b							· · · · · · · · · · · · · · · · · · ·
ella		c							
lisc		d	All other revenue						
2			Total. Add lines 11a-11d						
	12	2	Total revenue. See instructions			185,627.	0.	0.	0.
									Farm 990 (0000)

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 (A) Total expenses (B) Program service (C) Management and **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): a Management 2,970. 2,970. b Legal 4,100. 4,100. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6,700. 6,700. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 5,000. 5,000. 12 124. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel _____ Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 950. 950. 22 Depreciation, depletion, and amortization 4,927. 4,927. 23 Insurance 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.) EVENT SUPPLIES & EXPENS 61,000. 61,000. 23,633. VET SERVICES & EXPENSES 23,633. c AUTOMOBILE EXPENSE 2,796. 2,796. 374. 374. d UTILITIES 150. 150. e All other expenses 112,724. 112,724. Total functional expenses. Add lines 1 through 24e 0 0. 25 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)

Form 990 (2023)

	Check if Schedule O contains a response or no	ote to any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			14,529.	1	88,382
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net			4		
5	Loans and other receivables from any current of	er, director,				
	trustee, key employee, creator or founder, sub-	trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of the	ese persons		124,160.	5	124,160
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describe		6			
7 <u>چ</u>	Notes and loans receivable, net			7		
Assets	Inventories for sale or use			8		
` "					9	
10 a	Land, buildings, and equipment: cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	13,025.			
t	Less: accumulated depreciation	10b	8,750.	5,225.	10c	4,275
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must eq			143,914.	16	216,817
17	Accounts payable and accrued expenses			17		
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities			20	ļ	
21	Escrow or custodial account liability. Complete				21	
ဖွဲ့ 22	Loans and other payables to any current or for		Li Control Li			
┋	trustee, key employee, creator or founder, subs		outor, or 35%			
Liabilities	controlled entity or family member of any of the	•			22	
23	Secured mortgages and notes payable to unre	•			23	
24	Unsecured notes and loans payable to unrelate		· · ·		24	
25	Other liabilities (including federal income tax, p					
	parties, and other liabilities not included on line	s 17-24). Con	nplete Part X			
000	of Schedule D			0.	25	
26	Total liabilities. Add lines 17 through 25	I - I			26	0 .
က္က	Organizations that follow FASB ASC 958, ch	eck nere	L			
ဋ ၂	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions					
27 28	***************************************				27	
නි 28 ව	Net assets with donor restrictions Organizations that do not follow FASB ASC				28	
들	and complete lines 29 through 33,	956, check no	ere 🔼			
29	Capital stock or trust principal, or current funds	_		0.	00	
S 29	Paid-in or capital surplus, or land, building, or e		٠٠٠٠٠٠	0.	29	0.
88 30 31	Retained earnings, endowment, accumulated in			143,914.	30 31	216,817
Net Assets or Fund Balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Total net assets or fund balances			143,914.	31	216,817.
ž 32 33	Total liabilities and net assets/fund balances			143,914.	33	216,817
	Total habilities and flot assets/junia balances	*********		TZJ/JTZ+	93	Form 990 (202)

Form **990** (2023)

Form	990 (2023) THE LUCY PET FOUNDATION, INC.	26-444	<u>8238</u>	Page	e 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> [</u>	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	185		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,72	
3	Revenue less expenses. Subtract line 2 from line 1	3		,90	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	143	<u>,91</u>	<u>.4.</u>
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	216	,81	<u>.7 • </u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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:		3 B.		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 (2	2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

Open to Public Inspection

Employer identification number

26-4448238 THE LUCY PET FOUNDATION, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(Form 990) 2023 THE LUCY PET FOUNDATION, INC. 26-4448
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2023
Part II Support Sche

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					:	
	include any "unusual grants.")	222,374.	821,837.		126,314.	185,627.	1356152.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u></u>		
4	Total. Add lines 1 through 3	222,374.	821,837.		126,314.	185,627.	1356152.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		lakat				
	on line 1 that exceeds 2% of the						ş.
	amount shown on line 11,						
	column (f)		A A a H				1048280.
6	Public support. Subtract line 5 from line 4.			Care Cora			307,872.
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	222,374.	821,837.		126,314.	185,627.	1356152.
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						1356152.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,244,391.
	First 5 years. If the Form 990 is for the	•				01(c)(3)	
	organization, check this box and stop				-		
Se	ction C. Computation of Publi		centage				
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	22.70 %
	Public support percentage from 2022					15	21.16 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization		,,,,,,		
k	33 1/3% support test - 2022. If the	organization did no	ot check a box on l	line 13 or 16a, and	i line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						ation
	meets the facts-and-circumstances te					***************************************	T
ł	10% -facts-and-circumstances test	t - 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18							s
							(Form 990) 2023

Schedule A (Form 990) 2023 THE LUCY PET FOUNDATION, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					j	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and	-					
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						,
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		- Control - Cont				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,]			
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on				1		
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
•	<u>.</u>						
Se	ction C. Computation of Publi	ic Support Per	centage				
_	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from	•				18	%
	a 33 1/3% support tests - 2023. If the					33 1/3%, and line 1	7 is not
- 1	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2022. If the	•	•				and
·	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	22 12 21 22						A (Form 990) 2023

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?
- 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.
- 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 (2)
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3b	CONTRACTOR OF THE PARTY OF THE	- CHINESON
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Schedule A (Form 990) 2023

Ра	rt IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	
	11c below, the governing body of a supported organization?	11a
	A family member of a person described on line 11a above?	11b
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
500	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c
360	tion B. Type I Supporting Organizations	Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Tes No
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
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
Sec	tion D. All Type III Supporting Organizations	······································
		Yes No_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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	2
50/	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
2	The state of the s	
а	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	
b	that these activities constituted substantially all of its activities. 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	2a
_	these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
a		3a
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

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Schedule A (Form 990) 2023

	dule A (Form 990) 2023 THE LUCY PET FOUNDATION,			6-4448238 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	te Sections A through E.	
Sect	on 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	1		
	maintenance of property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	CAPT AND		
	(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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	a gaze a filografic	
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	1		
Ŭ	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ated Type III supporting organ	nization (see
•	, Chicon have contain your to and organization to the contain to the conta	J	,, , , , ,	•

instructions).

***************************************	dule A (Form 990) 2023 THE LUCY PET TV Type III Non-Functionally Integrated 509	FOUNDATION, INC			6-4448238 Page 7
100000000000000000000000000000000000000	on D - Distributions	(a)(a) capporang ciga	COntine	<i>Jea)</i>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	· · · · ·
7	Total annual distributions. Add lines 1 through 6.		<u></u>	7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023		rj k i fika	100	
a	From 2018				
b	From 2019			e I	
c	From 2020				
d	From 2021			10ka	
e	From 2022				
f	Total of lines 3a through 3e	700.2			
9	Applied to underdistributions of prior years		100 T		
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)	 			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	-926. : 200. : 200.			
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			25,65	
	Applied to 2023 distributable amount			121	
	Remainder. Subtract lines 4a and 4b from line 4.			1172	
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.			las III.	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
_	Breakdown of line 7:				
8	Excess from 2019			2.2	
	Excess from 2020		i garija i		
	Excess from 2021				
	Excess from 2022		TOME IN A		
	Excess from 2023			h a	
	LACCOC II OIII 2020	Description of the Control of the Co			hedule A (Form 990) 2023

Schedule A (Form 990) 2023

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE LUCY PET FOUNDATION, INC.

Employer identification number 26-4448238

organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and o	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	nt land area
Protection of natural habitat Preservation of a certified historic str	ructure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation ease	
day of the tax year.	the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	he 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 d	during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during	g 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	е
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset	ite
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	den .
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work	rks
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.	\f
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works o	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public servi	ice,
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 \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedu	ule D (Form 990) 2023

Sche	dule D (Form 990) 2023 THE LUC'	Y PET FOUNI			r Other			48238	
	Using the organization's acquisition, accession							continu	ea)
3	collection items (check all that apply).	on, and other record	s, check any c	in the following the	ıı make siç	grimcarit c	126 01 112		
•	Public exhibition	d	I I loan	or exchange prog	ram				
a	Scholarly research	e		or exchange prog					
b	Preservation for future generations	e	Other						
C	Provide a description of the organization's co	llootions and ovalair	s how thou fur	that the organizat	ion's avom	nt purpos	o in Part	VIII	
4	During the year, did the organization solicit o	•	•	_			se in rait.	ΛIII.	
5	to be sold to raise funds rather than to be ma		•	•			Γ	Yes	☐ No
Par	t IV Escrow and Custodial Arrang						-		INU
, M	reported an amount on Form 990, Par	•	te ii the organ	ization answered	165 0111	Om 990,	raitiv, iii	116 9, Of	
	Is the organization an agent, trustee, custodia		diany for contri	hutions or other a	eeate not i	included			
1a	9	•	•					Yes	No
	on Form 990, Part X?							_ 162	140
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			[]		Amount	
	B					1 4-		Amount	
С.	Beginning balance								
	Additions during the year								
е	Distributions during the year						-		
f	Ending balance							7	
	Did the organization include an amount on Fo					ty?	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	tV Endowment Funds Complete if								
		(a) Current year	(b) Prior y	ear (c) Two ye	ars back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs				Į				
	Administrative expenses							,	
	· I								
g	End of year balance Provide the estimated percentage of the curr		l	man (a)) hold as:				L	
2				imm (a)) neid as.					
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C		%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	neld and administe	ered for the	е		<u></u>	- 1
	organization by:								es No
	(i) Unrelated organizations?							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Schedu	le R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o	other (b) Cost or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr		basis (other)	de	oreciation			
19	Land		1		15				
b	Buildings								
	Leasehold improvements								,
					 				
	Equipment			13,025.		8,7	50.	4	,275.
	Other		V //== 10= ==		·	-,,,		4	.275.

Schedule D (Form 990) 2023

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) 2023

(8)

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

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047	2023	Out of Dockline

Open to Public Inspection

2 [] Employer identification number Schedule I (Form 990) 2023 26-4448238 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. THE LUCY PET FOUNDATION, Enter total number of other organizations listed in the line 1 table Part | General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Partil

THE LUCY PET FOUNDATION, INC.

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Page 2

26-4448238

Schedule I (Form 990) 2023

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(f) Description of noncash assistance							
(e) Method of valuation (book, FMV, appraisal, other)			iditional information.				
(d) Amount of non- cash assistance			(b); and any other ac				
(c) Amount of cash grant			e 2; Part III, column				2
(b) Number of recipients			uired in Part I, lin				
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				

Schedule I (Form 990) 2023

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

THE LUCY PET FOUNDATION, INC.

Employer identification number 26-4448238

1	(b) Relationship between disqualified	(-) Di-ti	(d) Corr	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u> </u>
2 Enter the amount of tax incurred to section 4958	by the organization managers or disqualified pe	rsons during the year under		
	line 2, above, reimbursed by the organization	<u>* -</u>		

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

	reported a	n amou	int on Form 990								10 3 A .			
	Name of sted person		(b) Relationship with organization	(0). 0.000	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Approved by board or committee? (i) Writ agreeme		ritten ment?	
					То	From			Yes	No	Yes	No	Yes	No
(1)LUCY	PET P	ROD	OFFICERS	INTEREST		Х	124,160.	124,160.		Х	X		X	
(2)														
(3)	·													
(4)														
(5)														
(6)									ļ					
_(7)														
(8)						<u> </u>					<u> </u>			
(9)		,			ļ									
(10)					<u> </u>	<u> </u>								
Total							\$	124,160.	2000 6 000 1000 1000 1000 1000 1000 1000		li li		77.83	1 150 / 175 /

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization	answered "Yes" on Form 990, Pa	rt IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)			<u> </u>	
(3)				
(4)				ļ
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)	<u> </u>			1,

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

	ed "Yes" on Form 990, Part IV, line 28a, 26		T (ND 2)	(e) Sha	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation nues?
				Yes	No
				ļ	<u> </u>
				 	
				ļ <u>.</u>	
				 	-
)				 	
art V Supplemental Information				•	•
Provide additional information for res	sponses to questions on Schedule L. See	instructions.			
CHEDULE L, PART II, LOAN	S TO AND FROM INTERES	TED PERSONS	S:		
) NAME OF PERSON: LUCY	PET PRODUCTS LLC				
B) RELATIONSHIP WITH ORG	ANIZATION: OFFICERS A	ND DIRECTO	RS		
) PURPOSE OF LOAN: INTE	REST FREE LOAN FOR EX	PENSES PAI	ON BEHALF	OF T	HE
TTITY					
			· · · · · · · ·		

			·····		
			· · · · · · · · · · · · · · · · · · ·		

SCHEDULE 0 (Form 990)

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 the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

THE LUCY PET FOUNDATION, INC.

Employer identification number 26-4448238

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CAUSES THAT BENEFIT ANIMAL WELFARE.
FORM 990, PART VI, SECTION A, LINE 2:
JOSEPH HERRICK & LYNNDA HERRICK ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY REVIEWS THE TAX RETURN WITH THE C.P.A. BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
PERIODIC DIRECT INQUIRY TO THOSE SUBJECT TO THE CONFLICT OF INTEREST
POLICY.
FORM 990, PART VI, SECTION B, LINE 15B:
REVIEW WITH OUTSIDE PARTIES
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.
MANIEL OF ON ADGODATA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

2023

OMB No. 1545-0047

Employer identification number 26-4448238

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income 9 Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) INC. Primary activity THE LUCY PET FOUNDATION, Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Partl

(g) Section 512(b)(13) controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section T Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

ž

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

Schedule R (Form 990) 2023

332161 09-28-23 LHA

26-4448238 Page 2

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related (b) (h) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	N/A N/A X N/A X N/A N/A	balated related	Section Section 512(b) 17 (c) Section 512(b)	CA N/A S CORP N/A N/A A	Schedule R (Form 990) 2023	
Schedule R (Form 990) 2023 THE LUCY PET FOUNDATION, INC Part III organization of Related Organizations Taxable as a Partnership. Comp (c) (b) Legal (a) Primary activity (resign of related organization (c) (d) Legal (d) (e) Legal (d) LINAS PROVIDED E, CA CHARITABLE SUPPORT		Identification of Related Organizations Taxable as a Corporation or Trust. Identification of Related Organizations treated as a corporation or trust during the tax year. (a) Primary activity Pr	JIH PRODUCTS INC - 47-2279217 JI340 VIA COLINAS STE 106 WESTLAKE VILLAGE, CA 91362			

Page 3

k + , %

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	٤
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ted organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift. grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				1d	×	
		· · · · · · · · · · · · · · · · · · ·		4	×	
E LOAIS Of IDAI guarantees by refered organization(s)				2		
(a) and the second probability of the second				*		×
T DIVIDENDS ITOM FEIGUED OF DAINZALION(S)				1	T	; >
g Sale of assets to related organization(s)				5	\dagger	₄ ;
h Purchase of assets from related organization(s)				£		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ŧ		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			Ę	1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			1		×
				9		×
p. Reimbursement paid to related organization(s) for expenses				9		×
Beimbursement paid by related organization(s) for expenses				10		×
					. 5	
And a base of a second as				Ļ		×
				÷	1	×
S Other transfer of cash of property from related organization(s)	ho must complete this	r bereited paipulate anii s	oformation on who must complete this line including coursed relationshine and transaction thresholds	2	1	:
2 If the answer to any of the above is "Yes," see the instructions for information on wr	no must complete unit	sime, including covered r	elations indicate in the shorts.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1) LUCY PET PRODUCTS, LLC	Q	124,160.	LOAN MADE			
(2)						
(3)						
(4)						
(5)						
(9)						
322163 09-28-23			Schedul	Schedule R (Form 990) 2023	(066	2023

Schedule R (Form 990) 2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

organization. See instructions regarding exclusion for certain investment partnerships. (b) (c) (d) (e) (f) (g) (h)	Primary activity Legal domicile Predominant income parties sec. Share of Dispressor Code V-UBI Gen (state or foreign Code V-UBI (state or foreign Code V-UBI Code V-U	country) sections 512-514) Yes No																	
that was not a related organization. See ins	Name, address, and EIN of entity																		