#### Form 990

Department of the Treasure

# Return of Organization Exempt From Income Tax

Under section 50 1(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047 23 Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. 20 A For the 2023 calendar year, or tax year beginning , 2023, and ending C Name of organization THE PET PROJECT FOR PETS INC D Employer identification number Doing business as THE PET PROJECT FOR PETS INC 37-1440098 Address change E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Regard/suite 954-568-5678 Initial return 200 NW 9TH AVE City or town, state or province, country, and ZIP or foreign postal code Final return/ G Gross 1,431,176 VILTON MANORS FL 33311 receipts \$ berminated Yes No H(a) Is this a group return for subordinates? Name and address of principal officer. Yes No H(b) Are all subordinates included? SEE ATTACHMENT #1 If "No." attach a list. See instruction X 501(c)(3) | 501(c)( 4947(a)(1) or 1 Tax-exempt status: WWW.PETPROJECTFORPETS.ORG M State of legal domicile: FL Trust Association Other Chronistino Briefly describe the organization's mission or most significant activities: TO ASSIST WITH PROMOTE AND PRESERVE THE HUMAN AND ANIMAL BOND Governance EXPENSES FOR PEOPLE WITH CARE AND MAINTENANCE LIFE THREATENING SEVERELY DISABLING DISEASES 2 Check this box [ if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) ...... 4 Number of independent voting members of the governing body (Part VI, Jine 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year 956,016 842,22 8 Contributions and grants (Part VIII, line 1h) . . . . . 9 Program service revenue (Part VIII, line 2g) . . . . -6,103 -23,297 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 75,000 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ... 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 987,759 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ...... 14 Benefits paid to or for members (Part IX, column (A), line 4) ...... 80,738 80,737 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) 860,513 816,115 Other expenses (Part IX, polumn (A), lines 11a-11d, 11f-24e) ..... 941,251 896,852 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ... 90,907 Beginning of Current Year 632,818 1,766, 20 Total assets (Part X, line 16) ... 1,043,000 Total fiabilities (Part X, line 26) . . . . . 21 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer ROBERT RUSSOTTO TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check if Paid DIANE CICIOLLA DIANE CICIOLI self-employed P00140225 Preparer Firm's name BLOCK ADVISORS Firm's EIN 431871840 Use Only E ATLANTIC Firm's address 2431 POMPANO BEACH FL 954) 781-081 May the IRS discuss this return with the preparer shown above? See instructions Yes N No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	Check if Schedule O contains a response or note to any line in this Part III	
1		
	TO PROMOTE AND PRESERVE THE HUMAN AND ANIMAL BOND TO ASSIST WITH	NG
	PET CARE AND MAINTENANCE EXPENSES FOR PEOPLE WITH LIFE THREATENI	
	OR SEVERELY DISABLING DISEASES	1 7 %
2	Did the organization undertake any significant program services during the year which were not listed on the	⊠N
	prior Form 990 or 990–F7?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting or make significant changes in now it conducts, any program	⊠ N
	services?	
	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 \$	)
40	SEE ATTACHMENT #2	
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	(Revenue S	)
4b	(Code:) (Expenses \$	TX
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40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
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		100
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	2
4e	Total program service expenses	

Part	Checklist of Required Schedules		Yes	No
	le the apparient described in continue FOM(a)(0) or 4047(a)(4) (ather then a private foundation)? If "Yes "		ies	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X	3
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
3	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,	2000		100
	assessments, or similar amounts as defined in Rev. Proc. 98–19? If "Yes," complete Schedule C, Part III $\dots N$ ./ $A$	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	286		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	255	and the same	31
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Sec.		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	22		
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		and the second	v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		V
	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	126		v
		12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Λ
t	fundraising, business, investment, and program service activities outside the United States, or aggregate	100		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
186	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145	1	Λ
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
27	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10	-	1
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	-	A
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	a line	V
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	+	X
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	-	v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule 3, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a."  If "Yes," complete Schedule G, Part III	19		X
	If "Yes," complete Schedule G, Part III			-
20a	Did the organization operate one or more hospital facilities? If "Yes, complete schedule" $N = N $ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $N A$	20a	10/10/10	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited infancial statements to this return?	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Part IX, column (A), line 17 if Tes, complete Schedule i, Parts Faird if	_	990	-

Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Signal S	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	29		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	44		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N \cdot / A \cdot$	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Sin		
	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? $N/A$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	300		
	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	100		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes " complete Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	YE		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	200		Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	799		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	and the same	Λ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,	1107		
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
_	Complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
0	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	88		7
C	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
29	Did the organization receive more than 25,000 in horizontal treasures, or other similar assets, or qualified	動物		X
30	conservation contributions? If "Yes," complete Schedule M	30		X
	" the transfer of discourse and coase operations? If "Ves " complete Schedule N. Part I	31	1	X
31	" was a disperse of as transfer more than 25% of its net assets? If "Yes"	10000	0.00	(820)
32	complete Schedule N, Part II	32		X
	took of an antity discognided as sonarate from the organization under Regulations	100,000	-all a	
33	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	200		
34	or IV, and Part V, line 1	34	10000	X
	or IV, and Part V, line 1	35a	SHEET	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	334	-	- 1
t	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		1925
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330	1	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		V
	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	-		V
	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	300		
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			; L
	Minister in account of the state of the second		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	_	X
	22 GOOA RWF 990 Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.	Form	990	(2023

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any

17

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and to	ra "No ons.	)
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in:			. [
0	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	5		
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
	any other officer, director, trustee, or key employee?	-		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	-	+
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	_		1 37
	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,		100	
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following:  The governing body?  The governing body?	8a	X	1
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		10000000	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Land Control	X
Sact	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
3600	On B. Policies (This Section Prequests information about policies in the polic		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?N./A	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
ь	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	120		21
ь	rise to conflicts?	12b	-	
		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe on Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		16.2	28.1
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Page 1
Section	on C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed FL			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990, and 990–T (section 501	(c)		
18		(0)		
	(3)s only) available for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and		
	financial statements available to the public during the tax year,			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	SEE ATTACHMENT #3			

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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  (A)  Name and title	(B) Average hours per week		(do no	Pos check less pe and a d	ition more the rson is irector/	nan one both an trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSAN MARTINO	40.00	X		statem	X	X	Y	75,000	0	
EXECUTIVE DIRECTOR (2)				ASS	100	A A				
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(3)		A								
(4) Press from mastruminan shi di Press tand lisen di anu tab	stess Pa	1		A				75.00		
(5) Trans manifest at money than to			~	thas	No.	aincvp	n/ko	majoral (tour than )	112 G15 df	
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14)		MARK COMMENT		rey res		www.file	ichinaer Remo	with the company and the company on		
DA <b>23 9907</b> BWF 990 FG	orm Software	Convriot	t 1996	- 2024	HBB T	ax Group	Inc.	STATES INC.		Form <b>990</b> (202

Part	(A) Name and title	(B) Average		(do no box, u office	Posi t check nless pe	tion more t	han one both an /trustee)	Tings to	(D) Reportable	(E) Reportable	Es	(F) stimated nount of other
	The Proposition of Theory of the Communication of t	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	com fr org and	pensation om the anization d related anizations
(15)	All other exceptions	na y ap yrendi	Da ]			81		a series				
(16)	g Kemuan certification  a french has been be-	HOLD SEED STATE	-11 T	1 2	. Proposition		- waste-over					
(17)	00 0.50 0.50 0.50 0.50 0.50 0.50 0.50 0				Sugar	280 C	dej	250			4	
(18)	5x 71(9) 797 555				, parente	THE TOWNS OF THE			Stage Service			Colores over 1 to
(19)	E				· Phrops	(Martine)					1	
(20)	Al color property is     Terral And those for	inspirate Apprendicts	. 626						4			N-10-10-10-10-10-10-10-10-10-10-10-10-10-
(21)	B Emilion of Colleges	and dry fine.	under, b	r pesal	ATRI			4			}	
(22)	Discore Stan Crystal	reactive statement	005 bd	3 (200	gods.		6	5				
(23)		1 4	figual	1		A		3				
(24)	is Love restal presse	i (82)		-								
(25)	<ul> <li>Bendit occurs in a p. Vini. resta energy o</li> </ul>	r (tal a		· April		1				And the second second		
1b c	Subtotal	n sheets to Pa							75,000 75,000		19	
d 2	Total (add lines 1b and	uals (including	out not	limited	to tho	se liste	ed above	e) who		\$100,000 of		
-	reportable compensatio	MAR	1							The state of the s		Yes No
3	Did the organization list employee on line 1a? If										3	X
4	For any individual listed	on line 1a, is the	ne sum	of rep	ortable	comp	ensation	and o	ther compensation fr	om the		23
	organization and related	dorganizations	greater	than §	150,00	00? If '	'Yes," co	mplete	Schedule J for such	individual	. 4	X
5	Did any person listed or for services rendered to	n line 1a receive the organization	or acc	crue co res," c	ompens omplet	sation e Sch	from an	unrelator or sucl	ated organization or i	ndividual	. 5	X
Section	on B. Independent Contr	actors	19.	1 1						1700		
1	Complete this table for compensation from the										ax year.	
	a Recognition of these	(A) and business	er berneu	B					(B) Description of se	and the same of	(0	nsation
	property 250 december	ZEST .		itteni			- 6		900000			
	29 Limbu Service of Constitution (Constitution Constitution Cons	yerr	verzo-se	13								
- 1	1.00				2000000	VISA 1			William De Maria Cara Cara Cara Cara Cara Cara Cara			
2	Total number of indeper							se liste	d above) who			430
EDA	23 9908 BWF 990	Form Software						Inc.		-	Form	990 (202

	of the enterpolar reported on Error Co. V or Four of Part VIII. Of 1915 Com. Resolvento to demonstra reco			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded fro under sect 512-514
1a	Federated campaigns	1a		185455			1 20 20 30 10
b	Membership dues	1b					
1	Fundraising events		83,395				10.0
-		1c	00,000				
a	Related organizations	1d					
е	Government grants (contributions)	1e					
f	All other contributions, gifts, grants, &	1. 470					
Earn	similar amounts not included above	1f	872,621				301
g	Noncash contributions included in lines 1a-1f.	1q S					
h	Total. Add lines 1a-1f		announce de ma una compa	956,016			
	vit in removements. Agric imposition Const. as Processor for a Community	aliskuet	Business Code	A CONTRACTOR OF THE STATE OF TH	F-200100000000	a Factors	
-	MIDIEM CMODE		Dusiliess Code	55,040	55,040	Service Co. Age - Service Co. Service Co.	1.00
2a b c d				00,010			
b			State of the state				
C			0.00	j.			
d	to the actuals and confibered from	NEGS.		1			
e	an 40% a kind 40% by graphyor corpolog	ESTAN)				- 1	
f	All other program service revenue						
g				55,040		DOMESTIC STREET	Section 2
3							
	other similar amounts)			1,810	1,810		
1				2-002			
4	Income from investment of tax-exemp		And the second s				
5	Royalties			10 A		and the State of the State of	
12502	(i) Re	al	(ii) Personal	VGA.			121-121
6a	Gross rents 6a	Y. 2000 1					
b	Less: rental expenses 6b		The state of the s				
	Rental income or (loss) 6c	60 181 0	AN GE				
	Net rental income or (loss)		A				
	(i) Secu		(ii) Other		A. C.	an address for the second poly. A	W W 900 \$ 150
7a	Gross amount from sales	AND	(ii) Gailei				
april a	of assets other than	118,310					Zin the
83.0	inventory	-	100	+			
b	Less: cost or other basis	143,417	-		Sales Sales Sales Sales		
200	and saids expenses	NACO.			process of the second control of the		
0	; Gain of (1055)	-25,107		SME TO SEE THE	ALA TAMENTAL AND A STATE OF		Control of
d	Net gain or (loss)			-25,107	-25,107		
	Gross income from fundraising events		9.01				
		395					
	of contributions reported on line 1c).		productive control sense on				
		8a	-				
	See Part IV, line 18						
b	Less: direct expenses	8b		Special Control of the Control of	11 (12 (12 (12 (12 (12 (12 (12 (12 (12 (		ATTACK STREET A TACK
	Net income or (loss) from fundraising e						
9a	Gross income from gaming activities.						
1300	See Part IV, line 19	9a					
h	Less: direct expenses						
-	Net income or (loss) from gaming active	ities					
	Gross sales of inventory, less			1.47.			
Iva		100	- Martine Control of the Control of				
	returns and allowances						
b	Less: cost of goods sold	100		at the fact of the fact of the fact	and the second	A CONTRACTOR OF THE SECOND	
C	Net income or (loss) from sales of inve	ntory					
			Business Code				
11a b c	to the process of the same control of the same is the same	10 Mg 24					
b		100 C 145					
c		resource of					
	All other revenue						
	All other revenue , , , , , , , , , , , , , , , , , , ,						
- 0	Total. Add lines 11a-11d		kan a ka				

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations	expenses to			
	and domestic governments. See Part IV, line 21			NEW PROPERTY OF THE PROPERTY O	e a apolicipio respectivo de la colorio. La compania de la compania de la colorio
2	Grants and other assistance to domestic	The second section of			
	individuals. See Part IV, line 22	A FART TO THE RESIDENCE		BACH STOLEN	
3	Grants and other assistance to foreign organizations,	r officer, director.			
	foreign governments, and foreign individuals. See Part IV,	construct or 00%			
	lines 15 and 16		- In - 1	(A. S. C.	
1	Benefits paid to or for members	Page 15 Fair (SAFrand)		Balletine en en en en	
5	Compensation of current officers, directors,	Tien 4958(0)(0)	56.050	10 750	
	trustees, and key employees	75,000	56,250	18,750	
5	Compensation not included above to disqualified	ereses and record	Carrier St.	and the second second	
	persons (as defined under section 4958(f)(1)) and		A STATE OF THE PARTY OF THE PAR	3	
	persons described in section 4958(c)(3)(B)	Laurence de la company			
,	Other salaries and wages	with taken	, 631,655,755,55		
3	Pension plan accruals and contributions (include	3	15.00	5 M Me	
	section 401(k) and 403(b) employer contributions)			[4,8] [4]	
9	Other employee benefits	Assessed	4	1 72 7	
)	Payroll taxes	5,737	4,303	1,434	
1	Fees for services (nonemployees):			141	
а	Management			161	
b	Legal·····	All the same of th		229 Filt 16 1	1,148,77
С	Accounting	600		19 600	
d	Lobbying	A CONTRACTOR		1 65 1	
е	Professional fundraising services. See Part IV, line 17	A KO A			
f	Investment management fees			200	
g	Other. (If line 11g amount exceeds 10% of line 25, column		EX.20	1.21	
	(A), amount, list line 11g expenses on Schedule O.)	TA .			
2	Advertising and promotion	June of Este			
3	Office expenses	28,768	17,260	11,508	1, 242, 38
4	Information technology	5,848		5,848	
5	Royalties	622302		1 94 1	
6	Occupancy	75,157	56,368	18,789	
7	Travel	1. Correlate Part X		1. 3	
В	Payments of travel or entertainment expenses	Carrier of the Artistance	and I have	1 25 1	
	for any federal, state, or local public officials			N m T	
9	Conferences, conventions, and meetings	n 10	TO STORY SHOULD	20.00	
0	Interest				
1	Payments to affiliates			30,3 5 77	
2	Depreciation, depletion, and amortization	32,237	25,905	6,332	
3	Insurance	6,028		6,028	
4	Other expenses. Itemize expenses not covered				Section 1
8	above. (List miscellaneous expenses on line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column				TVY THE BUT
	(A), amount, list line 24e expenses on Schedule O.)				
а	TRANSPORTATION	25,939	22,939	3,000	
b	CLIENT SERVICES PROGRAM	568,929	568,929		
	VET PROGRAM SERVICES	41,492	41,492		Convey Sprace Control
c	FUNDRAISING	10,866	5,433		5,
d		20,251	19,185	1,066	٥,
e	All other expenses  Total functional expenses. Add lines 1 through 24e	896,852	818,064	73,355	5,
		, 302	010,004	75,555	5,
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	E B NEW TO		107.01	
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)

23 99011 BWF 990

FDA

	L A	Check if Schedule O contains a response or note to any line in this Part X			П
1 1		officer in deficition of the control	(A) Beginning of year		(B) End of year
8	1	Cash non-interest-bearing	79,506	1	166,14
10	2	Savings and temporary cash investments	1,896	2	4.7
6	3	Pledges and grants receivable, net		3	
6	4	Accounts receivable, net		4	
7	5	Loans and other receivables from any current or former officer, director,		8000	
	25.50	trustee, key employee, creator or founder, substantial contributor, or 35%			
100				5	
	6	controlled entity or family member of any of these persons		reference in	
	0	Loans and other receivables from other disqualified persons (as defined		6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
co	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use	75,000	_	
As	9	Prepaid expenses and deferred charges	73,000	9	
	10a	Land, buildings, and equipment: cost or			
	0796	other basis. Complete Part VI of Schedule D 10a 1,638,640 Less: accumulated depreciation	578	40-	1,600,578
			475,838		1,000,570
	11	Investments publicly traded securities	4/5,030	11	
	12	Investments other securities. See Part IV, line 11	semily radian	12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	620 010	15	1 766 705
	16	Total assets. Add lines 1 through 15 (must equal line 33)	632,818	16	1,766,725
	17	Accounts payable and accrued expenses		17	A SEE STATE OF THE SECOND
	18	Grants payable	3	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	Maria Asserba (Alberta)	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
i i	2.4	trustee, key employee, creator or founder, substantial contributor, or 35%			1 010 000
Lia	19883	controlled entity or family member of any of these persons		22	1,043,000
30	23	Secured mortgages and notes payable to unrelated third parties	BAR CHARTELL IN	23	
	24	Unsecured notes and loans payable to unrelated third parties	etgo suco acidos	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	1 040 000
	26	Total liabilities. Add lines 17 through 25	0	26	1,043,000
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.	620 010		
a	27	Net assets without donor restrictions	632,818		723,725
Ba	28	Net assets with donor restrictions		28	Million - Color Color Color
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
SOI	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	632,818	32	723,725
2	33	Total liabilities and net assets/fund balances	632,818	33	1,766,725

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1 Total 2 Total 2 Total 3 Rever 4 Net a: 5 Net u: 6 Dona: 7 Invest 8 Prior	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI revenue (must equal Part VIII, column (A), line 12) expenses (must equal Part IX, column (A), line 25) hue less expenses. Subtract line 2 from line 1 ssets or fund balances at beginning of year (must equal Part X, line 32, column (A)) hrealized gains (losses) on investments ed services and use of facilities ment expenses.	en I		987 896 90	,852
<ul> <li>Total of a Rever</li> <li>Net as</li> <li>Net unit</li> <li>Donar</li> <li>Investination</li> <li>Prior</li> </ul>	revenue (must equal Part VIII, column (A), line 12) expenses (must equal Part IX, column (A), line 25) hue less expenses. Subtract line 2 from line 1 essets or fund balances at beginning of year (must equal Part X, line 32, column (A)) hrealized gains (losses) on investments ed services and use of facilities	1 2 3 4 5		987 896 90	,759 ,852 ,907
2 Total of Rever 4 Net as 5 Net un 6 Donar 7 Invest 8 Prior	expenses (must equal Part IX, column (A), line 25)  nue less expenses. Subtract line 2 from line 1  ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))  nrealized gains (losses) on investments  ed services and use of facilities	2 3 4 5		896 90	,852
<ul> <li>Rever</li> <li>Net as</li> <li>Net u</li> <li>Donat</li> <li>Invest</li> <li>Prior</li> </ul>	nue less expenses. Subtract line 2 from line 1 ssets or fund balances at beginning of year (must equal Part X, line 32, column (A)) nrealized gains (losses) on investments ed services and use of facilities	3 4 5		90	,907
<ul><li>4 Net as</li><li>5 Net u</li><li>6 Dona</li><li>7 Invess</li><li>8 Prior</li></ul>	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))  nrealized gains (losses) on investments ed services and use of facilities	4 5			
5 Net un 6 Donat 7 Invest 8 Prior	nrealized gains (losses) on investmentsed services and use of facilities	5		632	,818
6 Donat 7 Invest 8 Prior	ed services and use of facilities				
7 Invest 8 Prior		C			
8 Prior	ment expenses	0			
		7			
9 Other	period adjustments	8			
	changes in net assets or fund balances (explain on Schedule O)	9			
	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	THE PART HAVE	Page 1	al is mer	76.
32, co	olumn (B))	10		723,	,725
Part XII	Financial Statements and Reporting	one constituent o			
	Check if Schedule O contains a response or note to any line in this Part XII				
E 114	Todask stars, or look gayenhmen or governmental unit described in excelor (TEDE)(XAM).			Yes	No
1 Acco	unting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 📗 Other				
If the	organization changed its method of accounting from a prior year or checked "Other," explain on	,			
Sche	dule O. Her to a Asserbest in Hection 1783 (1) Algorithm Per II)				
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or				
review	ved on a separate basis, consolidated basis, or both:				2
☐ Se	eparate basis Consolidated basis Both consolidated and separate basis		650		
	the organization's financial statements audited by an independent accountant?		2b		X
If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a				
	rate basis, consolidated basis, or both:			2 2	
∐ Se	eparate basis Consolidated basis Both consolidated and separate basis				
	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		and i		
	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		100		
	dule O. A suspending asparazionin aperiord, sur la loca, of all about by its supported regardestants), s				
	result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	rm Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
	s," did the organization undergo the required audit or audits? If the organization did not undergo the	n(s), by haveny			
	red audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	N./.A.	3b	. 10	
FDA <b>23</b>	99012 BWF 990 Form Software Copyright 1996 - 2024 HRB Tax Group, Inc.		Form	<b>990</b> (2	2023)

### SCHEDULE A

Department of the Treasury

(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 2023

Open to Public Inspection

Employer identification number Name of the organization 37-1440098 PET PROJECT FOR PETS INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 \(^1\frac{1}{3}\)% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization listed in your governing document? support (see instructions) support (see instructions) organization above (see instructions)) Yes No (A) (B) (C) (D)

(E) Total

#### 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	tion A. Public Support				15	servere Munich	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	186,553	388,981	371,056	370,197	440,397	1,757,18
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	) (erzer tuatrice	) emperatedada bia besat rest es	and in a pre-as-	un artigues a		
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·	rear silen					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	nat prointe.	3767				
5	The value of services or facilities furnished by a governmental unit to the organization without charge	ethic private four	datan	as a demony can	e san		
6	Total. Add lines 1 through 5	186,553	388,981	371,056	370,197	440,397	1,757,184
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	ral Rule or a Sci	acial Ride.	A	and a substantial and a superior of the superi		
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	Sion can check	ansens for him		na proposa Te	is See	
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	A CONTRACTOR OF THE STATE OF TH	BY				1,757,184
Sec	ction B. Total Support	11 237 45	WA AV	tha water, contrib	stoms edating t		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 388, 981	(c) 2021 371, 056	(d) 2022 370, 197	(e) 2023 440, 397	(f) Total
9	Amounts from line 6	186,553	388,981	3/1,036	370,137	440,337	1,757,104
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	100	1 00 0 EE 00 0-107	special report than 3.7	18,217	1,810	20,027
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Capric of the	e chacked bein I year, is del canti i Form 1980-82	ente el Composito de Composito de Composito de Composito de Composito	1 723 K, 100 1 and et (1) 82 A Paris I and A	0, 07	
c	Add lines 10a and 10b		P 79	134 34	18,217	1,810	20,027
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	ne (7), (3), et f m ei mom traj ne reiden ei er i	i iling Fora (t.) 31.600 euclum i Hy is children i	er 890 - EZ the o ny fipr magantasi n errontasi. Com	especial from a reservable, several can frame I frame	y che ki, kita	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10):71, (21, or i)	rass), it. and st o livre form (is)	or an-El Pa	egeles 2 Mars P	8/ 6/88	
13	Total support. (Add lines 9, 10c, 11, and 12.)	186,553	388,981	371,056	388,414	442,207	1,777,211
14	First 5 years. If the Form 990 is for the organi organization, check this box and stop here	zation's first, seco	ond, third, fourth	, or fifth tax year	as a section 50	1(c)(3) 	
Sec	tion C. Computation of Public Supr	port Percenta	age			apitatis .	
15	Public support percentage for 2023 (line 8, col	lumn (f), divided	by line 13, colum	nn (f))		15	98.87%
16	Public support percentage from 2022 Schedul	e A, Part III, line	15			16	%
Sec	tion D. Computation of Investment	Income Pero	centage	A not used (N)	SCHOOL BANK	17	1 12 0
17	Investment income percentage for 2023 (line	10c, column (f), d	divided by line 13	3, column (f)) · ·		17	1.13 %
18	Investment income percentage from 2022 Sch	nedule A, Part III,	line 1/			18	%
19a	33 <sup>1</sup> /3% support tests 2023. If the organiza	d stop here. The	organization qu	alifies as a public	cly supported or	ganization	×
b	331/3% support tests 2022. If the organization 18 is not more than $33^{1/3}$ %, check this box	x and stop here.	. The organizatio	n qualifies as a p	oublicly supporte	ed organization	
20	Private foundation. If the organization did not				ox and see inst		
F FD A	an entre number Form Coffware Con	vright 1996 - 2024 F	HBB Tay Group Inc			Schedule A (Fo	orm 990) 2023

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identification number
THE PET PROJEC	CT FOR PETS INC	37-1440098
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	lation
	527 political organization	
	257 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1 Payers
	5200 PS	
	501(c)(3) taxable private foundation	
Check if your organization is	s covered by the General Rule or a Special Rule.	1 Solv
	(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule, See
instructions.		
General Rule	SIDE CERCLE ASE	
	BSSCRIN 102 23 0 6 0 2 2	
For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions	totaling \$5,000
or more (in money o	r property) from any one contributor. Complete Parts I and II. See instructions for	or determining a
contributor's total co	ntributions.	
Special Rules	Riston, assistant, and the desired the second secon	
_		
	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/5% sup	
regulations under se	ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part	II, line 13, 16a, or
16b, and that receive	ed from any one contributor, during the year, total contributions of the greater of	(1) \$5,000; or
(2) 2% of the amount	t on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I	and II.
☐ For an organization of	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive	ed from any one
	e year, total contributions of more than \$1,000 exclusively for religious, charitab	
The state of the s	al purposes, or for the prevention of cruelty to children or animals. Complete Pa	
Accept the second secon	nstead of the contributor name and address), II, and III.	713 T (Criticining
Terra in column (b) in	istace of the contributed frame and address, in and in	
Tenr an organization of	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive	
The second second	e year, contributions exclusively for religious, charitable, etc., purposes, but no	
	more than \$1,000. If this box is checked, enter here the total contributions that	
	exclusively religious, charitable, etc., purpose. Don't complete any of the parts	
	s to this organization because it received nonexclusively religious, charitable, et	
	re during the year	
	Marin, militroux, and NP + 4 Total contribute	1980 Table of a constraint
aution: An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Scheo	dule B (Form 990), but it
	, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its	

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

THE PET PROJECT FOR PETS INC

Employer identification number 37-1440098

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 NEIL BURMEISTER Person Payroll 2628 NE 37TH STREET Noncash 10,000 FORT LAUDERDALE, FL 33308 (Complete Part II for noncash contributions.) (d) (c) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. MICHAEL CAMARDELLA Person Payroll 2032 NE 6 TER Noncash 11,025 WILTON MANORS, FL 33305 (Complete Part II for noncash contributions.) (d) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 ROBERT TRACEY Person Payroll 800 LAKESIDE CIRCLE 406 POMPANO BEACH, FL 33060 28,738 Noncash (Complete Part II for noncash contributions.) (d) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 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.

23 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Par	Organizations Maintaining Donor Advised Funds or Other Simila	ar Funds or Accounts
- 870	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	and universal quantities of Page
100	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	in , 720
	Aggregate value of contributions to (during year)	
	Aggregate value of grants from (during year)	
	Aggregate value at end of year	the Part and particular fields about at 1994 the
	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	conferring impermissible private benefit?	
201		64
CI		
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	59
1	Purpose(s) of conservation easements held by the organization (check all that apply).	servation of a historically important land area
		servation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Ye
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included on line 2a $\ldots$	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not or	n a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle	ling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	n 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financial s	
	organization's accounting for conservation easements.	Material and describes the
		es or Other Similar Assets
1	Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	es, or other Similar Assets
		ment and belongs about the
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue states of art, historical treasures, or other similar assets held for public exhibition, education, or research	then and balance sneet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes thes	se items.
L	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemen	
D	art, historical treasures, or other similar assets held for public exhibition, education, or research	
	provide the following amounts relating to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for fi	
	following amounts required to be reported under FASB ASC 958 relating to these items.	
9	Revenue included on Form 990, Part VIII, line 1	s
	Assets included in Form 990, Part X	
D	Madeta included in Form 330, Fait X	

578

1,600,578

38,062

38,640

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12u.	SEL TELESCOPER TO	
	revenue, gains, and other support per audited financial statements		1	344
	unts included on line 1 but not on Form 990, Part VIII, line 12:			
	unrealized gains (losses) on investments	2a	1914 Page 1916	
	ated services and use of facilities			
	overies of prior year grants			
	er (Describe in Part XIII.)			
	lines 2a through 2d		2e	
	tract line 2e from line 1		3	
	ounts included on Form 990, Part VIII, line 12, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIII.)			
c Add	lines 4a and 4b.		4c	
	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	raul=
Part XI		atements With Expense	es per Return	
1 Tota	al expenses and losses per audited financial statements		1	
	bunts included on line 1 but not on Form 990, Part IX, line 25:			
	ated services and use of facilities	2a		
	r year adjustments	2b		
c Othe	er losses.	20		
	er (Describe in Part XIII.)	2d		
e Add	lines 2a through 2d		2e	
	tract line 2e from line 1		3	
	ounts included on Form 990, Part IX, line 25, but not on line 1:			
	estment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other	er (Describe in Part XIII.).	4b		
c Add	lines 4a and 4b		4c	
5 Tota	al expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
5 Tota	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information			
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		
5 Total	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Supplemental Information  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b and 2b; Part V, lin		

#### 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.

23 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization THE PET PROJECT FOR PETS INC Employer identification number

37-1440098

X1 LINE 9 - MORE CASH FROM SALE OF INVESTMENTS

VIII LINE 1F - JIM MORAN FOUNDATION 35200

V111 LINE 1F - BATCHELOR FUND 25000

VIII LIN 1F - OUR FUND 22000

VIII LIN 1F - SCRIPP FOUNDATION 125000

VIII LINE 1F - MIAMI AGING ALLIANCE 240890

VIII LINE 1F - WARTEN FOUNDATION 10000

VIII LINE 1F - LESLIE ALEXANDER FOUNDATION 65000

VIII LINE 1F - COMMUNITY FOUNDATION 39904

VIII LINE 1F - BCEFA 5000

PART XI LINE 9 - MORE C

# 2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMEN OPEN TO PUBL	T 1: FORM 990 PAGE 1, LINE F	
INSPECTION		
	For calendar year 2023, or tax period beginning	, and ending
Name of Organizat		Employer Identification Number
THE PET P	ROJECT FOR PETS INC	37-1440098
990, Page 1, Line	FIX of Programs Service Accepts ababasers	
	ame <u>SU</u>	SAN MARTINO
or	MAINTENANCE FOOD AND VET CARE FO	
Business Name:		
Street Address	<u>22</u>	00 NW 9TH AVE
110 Add		
U.S. Address:		
7:	22211 - MILITON MANORC	e. EI
	33311 City WILTON MANORS	State <u>FL</u>
or		A
Foreign Address		
City		
City		
Dravingo	or State	
Province	or State	
Country		<b>&gt;</b>
Country		· <del>·</del> ······
Postal co	de	
Postal Cot	Je	
	And hard a	

23\_EO12

# 2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

	Tor easerredar year 2020	s, or tax period beginning , a	nd ending -
ame of Organization			Employer Identification Number
HE PET PE	ROJECT FOR PETS I	NC	37-1440098
ode:	ent of Program Service Accompl		
.ode.	Expenses:	including Grants of:	Revenue:
ROVIDING ISABILITY	MAINTENANCE FOOD Y	Exempt Purpose Achievements  AND VET CARE FOR PET OF	WNERS WITH SEVERE
		4	

# 2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI OPEN TO PUBLIC	, SECTION C, LINE 20
INSPECTION For calendar year 2023, or tax period beginn	ning , and ending
ame of Organization	Employer Identification Number
HE PET PROJECT FOR PETS INC	37-1440098
art VI - Line 20	Services 1 Section 1
AYPARA PER 2,00	501 3.659
ndividual Name	14, 183
or	
usiness Name:	
HE PET PROJECT FOR PETS INC	
Street Address	2200 NW 9TH AVE
I.C. Address.	
.S. Address:	
Zip code 33311 City WILTON MANO	ORS State <u>FL</u>
	State ETI
or oreign Address	
oreign Address	
City	
Province or State	
Country	
Postal code	
Phone Number	<u>(954)568-5678</u>
Fax Number	

# 2023 FORM 990 PAGE 10, All OTHER EXPENSES

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES OPEN TO PUBLIC

INSPECTION For calendar year 2023 or tax period beginning , and ending  Name of Organization  THE PET PROJECT FOR PETS INC  Employer Identification Nu 37-1440098					
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising	
AYROLL FEE HRIFT SHOP EXPENSES	1,066 19,185	19,185	1,066		
<ul> <li>A. Barrowskier, in Emphysics, Sciences been a Memoryting of Enthesias Socialism on the years, Superficial Proc. of National Med. (1995) 2010.</li> </ul>	district of miss professor in a state of same or less, some	if repeated Bing so a	19304		
W. Held Edward Spinish of the Spinish of the Committee of		Vent. 486 (1917)			
8 Spring assessment of that the appropriate A The appropriate A Committee of the Artifact Annual Action and Artifact Annual Action Annual Action Annual Action Annual Action A	sums to extrans (6), and (1) use 8 . user 2000 Form (852)	September 1	10 mm		
The Control of the Co	Season automorphy (1905) control of the filter of the control of the control of the control of the control of the control of	1	12		
A Superior S	a and Chica Cap		Service Servic		
The second response to section 1997, if queeze to the second response (CPS)			18		
A HISTORY WELLOW FOR ABOUT STOCKS THE WAY STOCKS TH			17		
	A CONTROL OF THE CONT	Parcovery 680 poets of Chicago 800	(5) Martina (5)		
		RS 100 100 100 100 100 100 100 100 100 10	5/L 8/L 8/L		
A Management and Management of Sarvi Service Present in Servi	1, 809, 946 a Doring 2023 Ya 1	Stays 188 19 ps 188 189 fear Using the J	1 54 1 1 54 1		
		TO 358.	144 144 8-7		
d The second of					

Total:

20,251

19,185

1,066

#### Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

23 Attachment

OMB No. 1545-0172

Department of the Treasury

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information

Sequence No. 179

Identifying number Business or activity to which this form relates 37-1440098 FOR FORM 990 THE PET PROJECT FOR PETS INC Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) . . . . . . . 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- ..... 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, (b) Cost (busn. use only) (a) Description of property 7 Listed property. Enter the amount from line 29 ..... 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .......... 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . | 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 Property subject to section 168(f)(1) election ...... MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ..... Section B -- Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (e) (g) Depreciation (d) Recovery (f) Method (a) Classification of property year placed in (business/investment use period Convention service only -- see instructions) 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L MM S/L 27.5 yrs. h Residential rental MM 27.5 yrs. S/L property 02-2023 1,408,940 MM 31,659 39 yrs. S/L i Nonresidential real MM S/L Section C -- Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L 12-year 30 vrs. S/I 30-year MM d 40-year 40 yrs. Part IV Summary (See instructions.) 578 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions ....... 32,237 23 For assets shown above and placed in service during the current year,

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A	Depreciation	on and Othe	er Info	ormatic	n (Ca	ution: 5	See th	e ins							
24a Do you have	evidence to support	the business/in	vestme	nt use cla	imed?	XY	es	No	24b If	"Yes,"	is the e	vidence	e written?	Y (	
(a) Type of property (list vehicles first)	property Date placed in		Cost or			(e) Basis for depr. (busn./investment			(f) Recovery period	(g) Method/ Conventio			(h) preciation duction	sec	(i) lected tion 179 cost
25 Special depres	ciation allowance for	qualified listed	propert	y placed	in serv	ice duri	ng the	e tax	year						
and used mor	e than 50% in a qua	lified business u	se. Sec	instructi	ons						. 25				
26 Property used	more than 50% in a	qualified busine	ess use		X - 1 - 1			Walter Williams			- /	- 5			
TRUCK	12-01-201	2100.0%	4	38,6	40	38	8,6	40	05	DB2	ООНУ		57	18	
7. Temi offer	A SUCTOR PROBLEM OF	%	golden -			1971 5 200			Sales and	1112	100 St.	1			
E - Your mice	or programme and the	%	1000		3 10		- 10,50		r was look	E)A-Y-Sid	ESTATE OF	70			
27 Property used	50% or less in a qua	alified business	use:		isour de	ro, cyas w		X d to			Total Control	. FB.			
		%								S/L-				100	
CALCULA	a are the actu	%	WET-IN	114				$\neg$	1883/S/A	S/L-			(fore)		
14 Pakes No	n manager	%		NK-14 1 1 2	- 10 700	A.				S/L-		110			
28 Add amounts	in column (h), lines 2	25 through 27. E	Enter he	re and or	n line 2	1, page	1				. 28	184	57	8	
29 Add amounts	in column (i), line 26	. Enter here and	d on line	7, page	1								2	9	
13. Latinasius par	140 Carlos Carlo			177			7.000	46000	Vehicle		Liver 9	13			
Complete this sec	tion for vehicles used							600	1		nerson	If you	provided	vehicles	s to
	rst answer the quest													VOINGICE	, 10
	/investment miles dr			a)		(b)	-	(c)	Venno	(0			(e)	(	(f)
during the year	r (don't include con	nmuting		icle 1		nicle 2		Vehic			cle 4		nicle 5		icle 6
			1	7000	All I	ASSA TO	K					18		SOLD 100 100 100 100 100 100 100 100 100 10	
31 Total commuti	ng miles driven durir	ng the year	4 37 7 10	55 0:00 BD	A	NA.	1				Love 9	19			
32 Total other pe	rsonal (noncommutir	ng)			W	187					Clere S	120			
miles driven				ASS	1							21			
33 Total miles dri	ven during the year.	Add	6 10 KB	s (10 m)	10	A men	0.25	100 100		West.		220			
lines 30 through	jh 32		. 1	7000	29							F20.			
34 Was the vehic	le available for perso	onal use	Yes	No	Yes	No	Ye	s	No '	Yes	No	Yes	No	Yes	No
during off-dut	y hours?			X		$\Pi$	- 4		1 10 10			7 2 50	$\Box$	П	1 1
35 Was the vehic	le used primarily by	a more	T		П		8	1	SE DE		П				
than 5% owner	r or related person?				Ш			7				Ш			
36 Is another veh	icle available for per	sonal use?		X	14	2 8 6	100	9	20 3	П		4 1			
Sec	tion C Ques	tions for Er	nploy	ers Wh	o Pro	ovide	Veh	icle	s for Us	se by	Thei	r Emp	loyees	;	
Answer these que	stions to determine it	you meet an ex	xception	to comp	leting S	Section	B for	vehic	cles used	by em	ployees	who ar	en't mor	e than 5	%
owners or related	persons. See instruc	tions.	100												
37 Do you mainta	in a written policy st	atement that pro	ohibits a	ll person	al use	of vehic	es, in	cludi	ng commi	uting,	by your			Yes	No
employees?															
38 Do you mainta	in a written policy st	atement that pro	ohibits p	ersonal u	use of v	ehicles,	exce	pt co	mmuting,	by yo	ur empl	oyees?		П	П
See the instru	ctions for vehicles us	ed by corporate	e officer	s, directo	rs, or 1	% or me	ore ov	wners	s						
39 Do you treat a	I use of vehicles by	employees as p	ersonal	use?											П
40 Do you provid	e more than five veh	icles to your em	ployees	s, obtain i	nforma	ation from	n you	ir em	ployees a	bout th	ne use o	of the		П	П
vehicles, and r	etain the information	received?													П
41 Do you meet to	he requirements con	cerning qualified	d autom	obile der	nonstra	ation us	e? Se	e ins	tructions						
Note: If your	answer to 37, 38, 39	, 40, or 41 is "Y	'es," do	n't compl	ete Sec	ction B f	or the	cove	ered vehic	cles.					No.
Part VI Amo	ortization			, Astelline											
	(=)	(b)	)		10	c)	2	T	(d)		(e)			(f)	
Descrip	(a)	Date amoi	rtization	Am		le amou	ınt	1	Code secti	ion	Amortiz period		Amortizat		nia vioar
Descrip		begi	ns			.5 41100			75GC 36GU	311	percen		Amortizat	ion for tr	iis year
42 Amortization	of costs that begins	during your 202	23 tax y	ear (see i	nstruct	ions):	-					-			
							9,1111								
								1							
				_				_			_	-			
3 Amortization of	costs that began be	fore your 2023	tax year									43			

# 2023 AUTO EXPENSE WORKSHEET

THE PET PROJECT FOR PETS INC 37-1440098

Keep for Your Records

	VEHICLE INFORMATION		
1.	Vehicle description		
2.	Carried to form or schedule		
3.	Date vehicle was placed in service	3.	12-01-2012
4.	Odometer beginning mileage ending mileage		
	CALCULATION OF BUSINESS USE PERCENTAGES		
5.	Total business mileage driven during the year	5.	17,000
6.	Total commuting mileage driven during the year	6.	
7.	Total other personal mileage driven during the year		
8.	Total mileage driven during the year		
9.	Business use percentage (line 5 divided by line 8)		
	CALCULATION OF THE ACTUAL EXPENSE METHOD Input		Deduction Allowed
10.	Parking fees and tolls	10.	
11.		11.	
12.		12.	
13.		13.	
14.	Registration fees x Line 9	14.	
15.		15.	
16.		16.	
17.	Total automobile expenses (line 10 through 16) (carries to auto expense line of form on line 2)	17.	
18.		18.	
19.	Interest expense (carries to interest expense line of form on line 2) x Line 9	19.	
20.	Lease payments x Line 9	20.	
21.		21.	
22.	Total lease expense (line 20 less line 21) (carries to lease expense line of form on line 2)	22.	
23.	Section 179 expense deduction	23.	
24.	Special depreciation allowance***	24.	
25.	Current depreciation expense ***2	25.	578
26.	Total depreciation expense (lines 23 through 25) (carries to depreciation expense line of form on line 2)	26.	578
27.	Value of employer-provided vertice 111111111111111111111111111111111111	27.	
28.	Total expenses using Actual Expense Method (total of lines 17, 18, 19, 22, 26, and 27)	28.	578

<sup>\*</sup> Not subject to business use percentage.

<sup>\*\*</sup> Already adjusted for business use percentage.

# 2023 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

