### Form 990

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For th	e 2021 cale	endar year, or tax year begin	nina	2/	021 00	d endin	171		, 20
<b>B</b> C	heckif	applicable:	C Name of organization TH				u enum			
	Addres	s change	Poing business as THE	PET PROJECT FOR P	CEC THO	MC				entification number
П	Name c	hange							THE PERSON NAMED IN	440098
	nitral re	20	200 NEW OTHER PLAN	il mail is not delivered to street ad	dress)	Rec	m/suite	E Telep		
-	Final re		2200 NW 9TH AVE						954-	568-5678
I-mad.	lermina		City or town, state or provin	nce, country, and ZIP or forei	gn postal cod	de		G Gross	3	
			WILTON MANORS F			Microsoft and Company of the		recei	ots \$	596,749
-		ed return	F Name and address of pr			H(a)	Is this a	group retur	n for sub	ordinates? Yes X No
10000		tion pending	SEE ATTACHMENT	#1		H(b)	Are all su	bordinates	included	17 Yes No
		empt status:		) 4 (insert no.) 4947(a)(1)	or   527	1	If "No," a	ttach a list	. See inst	ructions.
JM	ebsit	e:▶ WWW	. PETPROJECTFORF	ETS.ORG	- Landing of the Control of the Cont	H(c)	Group ex	emption nu	mber I	-
KF	orm of c	organization:	DA -	Association Other	I Yea	-	-	2002	*	te of legal domicile: FL,
Pa	rt I	Summ	iary	water the state of		**************************************		C. O O Z.	1 101	- Li
	1		scribe the organization's mission	n or most significant activities			······································	-		
di	TO	PROMO	TE AND PRESERVE	TUP DIMANT AND	ANTEMA	T D/	OMC	TTO 7	CCTC	om MTMI
Activities & Governance	PE	CARE	AND MAINTENANC	THE HUMAN AND	DEODI	TI TI	JIVD	TUP	COOL	ST WITH
rna	OR	SEVER	ETV DICEADITMC	E EXPENSES FUR	. PEOPL	E W.	LTH .	LIFE	THRE	SATENING
Se	2	Chack this	ELY DISEABLING	DISEASES						
Ö		Alumah au a	s box ▶ if the organization	discontinued its operations o	r disposed o	f more	than 25°	% of its n	et asset	
elf (f)	3	Number o	f voting members of the govern	ning body (Part VI, line 1a)					3	7
9	4	Number o	f independent voting members	of the governing body (Part	VI, line 1b)				4	5
>	5	Total num	ber of individuals employed in	calendar year 2021 (Part V, li	ne 2a)				5	1
C.	6	Total num	ber of volunteers (estimate if ne	acessary)					6	60
	7a	Total unre	lated business revenue from Pa	art VIII, column (C), line 12 .					7a	
	b	Net unrela	ited business taxable income fr	om Form 990-T. Part I. line 1	4				7b	0
-	1			on to on tood 1,1 cart, mic 1	1	<del></del>		or Year	70	
ď1	8	Contribution	ons and grants (Part VIII, line 1)	<b>b)</b>		-	Pri		772	Current Year
Revenue	9							992,	-	447,026
S.	9 Program service revenue (Part VIII, line 2g)									49,065
8		Owner	Income (Part VIII, column (A),	lines 3, 4, and 7d)	*****	• • •			698	26,825
	11	Other reve	nue (Part VIII, column (A), lines	s 5, 6d, 8c, 9c, 10c, and 11e)						
(Secretary)	12	lotal rever	nue add lines 8 through 11 (	must equal Part VIII, column	(A), line 12)			1,106,	409	522,916
	13	Grants and	d similar amounts paid (Part IX,	column (A), lines 1-3)						
	14	Benefits pa	aid to or for members (Part IX, o	column (A), line 4)						
(4)	15	Salaries, of	ther compensation, employee t	penefits (Part IX, column (A),	lines 5-10) .	T		45,	000	67,281
Expenses	16a		al fundraising fees (Part IX, colu							
Ĉ.	b	Total fundr	aising expenses (Part IX, colum	nn (D), line 25)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		. 35	
ú			enses (Part IX, column (A), lines					403,	560	413,482
			nses. Add lines 13-17 (must eq					448,		At the state of th
			ess expenses. Subtract line 18 t							480,763
us.	10	11070110010	os experises. Contract line 10 i	TOTAL MILE 12				657,	849	42,153
900	00	Total passis	/Dest V Fee dC)			L	Beginning	of Current		End of Year
Fire	20		s (Part X, line 16)					691,	545	733,698
Net Assets or Fund Balances	21		ies (Part X, line 26)							
			or fund balances. Subtract line	21 from line 20				691,	545	733,698
Part		Signatu	ure Block							
Underp	enaltie	s of perjury, (	declare that I have examined this re	turn, including accompanying schr	dules and state	ements.	and to the	e best of m	v knowle	doe and helief it is
true, co	rrect, a	nd complete.	Declaration of preparer (other than o	officer) is based on all information	of which prepa	arer has	any know	ledge.	,	oge and bener, it is
		1		**************************************						
Sign		Signa	ture of officer							
Here	-	8	CHAEL CAMARDELLO	3	CEO	m m m	0 * 0 0	3.7173	L	Date
11010	1			2	CEO	PKE	SIDE	M.T.	-	***
*****	1	-	or print name and title	T				7	<del></del>	Y-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Dold		1	ype preparer's name	Preparer's signature	Date			Check	if	PTIN
Paid		-	ME CICIOLLA	DIANE CICIOLLA	1 03-	-30-	2022	self-em	ployed	P00140225
Prepa			name ▶ BLOCK ADVI	SORS			Fin	m's EIN	431	871840
Use (	Only	Firm's	address ▶ 2413 E AT	CLANTIC BLVD				one no.		- 2010
		Andrews and the same of the sa	ANO BEACH FL 33					54)7	81_n	212
Vay the	IRS		return with the preparer show				113	JA) 10	27-0	The same of the sa
NAME OF TAXABLE PARTY.	mediane extended to	Control of the Contro	ion Act Notice, see the separ							···· Yes X No
WI TE	MET BAC		arrange inches, acc me separ	and mondiff.						Form 990 (2021)

Forn	m 990 (2021) THE PET PROJECT FOR PETS I 37-1440098	Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	
	TO PROMOTE AND PRESERVE THE HUMAN AND ANIMAL BOND TO ASSIST WITH	
	PET CARE AND MAINTENANCE EXPENSES FOR PEOPLE WITH LIFE THREATENIN	G
	OR SEVERELY DISABLING DISEASES	
2	Did the organization undertake any significant program services during the year which were not listed on the	DANGEROS
	prior Form 990 or 990–EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
(02)	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	SEE ATTACHMENT #2	
4h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
1133	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		**************************************
		-
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		eratinitis (min = 5000)
	Other program services (Describe on Schedule O.)	70-3
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ▶	

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	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part i	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		
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			
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
٥	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,"			7.7
0	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			3.7
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted	40		7.7
11	endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	J. J.A.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.		200	200
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	444	v	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more	11a	X	
N	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	110		Δ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		Λ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	110		21
	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			21
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
s grape con	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
272	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20200	If "Yes," complete Schedule G, Part III	19		_X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	1990 (2021) THE PET PROJECT FOR PETS I 37-1440098		P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
		Am 22 - 10000	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		1	
190	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N$ /.A.	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
572001	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b	-	X
	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,			TV-2007
	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,		371.5	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			, V
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"	00-		3.7
	complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		v
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		X
· ·	"Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		21
	conservation 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		21
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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 Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	X	-
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • • •		Ш
10	Enter the number reported in her 0 of Ferra 1000 Ferra 2000		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W–2G included on line 1a. Enter –0– if not applicable	1	112	
•	and any organization comply with packup withholding rules for reportable dayments to vendors and		1	100

10

Form 990 (2021)

Part	The state of the s		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4331	20-1	-67				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions							
3a	the year and the second of the dailing the year and an arrangement of the second of th							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, N/A							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country		1.8					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	= -	2.00					
5a	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		X				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the $N/A$							
Name	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
221	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	***						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		and a					
100	and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was N/A							
naf	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year		dans alla					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X				
8	The state of the s							
	sponsoring organization have excess business holdings at any time during the year?		1	3.7				
9	Sponsoring organizations maintaining donor advised funds.	8		X				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X				
10	Section 501(c)(7) organizations. Enter:	30	a d					
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 10b			- Dec 1				
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	7		8 - 4				
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0	40-12	144					
	Section 501(c)(29) qualified nonprofit health insurance issuers.			V = 1				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X				
	Note: See the instructions for additional information the organization must report on Schedule O.	7						
	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			ga. I				
	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 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or N/A	4-	- 1	37				
	excess parachute payment(s) during the year?	15		X				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V				
	If "Yes," complete Form 4720, Schedule O.	16		X				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		V				
	If "Yes," complete Form 6069.	450		<u>X</u> _				

Form	990 (2021) THE PET PROJECT FOR PETS I 37-1440098			Page 6			
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	ra "Ni	age c			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in	structio	ns.	,			
	Check if Schedule O contains a response or note to any line in this Part VI			П			
Sect	ion A. Governing Body and Management						
100			Yes	No			
1a		7		1			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar						
s	committee, explain on Schedule O.						
b	MICHAEL TO A STATE OF THE PARTY	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1 10	4/1			
	the year by the following:			3 12			
а	The governing body?	8a	X				
b	8D						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
100	Did the exercises at the last of the last		Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		X			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?N./.A.	10b					
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Y.	e de	Ú.,			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X			
IJ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give						
C	rise to conflicts?	12b					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	40-					
13	Did the organization have a written whistleblower policy?	12c		77			
14	Did the organization have a written document retention and destruction policy?	13	-	X			
15	Did the process for determining compensation of the following persons include a review and approval by	14		X			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	45-		37			
b	Other officers or key employees of the organization	15a	_	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a	F-1-1-0-4	V			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104	1257	X			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16h		Same of			
Section	on C. Disclosure	16b					
17	List the states with which a copy of this Form 990 is required to be filed ▶ F'⊥	VII. 18 18 - 14					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501)	c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	٥,					
	Own website Another's website  Upon request  Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and					
	financial statements available to the public during the tax year.						

State the name, address, and telephone number of the person who possesses the organization's books and records

	(2021)

THE PET PROJECT FOR PETS I 37-1440098

Page 7

### 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

Section A. 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

Check this box if neither the orga	inization no	or any re	lated o	organiz	zation	compen	sated a	any current officer, d		
(A) Name and title	(B)			Pos	C)	han one both an		(D)	(E)	(F)
Name and title	Average hours per		(do not	tcheck	more t	han one		Reportable	Reportable	Estimated
	week		Tricer	anu a u	Tector	Trustee)		compensation from the	compensation from related	amount of
	(list any hours for	Indiv	Insti	Officer	Key	Hig	Former	organization	organizations	other
	related	rect	tutio	cer	amp	hest	mer	(W-2/1099-MISC/	(W-2/1099-MISC/	compensation from the
	organiza-	al tru	nal		Key employee	80 CO	TO	1099-NEC)	1099-NEC)	organization
	tions below	Individual trustee or director	Institutional trustee		ď	pen		, , , , ,		and related
	dotted line)	, to	tee			Highest compensated employee	2			organizations
SUSAN MARTINO	40.00	Х			X	X	1	62,500	0	0
EXECUTIVE DIRECTOR				HILLS	187		69.77		~	
			A.00	1	veril.	100 m				
		1	2							-
			X						- 1.5 M	
	- Q									
	(3)		1							
									***************************************	
	A South								1000	
							$\dashv$			
							_			

Form 990 (2021)

(A) Name and title  Name and title  Average  The second control of the control of	Pari	VII	Section A. Officers	, Directors	s, Trust	ees, K	ey Em	nploye	es, and	Highe	est Compensated E	mployees (continue	ed)		
tib Subtotal.  Total from continuation sheets to Part VII, Section A.  Total did lines 1 b and 10.  Total disputation from rolling from rolling from the organization and rolled organization and rolled organization and rolling from rolling from the organization and rolled organization.  Total from continuation sheets to Part VII, Section A.  Total from continuatio				Average	(do not check more than one box, unless person is both an officer and a director/trustee)  Average ours per								Estimated amount of		
the Subtotal				week (list any hours for related organiza— tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC)	compensation from the organization and related		
the Subtotal															
total from continuation sheets to Part VII, Section A.						<b>†</b>						**************************************			
total from continuation sheets to Part VII, Section A.	-										was a same trape				
total from continuation sheets to Part VII, Section A.			**************************************			<u> </u>									
total from continuation sheets to Part VII, Section A.															
total from continuation sheets to Part VII, Section A.												**************************************			
total from continuation sheets to Part VII, Section A.			The second of th								A				
total from continuation sheets to Part VII, Section A.						1	-			1/30					
total from continuation sheets to Part VII, Section A.			- Wayne was a second of the se			-				75					
total from continuation sheets to Part VII, Section A.									43						
total from continuation sheets to Part VII, Section A.								19						0.000	
total from continuation sheets to Part VII, Section A.	-	<del></del>				1	-	(3)		W				//////////////////////////////////////	
total from continuation sheets to Part VII, Section A.	***********	1	acceptance (American				5	7 3					<u> </u>		
total from continuation sheets to Part VII, Section A.					,		1/2						A DIVINE ANT SPECIAL STATE OF A		
total from continuation sheets to Part VII, Section A.	200	100 100													
Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Did the organization list any, former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b			100	200	A A					62,500				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶    Yes   No											62.500		-		
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person for services rendered to the organization? If "Yes," complete Schedule J for such person for services rendered to the organization? If "Yes," complete Schedule J for such person for services rendered to the organization? If "Yes," complete Schedule J for such person for services rendered to the organization? If "Yes," complete Schedule J for such person for services for services rendered to the organization? If "Yes," complete Schedule J for such person for such person for services for servi	15500	1		CONTRACT TO STATE OF THE PARTY	42000										
Did the organization list any, former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		report	able compensation fro	m the orga	nization	ı <b>&gt;</b>						AND THE PROPERTY OF THE PARTY O	Ves	No	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)  Name and business address Description of services Compensation	3	Did th	e organization list any	former off	icer, dir	ector,	trustee	, key e	employe	e, or h	ighest compensated		103		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			William Street Company of the Compan	37									. 3	X	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4													X	
Section B. Independent Contractors  1	5	1000 PM	The state of the s							100					
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation			Property of the Control of the Contr	***************************************	n? If "Y	es," co	mplete	Sche	dule J fo	or such	person		5	X	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation					t compe	ensate	d inder	oende	nt contra	actors 1	that received more th	an \$100.000 of		-	
Name and business address Description of services Compensation	•			27.6									tax year.		
			N	A. 150							- CALL TRACT	•			
2 Total number of independent contractors (including but not limited to those listed above) who	<del>Marie de</del>		Name and	business	address	3					Description of se	rvices	Compensation		
2 Total number of independent contractors (including but not limited to those listed above) who															
Total number of independent contractors (including but not limited to those listed above) who		***									189-10-2019-2019-2019-2019-2019-2019-2019-				
2 Total number of independent contractors (including but not limited to those listed above) who	-								<b></b>		Julius Administration of the Control		- Partial Walls - Commission - III		
received more than \$100,000 of compensation from the organization	2									e listed	d above) who				

		Check if Schedule O co	ontains a resp	onse or	note to any line in th	is Part VIII			🛛
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts,	1a	Federated campaigns		1a				1000	19 34 Maria
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
S, G	C	Fundraising events		1c	68,245				
ar fr	d	Related organizations		1d					
S, C	е	Government grants (contr	ributions)	1e	The state of the s				
S	1	All other contributions, gif							
out		similar amounts not include	1000	1f	378,781				
ĒΩ	g	Noncash contributions include	ed in lines 1a-1f.	1a \$		La Carte de la Carte			The state of the state of
aŭ	1	Total. Add lines 1a-1f				447,026			
					Business Code				
6)	2a	THRIFT STORE				49,065	49,065	A TANAMATERIA AT A STATE OF THE	A LAST NO. 1
<u>Vi</u>	b		*				A		
Ser	C								
m/en/	d								
gra	8		the trace of the t						
Program Service Revenue	f	All other program service	revenue					- Contraction	
	g	Company of the Compan				49,065	a Silvatory Silvatory		
	3	Investment income (include				~ \\			1
		other similar amounts)				19,344	19,344		
	4	Income from investment of							<del> </del>
	5	Royalties	1,5	70				A SHIP ALL ON THE REAL PROPERTY.	
		noyamoo	(i) Re		(ii) Personal			Carried Miles	ration of the second
	6a	Gross rents		ai	(ii) i craoriza				
	10000	Less: rental expenses	6b						
	2	Rental income or (loss)	6c					C.	
	1	Net rental income or (loss			Mark Control				The same of the same of the same
	"	THE FORMAL MOOTHO OF (1000	(i) Secu		(ii) Other		C. S. (1984 G.)	THE BUY LE	- 18 CH - 18 1 - 1
	7a	Gross amount from sales	(1) 0000	Za y	(ii) Galei				
		of assets other than inventory	7a 6	81,314					405
	h	Less: cost or other basis	/a			**			
		and sales expenses	7b	73,833					
	-	Gain or (loss)	190	7,481	And the second s				
	1	Net gain or (loss)	The Party of the P	E		7,481	7,481	Comparted Market 13, 77 Town	**************************************
	1,7250	Gross income from fundra	THE THE PERSON NAMED IN			- Farmanag			
m			68,	245					A STATE OF THE STA
Ž		of contributions reported of							
eve		See Part IV, line 18	The state of the s	8a					
Œ	b	Less: direct expenses				1981			
Other Revenue		Net income or (loss) from							
0		Gross income from gamin						AND YOUR LANDS	Access to a second
		See Part IV, line 19	(F-2)	. 9a					
	b	Less: direct expenses		-					
		Net income or (loss) from		-				Allen and the second	
	1	Gross sales of inventory, le				******		MODERN STA	A Property of the
		returns and allowances		100				- H	<b>发展情况</b>
	b	Less: cost of goods sold .		-					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ţ	Net income or (loss) from						1.47	
	-		- ALCO OF HITVOI		Business Code	0.5526.5 0.0 55.00.6526	24(4)51422355		J. 72 142 1 1 2 4 3
Miscellaneous Revenue	11a				240111000 0000			White the same transfer and	
ne	b								
ella	c							***************************************	-
iscellane Revenue	-	All other revenue	STEPPE CONTROL OF						<del> </del>
2	80	Total. Add lines 11a-11d			A CONTRACTOR OF THE PARTY OF TH			4-4-3 1-5 A	
	12	Total revenue. See instru	The state of the s			522,916	75,890		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Do not include amounts reported on lines 6b, 7b, (B) Program service (A) Total expenses (C) Management and Fundraising 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 . . . . . . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Benefits paid to or for members ..... 4 5 Compensation of current officers, directors, 62,500 27,500 35,000 trustees, and key employees ...... 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ...... 7 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . . . 9 Other employee benefits ...... 4,781 2,104 2,677 Payroll taxes ..... 10 11 Fees for services (nonemployees): a Management ..... b Legal..... Accounting ..... Lobbying ..... d e Professional fundraising services. See Part IV. line 17 ... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . . . 12 Advertising and promotion ...... 14,722 14,722 13 Office expenses ..... Information technology ..... 14 15 Royalties 16 Occupancy ..... 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ..... Conferences, conventions, and meetings ..... 19 20 Interest ..... Payments to affiliates ..... 21 4,356 4,356 22 Depreciation, depletion, and amortization ..... Insurance ...... 5,475 5,475 23 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.) 372,896 372,896 CLIENT SERVICES 16,033 16,033 b TRANSPORTATION C d All other expenses e Total functional expenses. Add lines 1 through 24e 480,763 418,533 62,230 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) . .

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			П
					(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing			90,952	1	103,421
	2	Savings and temporary cash investments	1	83,920			
	3	Pledges and grants receivable, net			583,900	3	03/320
	4	Accounts receivable, net				4	<del> </del>
	5	Loans and other receivables from any current or fo			Paledojeny englosom	61.50	Chart and Australia
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these	controlled entity or family member of any of these persons				
	6	Loans and other receivables from other disqualified	d perso	ons (as defined		1383	EMALOS AND STATE
		under section 4958(f)(1)), and persons described in	n sectio	on 4958(c)(3)(B)	American Service and American American Service	6	A CONTRACTOR OF A CONTRACTOR O
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			The state of the s	9	
	10 a	a Land, buildings, and equipment: cost or	1			3.9	10 48 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		other basis. Complete Part VI of Schedule D		61,688			
	t	Less: accumulated depreciation		57,246	16,693	10c	4,442
	11	Investments publicly traded securities				11	541,915
	12	Investments other securities. See Part IV, line 11				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 equal li			691,545	16	733,698
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
40	21	Escrow or custodial account liability. Complete Part			400 marking and a second a second and a second a second and a second a second and a second and a second and a	21	
Liabilities	22	Loans and other payables to any current or former					Commence of the commence of th
Ö		trustee, key employee, creator or founder, substant					
Ľ.		controlled entity or family member of any of these p				22	
	23	Secured mortgages and notes payable to unrelated	third p	parties		23	
	24	Unsecured notes and loans payable to unrelated th	ird par	ties		24	
	25	Other liabilities (including federal income tax, payab	les to r	related third			
		parties, and other liabilities not included on lines 17-	-24). C	Complete Part X			
	26	of Schedule D	• • • • • •	······		25	
		Organizations that follow FASB ASC 958, check	have b	. ka	0	26	0
S		and complete lines 27, 28, 32, and 33.	nere P	N			
auc I	27	Net assets without donor restrictions			691,545	07	722 600
Bala		Net assets with donor restrictions	031,343	27	733,698		
P		Organizations that do not follow FASB ASC 958,			T. STADY STATES	28	100000000000000000000000000000000000000
T		and complete lines 29 through 33.	CHECK	liere , [			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		NO. 3244 - REPRESENTATION OF THE PROPERTY AND THE PROPERT		29	
sets	30	Paid-in or capital surplus, or land, building, or equip	ment f	fund -		30	
Ass	31	Retained earnings, endowment, accumulated incom	e or o	ther funds		31	
let	32	Total net assets or fund balances		inor runda	691,545	32	733,698
~	33	Total liabilities and net assets/fund balances			691,545	33	733,698
D 4		and the second s			071,040	33	133,098

Form	990	(2021)

THE PET PROJECT FOR PETS T 37-1440098

	THE FET PROJECT FOR PETS 1 37-1440	098		Paç	ge 12
Pa	rt XI Reconciliation of Net Assets			noscu cancinni	
	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,916
2	Total expenses (must equal Part IX, column (A), line 25)	2		480	,763
3	Revenue less expenses. Subtract line 2 from line 1	3		42	,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		691	,545
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		733	,698
Pai	Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII				П
127				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other			20	T
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				1711
_	Schedule O.				
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		232		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N/.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			547 6	
	Schedule O.				9-1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
-	the Single Audit Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	N./.A.	3b		
FDA	21 99012 BWF 990 Form Software Copyright 1996 - 2022 HRB Tax Group, Inc.		Form	990 (2	2021)

#### SCHEDULE A (Form 990)

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

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

THE PET PROJECT FOR PETS INC.

Employer identification number

De	rt I Reason	for Dublis Obser	1.01.1			D / 144	3030				
-	organization is not	private foundation b	rity Status. (All organization	ons must cor	nplete this p	art.) See instructions.					
1	A church conv	contion of churches as	ecause it is: (For lines 1 throu	igh 12, chec	k only one b	OX.)					
2	A school descr	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
3		ol 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).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4		arch organization ope	rated in conjunction with a hi	ospital descr	ibed in <b>sect</b>	tion 170(b)(1)(A)(iii). Et	nter the hospital's name,				
-	city, and state:										
5			efit of a college or university	owned or op	perated by a	governmental unit des	cribed in				
		(1)(A)(iv). (Complete I									
6	A federal, state	ate, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	☐ An organization	n that normally receive	s a substantial part of its sup	port from a	governmenta	al unit or from the gener	al public				
		ection 170(b)(1)(A)(vi									
8			ion 170(b)(1)(A)(vi). (Comple								
9	An agricultural	research organization	described in section 170(b)	(1)(A)(ix) op	erated in co	njunction with a land-g	ant college				
		a non-land-grant coll	lege of agriculture (see instru	ctions). Ente	r the name,	city, and state of the co	llege or				
	university:			- producer communication							
10			s (1) more than 33 $\frac{1}{3}$ % of its								
			xempt functions, subject to c	1	The state of the s	-					
			ne and unrelated business tax				ses				
			ne 30, 1975. See section 50								
11	An organization	organized and opera	ted exclusively to test for pul	olic safety. Se	ee section s	509(a)(4).					
12	An organization	organized and opera	ted exclusively for the benefi	t of, to perfor	rm the funct	ions of, or to carry out t	he purposes				
			ganizations described in sec								
	Check the box	on lines 12a through 1	12d that describes the type o	f supporting	organization	and complete lines 12	e, 12f, and 12g.				
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving									
			ower to regularly appoint or								
			complete Part IV, Sections								
b	Type II. A su	pporting organization	supervised or controlled in c	onnection wi	th its suppo	rted organization(s), by	having				
	control or ma	nagement of the supp	orting organization vested in	the same pe	ersons that o	ontrol or manage the s	upported				
	organization(s	s). You must complet	te Part IV, Sections A and C	).			\$250				
C			supporting organization ope		nection with	, and functionally integ	ated with,				
	its supported	organization(s) (see in	nstructions). You must comp	olete Part IV	, Sections /	A, D, and E.	8				
d			ted. A supporting organization				anization(s)				
	that is not fun	ctionally integrated. Ti	he organization generally mu	st satisfy a d	istribution re	quirement and an atter	tiveness				
	requirement (	see instructions). You	must complete Part IV, Se	ctions A and	d D, and Pa	rt V.					
е	Check this bo	x if the organization re	eceived a written determination	on from the I	RS that it is	a Type I, Type II, Type	III				
	functionally in	tegrated, or Type III n	on-functionally integrated su	pporting org	anization.	PROPERTY OF THE PROPERTY OF TH					
f			zations								
g			t the supported organization								
(i) N	ame of supported	(ii) EIN	(iii) Type of organization	7	organization	(v) Amount of monetary	(vi) Amount of other				
	organization		(described on lines 1-10	listed	in your g document?	support (see instructions)					
			above (see instructions))	Yes	No	1					
(A)				T	T						
(B)											
(C)		1900 1900 1900 1900 1900 1900 1900 1900									
(D)		**************************************									
(E)		****		***************************************							
Total		THE RESIDEN		They May	128 255 32						

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

Schedule A (Form 990) 2021

## 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	248,680	264,917	186,553	388,981	371,056	1,460,187
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	248,680	264,917	186,553	388,981	371,056	1,460,187
7a	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						
C	Add lines 7a and 7b						1 460 107
8	Public support. (Subtract line 7c from line 6.)			September 1995			1,460,187
	tion B. Total Support	- 671	NA A				*****************************
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	248,680	264,917	186,553	388,981	371,056	1,460,187
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				The state of the s		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	248,680	264,917	186,553	388,981	371,056	1,460,187
14	First 5 years. If the Form 990 is for the organ organization, check this box and stop here					1(c)(3)	▶□
Sec	tion C. Computation of Public Sup	port Percent	tage				
15	Public support percentage for 2021 (line 8, co	olumn (f), divided	by line 13, colu	mn (f))		15 1	.00.00%
16	Public support percentage from 2020 Schedu	ıle A, Part III, line	15			16	%
Sec	tion D. Computation of Investment	t Income Per	rcentage				
17	Investment income percentage for 2021 (line	10c, column (f),	divided by line 1	3, column (f))		17	0.00%
18	Investment income percentage from 2020 Sc					18	%
19a	33 <sup>1</sup> /3% support tests 2021. If the organiz	zation did not che	eck the box on li	ne 14, and line 15	5 is more than 33	3 <sup>1</sup> /3 %, and line	00000000
b	17 is not more than $33\frac{1}{3}\%$ , check this box an $33\frac{1}{3}\%$ support tests 2020. If the organization	nd <b>stop here.</b> The zation did not che	e organization q eck a box on line	ualifies as a publ 14 or line 19a, a	icly supported or and line 16 is mor	rganization re than 33 <sup>1</sup> /3%, a	ınd
	line 18 is not more than 331/3 %, check this bo	ox and stop here	e. The organizati	on qualifies as a	publicly support	ed organization .	▶∏
20	Private foundation. If the organization did no	ot check a box or	n line 14, 19a, or	19b, check this	box and see inst	ructions	▶ []

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

THE PET PROJECT FOR PETS INC 37-1440098 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3) (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 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 331/8% 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) filling 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) filling 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 totaling \$5,000 or more during the year . . . . . . . . . . . ▶ \$ 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).

Employer identification number

Name of organization

THE PET PROJECT FOR PETS INC

37-1440098

raiti	Continuators (see instructions). Ose duplicate copies of Part I if add	illional space is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	NEIL BURMEISTER  2628 NE 37 STREET FORT LAUDERDALE, FL 33308	\$ 6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	MICHAEL CAMARDELLO  2032 NE 6 TERRACE WILTON MANORS, FL 33305	\$9,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAN MEHLER  28 AVE WILTON MANORS, FL 33334	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### 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 2021

> Open to Public Inspection

Name of the organization

Employer identification number

THE PET PROJECT FOR PETS INC 37-1440098 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . 3 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . Yes 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements ..... c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: 

Form Software Copyright 1996-2022 HRB Tax Group ,Inc.

Fe	Organizations N	laintaining	Colle	ctions of Ar	t, Hist	orical Treasu	res.	or Other Simila	r Asset	S (con	tinue
3	Using the organization's acqu	isition, access	ion, and	other records, o	heck a	ny of the following	that	make significant use o	of its	9 (0011	unacc
	collection items (check all that	apply):						•	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a	Public exhibition				αП	Loan or exchange	prog	ram			
b	Scholarly research				eH	Loan or exchange Other	F3				
С	Preservation for future gen	erations			- L						
4	Provide a description of the or		ollection	s and explain he	ow they	further the organi	zation	n's evernnt nurnese in	Dort		
	XIII.					isitalor allo organi	Zanoi	ra exempt purpose in	rair		
5	During the year, did the organ	ization solicit	or receiv	e donations of a	rt histo	rical treasures or	other	cimilar			
	assets to be sold to raise fund	s rather than t	o be ma	intained as part	of the	organization's colle	ection	?	П	Ac	Пи
Pa	rt IV Escrow and Cus	todial Arra	naem	ents.					Ц.		<u> </u>
	Complete if the organi	ization answer	ed "Yes	" on Form 990. I	Part IV	line 9, or reported	an a	mount on Form 990 F	Part Y line	21	
1a	Is the organization an agent, tr	ustee, custod	ian or ot	her intermediary	for cor	tributions or other	2000	te not	art A, IIIIe	21.	
	included on Form 990, Part X?				101 001	minduoris of office	dooc	as not	Пү	00	Пи
b	If "Yes," explain the arrangement	ent in Part XIII	and cor	nolete the follow	ing tah				· · · · 🖂 ¥	25	Пи
	1975 Apr 1975 1975 1975 1975 1975 1975 1975 1975			. proto trio ionovi	mg top		Γ-	T	nount		
C	Beginning balance						10		noant		
d	Additions during the year						10				
е	Distributions during the year					*****	-				
f	Ending balance						1e		-		
2a	Did the organization include ar	amount on F	orm 990	Part Y line 21	for one	row or quoto dial a					П.,
b	If "Yes," explain the arrangeme	ent in Part XIII	Check I	ere if the evels	otion b	row or custodial a	ccou	nt liability?	U Y	28	No
Pa	rt V Endowment Fund	de	CHECK	icie ii tile explai	lauoni	las been provided	on P	art XIII			1
	Complete if the organiz		ad "Voe"	on Form 000 F	)a= 1\/						
	Templeto ii tilo organii	(a) Current				Market Committee of the			1		
1a	Beginning of year balance	(a) Current	year	(b) Prior ye	ar /	(c) Two years ba	ack	(d) Three years back	(e) Four	years	back
b	Contributions				-						
c	Net investment earnings,			1		<u> </u>		- Article Control of the Control of			
•	gains, and losses			1 (	1	A.					
d	Grants or scholarships			7-1-1-1				4			
e	Other expenditures for			167 × 38	-			- And the second second			
•	facilities and programs			143 13							
f	Administrative expenses		(20)	100							
g 2	End of year balance	- 3		L				The second secon			
	Provide the estimated percenta	ge of the curr	ent year	end balance (lin	e 1g, c	olumn (a)) held as	s:				
a	Board designated or quasi-end	dowment	3	%							
b	Permanent endowment  Term endowment	%	%								
-	The percentages on lines 2a, 2l			Linear							
За	Are there endowment funds not	t and 20 shor	ila equa	1 100%.	3						
Vu	Are there endowment funds not organization by:	in the posses	ssion of	the organization	that are	e held and adminis	sterec	for the			
	-	All San							_	Yes	No
	(i) Unrelated organizations								3a(i)		
b	(ii) Related organizations				• • • • • •				. 3a(ii)		
4	If "Yes" on line 3a(ii), are the rel	aled organiza	ions liste	ed as required o	n Sche	dule R?			3b		
	Describe in Part XIII the intende	d uses of the	organiza	tion's endowme	nt fund	S.	MAN CHAT PLANTS				
га		and Equi	pment								
	Complete if the organ	ization answe	red "Yes	on Form 990,	Part IV,	line 11a. See For	m 990	), Part X, line 10.			
	Description of property			or other basis		Cost or other	(c	) Accumulated	(d) Bool	value	
10	Land		(in	vestment)	k	asis (other)		depreciation			AVITAGE
	Land						1				
	Buildings										
	Leasehold improvements										
	Equipment								× 1100 - 1100		
e Total	Other						No qualificación				olate : S
otal.	Add lines 1a through 1e. (Colun	nn (d) must ed	ual For	n 990, Part X, co	olumn (	B), line 10c.)					
DA	21 990D2 BWF 990	Form Software C	Convright	1996 - 2022 HRR T	av Groun	. Inc	100	0-1-11	- P3 /#		

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
0	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial St		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		<u></u>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	F 4	
	Donated services and use of facilities	2a	
	Prior year adjustments	AND A CONTRACTOR OF THE PARTY O	
	Other losses	2c	
	Other (Describe in Part XIII.)		
22	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	3
4		1 1	
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	- control as a	
	Add lines 4a and 4b		40
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
CHINESES	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	t IV lines th and the Dart V lin	o A: Part V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		ie 4, Fait A, iirio
-, , 0	CA, most 2d and 15, and 1 at An, most 2d and 45. Filed demiples this part of prov	add diff deduction in the contract of	
		THE RESIDENCE OF THE PERSON OF	The second secon
		- <u> </u>	**************************************
		and the second s	
- proteins			

#### SCHEDULE O

(Form 990)

# 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 2021 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PET PROJECT FOR PETS INC VIII LINE 3

**Employer identification number** 

37-1440098

- INTEREST 5 DIVIDEND 13029 CAPITAL GAIN DIST 6290 VIII LINE 1F - BATCHELOR FOUNDATION 25000

VIII LINE 1F - THE JIM MORAN FOUNDATION 30000

VIII LINE 1F - BCFA 5000

VIII LINE 1F - GREATER GOOD CHARITES 5000

VIII LINE 1F - COMMUNITY FOUNDATION OF BROWARD 33715

VIII LINE 1F - LESLIE L ALEXANDER FOUNDATION 52500

VIII LINE 1F - ALLIANCE FOR AGING 127295

IX LINE 24 - CLIENT SERVICES: FOOD SUPPLIES AND VET CARE

IX LINE 24 - TRANSPORTATION: HOME DELIVERIES OF PET FOOD SUPPLIES AND TRANSPORT TO VET CARE

# 2021 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
OPEN TO PUBLIC	
INSPECTION For calendar year 2021, or tax period beginning	, and ending .
Name of Organization	Employer Identification Number
THE PET PROJECT FOR PETS INC	37-1440098
990, Page 1, Line F	57 1440090
Principal officer name	MARTINO
or	
Business Name:	
Street Address	
Street Address	N 9TH AVE
E-control of the control of the cont	
J.S. Address:	
Zip code 33311 City WILTON MANORS	State FL
or	State 111
oreign Address	
City	<u> </u>
	<i>V</i> ,
Province or State	week and the second
Country	8
Country	************************
Postal code	

# 2021 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III OPEN TO PUBLIC INSPECTION For calendar year 2021, or tax period beginning , and ending Name of Organization Employer Identification Number THE PET PROJECT FOR PETS INC 37-1440098 Part III - Statement of Program Service Accomplishments Code: Expenses: including Grants of: Revenue: **Exempt Purpose Achievements** PROVIDING MAINTENANCE FOOD AND VET CARE FOR PET OWNERS WITH SEVERE DISABILITY

FDA

# 2021 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20
INSPECTION For calendar year 2021, or tax period beginning , and ending .
Name of Organization   Employer Identification Number
THE PET PROJECT FOR PETS INC 37-1440098
Part VI – Line 20
Individual Name
Business Name:
THE PET PROJECT FOR PETS INC
Street Address
U.S. Address:
Zip code 33311 City WILTON MANORS State FL
or City WILTON MANORS State FL
Foreign Address
City
Province or State
Country
Postal code
Phone Number
Fax Number

THE PET PROJECT FOR PETS INC Name of Organization 37-1440098 Employer Identification Number

	TRUCK	Description of Property	THE FEE FOCUECT FOR REFO LINC
Total:	2015-09 2012-12	Date Acquired	
61,688	23,048	Cost or Other Basis	
52,890	22,556SL 30,334SL	Prior Year Depreciation	
	TS	Method	3/-144UU98
	10	Rate (%) or Life (Years)	
4,356	492 3,864	Depreciation This Year	

S0622S

## **2021 DETAIL STATEMENTS**

THE PET PROJECT FOR PETS INC 37-1440098

PAGE 1

	_
STATEMENT #1 - INVESTMENT INCOME TOTAL REV (990 EO PG 9 LINE 3A)	
INTEREST INCOME	
TOTAL CARRIED TO 990 EO PG 9 LINE 3A	

