

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE LUCY PET FOUNDATION, INC.		D Employer identification number 26-4448238
	Doing business as		E Telephone number (855) 499-5829
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 127,201.
	31340 VIA COLINAS, UNIT 101		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	City or town, state or province, country, and ZIP or foreign postal code WESTLAKE VILLAGE, CA 91362		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
	F Name and address of principal officer: JOSEPH HERRICK 5022 ROYAL VISTA CT, WESTLAKE VILLAGE, CA 9		H(c) Group exemption number

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

J Website: **WWW.LUCYPETFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2009** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO REDUCE PET OVERPOPULATION BY HAVING MOBILE SPAY/NEUTER CLINICS ACROSS THE COUNTRY AND TO SUPPORT		
	2 Check this box <input type="checkbox"/> 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	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	8
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	185,627.	127,201.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	185,627.	127,201.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	15,000.
	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)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	112,724.	150,748.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,724.	165,748.	
19 Revenue less expenses. Subtract line 18 from line 12	72,903.	-38,547.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	216,817.	178,270.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		216,817.	178,270.

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 <i>Joseph Herrick</i> PRESIDENT	Date 2/27/2025			
	Type or print name and title				
Paid Preparer Use Only	Preparer's name SCOTT B. HOWARD	Preparer's signature SCOTT B. HOWARD	Date 02/06/25	Check if self-employed <input type="checkbox"/>	PTIN P00404602
	Firm's name BAKER TILLY ADVISORY GROUP, LP	Firm's address 6320 CANOGA AVE, 17TH FLOOR WOODLAND HILLS, CA 91367	Firm's EIN 39-0859910	Phone no. 818.995.0090	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION