For calend	ar year 2024 or tax year beginning	Jan 01, 2024	and ending Dec	31, 2024			
Name: Name line 2: Address: City, State, and Zip Code:	DIVINE MERCY FOUN 2604 HALLSEY DR VENUS TX 76084-	DATION	Telepho	EIN: <u>88-3638463</u> none No: <u>810-399-9861</u>			
Email address							
with gross receipts less	nder section 501(c), 527 or 4947(a)(s than \$200,000 and total assets les: ection 4947(a)(1) nonexempt charita	s than \$500,000 at the end	of the year (Form 990	•			
Preparer ID: $\frac{FRB}{BIB}$ Preparer name: $\frac{BIB}{BIB}$ Firm's name: $\frac{BIB}{Address}$ City, State, ZIP Code: $\frac{IRB}{BIB}$	CONO COENTERTAINMENT LL 04 W WALNUT HILL L	C N SUITE 118	Self-emplo Firm's	Date: 04/01/2025 PTIN: P02015362			

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047
2024

Open to Public Inspection

го	rcaler	idar year 2024 or tax year beginning Jan 01,	2024		, and	enaing De	ec 31, 2024		
Na	me of fou	undation				A Employer	identification number	er	
		MERCY FOUNDATION							
Nu	mber and	d street (or P.O. box number if mail is not delivered to street address)		Room/	suite	88-3638	463		
		ALLSEY DR				B Telephone	e number (see instructi	ons)	
City	or town	n, state or province, country, and ZIP or foreign postal code							
VE	NUS	TX	7608	4-		810-399	-9861		
Foi	eign cou	untry name Foreign province/state/county	Forei	gn posta	l code	C If exempt	ion application is pend	ing, check here	
G	Check		n of a former p	oublic c	harity	D 1. Foreig	n organizations, check	here	Ш
						2. Foreig	n organizations meetin	g the 85% test,	
		☐ Address change ☐ Name cha					here and attach compo		Ш
<u>H</u>	Check	type of organization: X Section 501(c)(3) exempt	private founda	tion		•	foundation status was		П
	Section	on 4947(a)(1) nonexempt charitable trust 📙 Other ta				Section St	07(b)(1)(A), check here		
I	Fair m	narket value of all assets at J Accounting method	od: 🗌 Cash	x Ac	ccrual	F If the four	ndation is in a 60-mont	h termination	
	end of	f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), chec		
	line 16	6) \$ (Part I, column (d), mus	t be on cash bas	is.)					
Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue	e and				(d) Disbursemen	ıts
		amounts in columns (b), (c), and (d) may not necessarily	expenses			t investment icome	(c) Adjusted net income	for charitable purposes	
		equal the amounts in column (a) (see instructions).)	books		"	icome	income	(cash basis only	<i>(</i>)
	1	Contributions, gifts, grants, etc., received (attach schedule)	. 159,	964					
	2	Check if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities							
	5a	Gross rents							
	b	Net rental income or (loss)							
Revenue	6a	Net gain or (loss) from sale of assets not on line 10							
	b	Gross sales price for all assets on line 6a							
é	7	Capital gain net income (from Part IV, line 2)							
œ	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold 168,29							
	C	Gross profit or (loss) (attach schedule)	-168,	299					
	11	Other income (attach schedule)		225					
	12	Total. Add lines 1 through 11	-8,	335					
penses	13 14	Other employee salaries and wages							_
ŝuŝ	15	Pension plans, employee benefits							
	16a	Legal fees (attach schedule)							_
ш	b	Accounting fees (attach schedule)							
<u>×</u>	C	Other professional fees (attach schedule)		+					
at	17	Interest							_
str	18	Taxes (attach schedule) (see instructions)							
Ξ	19	Depreciation (attach schedule) and depletion							
Operating and Administrative Ex	20	Occupancy							
ĕ	21	Travel, conferences, and meetings							_
pq	22	Printing and publications							
a	23	Other expenses (attach schedule)							_
ij.	24	Total operating and administrative expenses.				-			
rat		Add lines 13 through 23							
bei	25	Contributions, gifts, grants paid							
ō	26	Total expenses and disbursements. Add lines 24 and 25.							
	27	Subtract line 26 from line 12:							
	а	Excess of revenue over expenses and disbursements .		335					
	b	Net investment income (if negative, enter -0-)							
	С	Adjusted net income (if negative, enter -0-)							

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	f year
	_	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
_	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
	-	Less: allowance for doubtful accounts				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ĄŠ	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)			-	
	C	Investments—corporate stock (attach schedule)				
	11	Investments—land, buildings, and equipment: basis				
	11	Loce: accumulated depreciation (attach schedule)				
	12	Less: accumulated depreciation (attach schedule) Investments—mortgage loans				
	13				-	
	_	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis				
	15	Less: accumulated depreciation (attach schedule)				
	_	Other assets (describe)				
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)				
	47					
	17	Accounts payable and accrued expenses			-	
es	18	Grants payable			-	
Liabilities	19	Deferred revenue			\dashv	
ä	20	Loans from officers, directors, trustees, and other disqualified persons			\dashv	
Ë	21	Mortgages and other notes payable (attach schedule)			\dashv	
	22 23	Other liabilities (describe)			-	
	23	Total liabilities (add lines 17 through 22)				
Balances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30				
Ĕ	0.4				\dashv	
ä	24	Net assets without donor restrictions			\dashv	
	25	Net assets with donor restrictions				
or Fund		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30				
屲						
	26	Capital stock, trust principal, or current funds				
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			-	
SSE	28	Retained earnings, accumulated income, endowment, or other funds			-	
ğ	29	Total net assets or fund balances (see instructions)				
<u>e</u>	30	Total liabilities and net assets/fund balances (see				
_		instructions)				
	art III	Analysis of Changes in Net Assets or Fund Balances		***		
1		net assets or fund balances at beginning of year—Part II, column (
_		of-year figure reported on prior year's return)			1	
		r amount from Part I, line 27a			2	-8,335
		r increases not included in line 2 (itemize)			3	
		lines 1, 2, and 3			4	-8,335
5	Decre	eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5)—Pa			5	
6	ı otal	net assets of fund dalances at end of year (line 4 minus line 5)—Pa	aπ II. column (b). line 2	9	6	-8.335

Part I	V Capital Gains and	d Losses for Tax on Investm	nent Income				
		nd(s) of property sold (for example, real esta use; or common stock, 200 shs. MLC Co.)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a							
b							
С							
d							
е							
	(e) Gross sales price			or other basis ense of sale		n or (loss) (f) minus (g))	
а							
b							
С							
d							
е	0 11 11			40/04/00			
	Complete only for assets sh	owing gain in column (h) and owned				I. (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	` '	ss of col. (i) I. (j), if any		t less than -0-) or rom col. (h))	
а							
b							
С							
d							
е							
2	Capital gain net income or	r (net canital inss) 1	also enter in Pa , enter -0- in Pa	>	2		
3		n or (loss) as defined in sections , line 8, column (c). See instruction					
	•		, ,	>	3		
Part		on Investment Income (Section			instructions)		
1a	Exempt operating foundations desc	ribed in section 4940(d)(2), check here	and enter "N	J/A" on line 1.)		
	Date of ruling or determination letter				.) 1		
b	ů .	s enter 1.39% (0.0139) of line 27b. E			' } 		
		ol. (b)			. J		
2	Tax under section 511 (dome	estic section 4947(a)(1) trusts and tax	able foundations	only; others, enter -	0-) 2		
3	Add lines 1 and 2				3		
4	Subtitle A (income) tax (dome	estic section 4947(a)(1) trusts and tax	xable foundations	only; others, enter-	0-) 4		
5	Tax based on investmen	t income. Subtract line 4 from li	ne 3. If zero or I	less, enter -0	5		
6	Credits/Payments:						
а		ents and 2023 overpayment cred		6a			
b		ons—tax withheld at source					
С		or extension of time to file (Form	•	6c			
_d		eously withheld					
7		s. Add lines 6a through 6d			7		
8		erpayment of estimated tax. Che		if Form 2220 is			
9		es 5 and 8 is more than line 7, en					
10		more than the total of lines 5 and		•			
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded 11						

Form 9	90-PF (2024) DIVINE MERCY FOUNDATION 8	8-3638463	3 F	age 4
Part	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	. 1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition			Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	S		
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	<u>1c</u>		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed		
_	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			Х
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			Х
3	If "Yes," attach the statement required by <i>General Instruction T</i> .			Λ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
·	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 	at		
	conflict with the state law remain in the governing instrument?		Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV.		Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	3)		
	4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If			
	"Yes," complete Part XIII	. 9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the			
	names and addresses	. 10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
40	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions			37
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			X
13	Website address	13		Λ
11		E17 216 6	611	
14	· ' · · · · · · · · · · · · · · · ·	517-316-6	0044	
45		76084-		<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here .	 - 1		
16	and enter the amount of tax-exempt interest received or accrued during the year	J	Yes	No
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other	40	162	
	authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
	name of the foreign country			

Part	VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		Х
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		Х
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	1a(6)		Х
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2024?	1d		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2024? If "Yes," list the years	2a		X
	20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	OI-		
_	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
20	20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a	at any time during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or	Ja		Λ
D	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2024.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable	0.0		
	purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	.u		
~	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2024?	4b		Х
) DE	

Par	t VI-B Statements Regarding Activities f		ich Form 4	720 Ma	ay Be Reg	uired (30103		age c
5a	During the year, did the foundation pay or incur a				,		,		Yes	No
	(1) Carry on propaganda, or otherwise attempt to			n (sectio	on 4945(e))?		5a(1)		Х
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,									
	directly or indirectly, any voter registration drive?					5a(2)		Х		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?					5a(3)		Х		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in									
	section 4945(d)(4)(A)? See instructions							5a(4)		X
	(5) Provide for any purpose other than religious,			-						
	purposes, or for the prevention of cruelty to c							5a(5)		X
b	If any answer is "Yes" to 5a(1)–(5), did any of the									
	Regulations section 53.4945 or in a current notice	•	•					5b		
C	Organizations relying on a current notice regarding	-					· · · ·			
d	If the answer is "Yes" to question 5a(4), does the			•				Ed		
	because it maintained expenditure responsibility f If "Yes," attach the statement required by Regulat	-						5d		
6a	Did the foundation, during the year, receive any fu				o pay prom	iume o	a a porconal			
va	benefit contract?		-	-			•	6a		Х
b	Did the foundation, during the year, pay premium							6b		X
	If "Yes" to 6b, file Form 8870.	o, anoo	try or mander	iy, on a	poroonarb	orioni (ontraot	0.0		
7a	At any time during the tax year, was the foundation	n a pai	rtv to a prohib	ited tax	shelter tra	nsactio	on?	7a		Х
b	If "Yes," did the foundation receive any proceeds							7b		
8	Is the foundation subject to the section 4960 tax of									
								8		Х
Par	excess parachute payment(s) during the year? . t VII Information About Officers, Director	ors, Tr	ustees, Fo	undati	ion Manag	gers, I	lighly Paid Em	ployee	es,	
	and Contractors									
1	List all officers, directors, trustees, and found									
	(a) Name and address	hou	e, and average irs per week	`´(lf ı	mpensation not paid,	emple	Contributions to byee benefit plans	(e) Expe	nse aco allowan	
	D DTD5000		ted to position	er	nter -0-)	and def	erred compensation	Ourier a	allowari	ces
	R BIDZOGO HALSEY DR	DIREC	210R 40							
2004	HALSEI DR		40							
2	Compensation of five highest-paid employees	(other	than those	include	ed on line	1—see	instructions). If	none, e	enter	
	"NONE."									
			(b) Title, and a	average			(d) Contributions to employee benefit	(a) Eypo	200 000	ount
	(a) Name and address of each employee paid more than \$50,00	00	hours per v		(c) Comper	nsation	plans and deferred	(e) Expe	allowan	
			devoted to p	USILION			compensation			
NONE										
Total	number of other employees paid over \$50,000		1		1		l			

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Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part VIII-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part VIII-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
	Amount
*	
·	
2	
All other program-related investments. See instructions.	
3	
·	
Total. Add lines 1 through 3	

Form **990-PF** (2024)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations,	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	
6	Minimum investment return. Enter 5% (0.05) of line 5	6	
Part	X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation and certain foreign organizations, check here and do not complete this part.)	ons	
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2024 from Part V, line 5		
b	Income tax for 2024. (This does not include the tax from Part V.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .	7	
Part	XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	

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Pan	Undistributed income (see instructions)				
		(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
	Birth and account Brayer	Corpus	rears prior to 2023	2023	2024
1	Distributable amount for 2024 from Part X, line 7				
2	Undistributed income, if any, as of the end of 2024:				
a	Enter amount for 2023 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2024:				
a	From 2019				
b	From 2020				
C	From 2021				
d	From 2022				
e	From 2023				
f 4	Total of lines 3a through e				
4	Qualifying distributions for 2024 from Part XI,				
_	line 4: \$				
a	Applied to 2023, but not more than line 2a.				
D	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
اہ	required—see instructions)				
	Applied to 2024 distributable amount				
e	Remaining amount distributed out of corpus .				
5	Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same				
	amount must be shown in column (a), the same				
6	Enter the net total of each column as				
O	indicated below:				
_	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
a h	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
_	amount—see instructions				
е	Undistributed income for 2023. Subtract line				
_	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2024. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2025				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2019 not				
	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2025.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2020				
b	Excess from 2021				
С	Excess from 2022				
d	Excess from 2023				
_	Evenes from 2024				

Part	XIII Private Operating Foundation	ons (see instruct	ions and Part V	I-A, question 9)		
1a	If the foundation has received a ruling of	or determination le	etter that it is a priv	vate operating		
	foundation, and the ruling is effective for	or 2024, enter the	date of the ruling.			
b	Check box to indicate whether the foundation	n is a private operat	ing foundation desc	ribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		/ \ - / \
	income from Part I or the minimum	(a) 2024	(b) 2023	(c) 2022	(d) 2021	(e) Total
	investment return from Part IX for each year listed	, ,			, ,	
b	85% (0.85) of line 2a					
	Qualifying distributions from Part XI,					
J	line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part IX, line 6, for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part		(Complete thi	s part only if th	e foundation ha	d \$5.000 or mo	re in assets at
	any time during the year—				, , , , , , , , , , , , , , , , , , , ,	
1	Information Regarding Foundation N		/			
а	List any managers of the foundation wh		d more than 2% o	of the total contribut	tions received by t	he foundation
	before the close of any tax year (but or					
	, ,			, ,	. , . , ,	
b	List any managers of the foundation wh	no own 10% or mo	ore of the stock of	a corporation (or a	n equally large po	rtion of the
	ownership of a partnership or other ent			•		
		,		J		
2	Information Regarding Contribution	Grant. Gift. Loa	n. Scholarship, e	tc Programs:		
	Check here if the foundation or		_	_	nizations and does	not accept
	unsolicited requests for funds. If the fou					
	conditions, complete items 2a, b, c, and			· ·		
a	The name, address, and telephone nur	mber or email add	ress of the person	to whom application	ons should be add	lressed:
_				. to miom apphoan		
HERV	E POLA 517-316-6644 2604 H.	ALSEY DR VEN	US TX 76084-			
	The form in which applications should be				d include.	
~			omaton and m	alonalo alloy orloan		
С	Any submission deadlines:					
U	, Gabiinooloff acadiiries.					
	Any restrictions or limitations on award	s such as hy deo	graphical areas	haritable fields kin	ds of institutions	or other
u	factors:	c, oddir do by geo	grapinoui areas, o		as or moditations, t	J. J. 101

Total

88-3638463 Page **11** Form 990-PF (2024) DIVINE MERCY FOUNDATION Part XIV Supplementary Information (continued) **Grants and Contributions Paid During the Year or Approved for Future Payment** If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor contribution Name and address (home or business) recipient Paid during the year 3a **b** Approved for future payment

	990-PF					88-363	8463 Page 12
Pa	rt XV-	A Analysis of Income-Producing Ac	tivities				
Ente	er gross	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Progr	am service revenue:					(See instructions.)
	a						
	b						
	c						
	d						
	е						
	f						
	g Fe	ees and contracts from government agencies					
2	Memb	pership dues and assessments					
3	Interes	st on savings and temporary cash investments .					
4		ends and interest from securities					
5	Net re	ental income or (loss) from real estate:					
		ebt-financed property					
		ot debt-financed property					
6		ental income or (loss) from personal property					
7		investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		revenue: a					
••	h						
	u _						
12	Subto	otal. Add columns (b), (d), and (e)					
		. Add line 12, columns (b), (d), and (e)				13	
		sheet in line 13 instructions to verify calculation				13	
	rt XV-			ent of Evenn	t Durnosos		
	e No.			-	•		
LIII	e No.	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	e is reported in c oses (other than	olumn (e) of Part . by providing fund	XV-A contributed Is for such purpos	importantly to the ses) (See instruction	ons)
		accompliant of the real date of exempt park	(0.000 (0.000 0.000)	2) p. 0 1 a g . a a		(000	

Form 9	o∩-PF	(2024) DIVINE	MERCY FOUNDAT	TTON		88-36	38463	Po	ge 13
	XV	(-)	Regarding Trans		tions and Re	elationships With Nonchari		га	ge I
1	in so	the organization of ection 501(c) (other anizations?	directly or indirectly e er than section 501(d	c)(3) organizations) or ir	n section 527, r			Yes	No
а	(1)	Cash					1a(1)		X
b	Oth	er transactions:					1a(2)		X
	(2)	Purchases of asse	ets from a noncharita	able exempt organization	n		1b(1) 1b(2) 1b(3)		X X
	(4)	Reimbursement a	rrangements				1b(3) 1b(4) 1b(5)		X
•	(6)	Performance of se	ervices or membersh	ip or fundraising solicita	itions		1b(6) 1c		X
c d	If the	e answer to any of the of the goods, other	he above is "Yes," cor er assets, or services o	nplete the following sched given by the reporting foun	ule. Column (b)	should always show the fair marker undation received less than fair mar ods, other assets, or services recei	t ket		Α
(a) Lin	e no.	(b) Amount involved	(c) Name of nonc	charitable exempt organization	(d) Des	scription of transfers, transactions, and sh	aring arra	angeme	ents
2a b	des	cribed in section 5		ated with, or related to, ction 501(c)(3)) or in se		x-exempt organizations	Yes	X N	0
		(a) Name of organ		(b) Type of organ	ization	(c) Description of relation	onship		

	Under penalties of perjury, I declare that I have examined this r				belief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpa	May the IRS discuss this return			
Here		with the preparer shown below? See instructions. X Yes No.			
	Signature of officer or trustee	Date	Title		See instructions. X Yes No

Here		04/01/2023 DIRECTOR						with the preparer shown below? See instructions. X Yes N		
	Sigr	Signature of officer or trustee		Date	Title			See msuu	Citoris. X 1es	. <u>Пи</u>
Paid		Preparer's name BIKONO		Preparer's signature BIKONO		Date 04/01/2	025 Chec	k I I if	PTIN P0201536	2
Prepare		Firm's name	BIKOENTERTAINM	ENT LLC			Firm's EIN			
Use Or	ıly	Firm's address	1404 W WALNUT B	HILL LN SUITE	118		Phone no.	646-	606-7675	

Schedule B (Form 990)

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

88-3638463

Name of the organization

DIVINE MERCY FOUNDATION

Employer identification number

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

EOFT 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning ${\tt Jan~01}$, 2024, and ending ${\tt Dec~31}$, 20 ${\tt 24}$

2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

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

Name of filer EIN or SSN DIVINE MERCY FOUNDATION 88-3638463 Name and title of officer or person subject to tax NONE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b. 6b. 7b. 8b. 9b. or 10b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here . . . **b Total tax** (Form 1120-POL, line 22). 3b 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part V, line 5). . 4b 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of periury. I declare that I am an officer of the above entity or X I am a person subject to tax with respect to (name of entity) DIVINE MERCY FOUNDATION , (EIN) 88-3638463 and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | I authorize BIKOENTERTAINMENT LLC to enter my PIN 76084 as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 04/01/2025 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 71159776084 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. franck bikono 04/01/2025 ERO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Name: DIVINE MERCY FOUNDATION

ID: 88-3638463

Description: INVESTMENT

Туре	Amount
TUITION FEES	25,000.
LAND DEPOSIT RENTAL	2,000.
BUILDING FOR THE FOUNDATION	22,479.
RETAINING CONSTRUCTION WALL	22,300.
WALLS ELEVATION	34,700.
FRAMEWORK AND SHEET METAL	13,500.
DOOR FRAMES AND DOORS	6,500.
WINDOWS AND FRAMES	2,900.
GATES AND WINDOWS	9,000.
GUTTERS	3,906.
REFURBISHING	5,200.
FINISHING GUTTERS	1,700.
ORPHANS	2,000.
LAND RENTAL	8,064.
LAND PAYMENT 11/25/2024	
ELETRIC REPAIR	2,420.
FURNITURES	1,630.
ORPHANS TUITION	5,000.
	1.60 000
Total	168,299.