

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c)(3) or (c)(29) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2022 calendar year, or tax year beginning 2022, and ending 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Extension <input type="checkbox"/> First return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE PET PROJECT FOR PETS INC
	<b>D</b> Employer identification number 37-1440098
	<b>E</b> Telephone number 354-568-5678
	<b>G</b> Gross receipts 2,073,427
<b>D</b> Name of organization THE PET PROJECT FOR PETS INC	
<b>E</b> Doing business as THE PET PROJECT FOR PETS INC	
<b>F</b> Mailing address (Do not check if not delivered to exact address) Room/suite	
2200 NW 9TH AVE	
<b>G</b> City or town, state or province, country, and ZIP or foreign postal code	
MILTON MANORS FL 33311	
<b>H</b> Name and address of principal officer	
SEE ATTACHMENT #1	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) 3 - specified <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: WWW.PETPROJECTFORPETS.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Type of formation: 2002 <b>M</b> State of legal domicile: FL	

**Part I** Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE AND PRESERVE THE HUMAN AND ANIMAL BOND TO ASSIST WITH PET CARE AND MAINTENANCE EXPENSES FOR PEOPLE WITH LIFE THREATENING OR SEVERELY DISABLING DISEASES	
<b>2</b> Check the box <input type="checkbox"/> if this organization discontinued its operations or disposed of more than 25% of its net assets	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VII, line 1a) 3
	<b>4</b> Number of independent voting members of the governing body (Part V, line 1b) 4
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5
	<b>6</b> Total number of volunteers (estimate if necessary) 6
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 7a
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 7b
	<b>8</b> If this organization discontinued its operations or disposed of more than 25% of its net assets, enter the date of discontinuance
<b>Revenue</b>	<b>9</b> Contributions and grants (Part VII, line 1f) Prior Year 447,036 Current Year 642,227
	<b>10</b> Program service revenue (Part VII, line 2g) 49,065 37,145
	<b>11</b> Investment income (Part VII, column (A), lines 3, 4, and 7d) 26,825 -6,103
	<b>12</b> Other revenue (Part VII, column (A), lines 5, 6a, 6b, 6c, 10a, and 11a) 95,000
	<b>13</b> Total revenue -- add lines 9 through 11 (must equal Part VII, column (A), line 12) 522,925 948,269
<b>Expenses</b>	<b>14</b> Grants and similar amounts paid (Part IX, column (A), lines 1-5) 0
	<b>15</b> Benefits paid to or for members (Part IX, column (A), line 4) 0
	<b>16</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10) 67,381 80,136
	<b>17</b> Total fundraising expenses (Part IX, column (C), line 25) 813,483 880,513
	<b>18</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a) 680,763 941,251
<b>19</b> Total expenses. Add lines 14-17 (must equal Part IX, column (A), line 25) 42,153 7,018	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 1d) Beginning of Current Year 711,698 End of Year 632,818
	<b>21</b> Total liabilities (Part X, line 2e) 711,698
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 0 632,818

**Part II** Signature Block

Under penalties of perjury, I declare that I have prepared this return, and its accompanying schedules and statements, and to the best of my knowledge and belief, this tax return and all attachments are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer ROBERT RUSSOTTO	Date TREASURER			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print preparer's name DIANE CIOCIOLLA	Preparer's signature DIANE CIOCIOLLA	Date 03-28-2023	Check <input type="checkbox"/> if self-employed	PTIN P00140225
	Firm's name BLOCK ADVISORS			Firm's EIN 431871840	
	Firm's address POMPANO BEACH FL 33062			Phone no. (954) 781-8812	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III  

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 THREATENING  
 OR SEVERELY DISABLING DISEASES.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe those new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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 revenues, if any, for each program service reported.

4a Code: \_\_\_\_\_ | Expenses: \_\_\_\_\_ including grants of \$ \_\_\_\_\_ | Revenues: \_\_\_\_\_ |

SEE ATTACHMENT 42

4b Code: \_\_\_\_\_ | Expenses: \_\_\_\_\_ including grants of \$ \_\_\_\_\_ | Revenues: \_\_\_\_\_ |

4c Code: \_\_\_\_\_ | Expenses: \_\_\_\_\_ including grants of \$ \_\_\_\_\_ | Revenues: \_\_\_\_\_ |

4d Other program services (Describe on Schedule O): \_\_\_\_\_

Expenses: \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ | (Revenues: \$ \_\_\_\_\_ |

4e 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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	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.		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.		X
5 Is the organization a section 501(c)(4), 501(c)(25), or 507(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-37? If "Yes," complete Schedule C, Part III. N/A		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for expense or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 2% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII.		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 10? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 16, that is 2% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 28? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		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.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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.		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 I and IV.		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 I and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		X
18 Did the organization report more than \$10,000 total of fundraising event gross income and contributions on Part VII, lines 1c and 1d? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VII, line 1e? If "Yes," complete Schedule G, Part II.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to the return? N/A		
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.		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
22	Did the organization report more than \$2,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If "Yes," complete Schedule L, Parts I and II		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		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 through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization issue any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a	Section 501(c)(2), 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		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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 3 or 22, for remuneration payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 20% controlled entity or family member of any of those persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 20% controlled entity (including an employee thereof) or family member of any of those persons? If "Yes," complete Schedule L, Part II		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions)?		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 20% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 20% of its net assets? If "Yes," complete Schedule N, Part I		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		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		X
35a	Did the organization have a controlled entity within the meaning of section 513(b)(13)?		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 513(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 1% 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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 16? Note: All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in box 9 of Form 1099-Clerg -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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, 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			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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 8868-17?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization admit any contributions that were not tax deductible or charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer?	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 required to file Form 8882?	7c		X
d	If "Yes," indicate the number of Forms 8882 filed during the year	7d		
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	If the organization received contributions of qualified intellectual property, did the organization file Form 8884 as required?	7g		X
h	If the organization received contributions of art, books, records, or other collectibles, did the organization file a Form 1041-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
8		8		X
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4967?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advised, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:				
a	Inclusion fees and capital contributions included on Part VII, line 13	10a		
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041-T?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	0	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4960 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(29) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 8885.				
17		17		X

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any "No" in this Part VI.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a	
1b	Enter the number of voting members included on line 1a, above, who are independent.	1b	
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
7b	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 the year by the following:		
a	The governing body?	8a	X
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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N/A
11a	Has the organization provided a written copy of this Form 990 to all members of its governing body who filed the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N/A
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	N/A
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, compensation data, and contemporaneous substantiation of the deliberation and decision?		
a	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 meet 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 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	N/A

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed. IL

18 Section 5104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (990-E or 991-E) (or any available for public inspection. Indicate how you made these available). Check all that apply.  
 Our website  Another 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**

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 column (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 3 of Form W-2, box 4 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position <small>(do not check more than one box unless person is both an officer and trustee)</small>						(D) Reportable compensation from the organization <small>(W-2/1099-MISC/1099-NEC)</small>	(E) Reportable compensation from related organizations <small>(W-2/1099-MISC/1099-NEC)</small>	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN MARTINO EXECUTIVE DIRECTOR	40.00						15,000	0	0	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week for any time for related organizations being reported here	(C) Function (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (R-21099-MSO; 1099-NEC)	(E) Reportable compensation from related organizations (W-21099-MSO; 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(16)										
(16)										
(17)										
(18)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b	Subtotal .....	75,000
c	Total from continuation sheets to Part VII, Section A .....	
d	Total (add lines 1b and 1c) .....	75,000

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 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

4 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

	Yes	No
3		X
4		X
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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or unrelated business revenue	(C) Unrelated business revenue	(D) Revenue excluded from either section 513(b)(1) or 513(b)(4)	
Contributions, Gifts, Grants and Other Similar Amounts	1a Fundraising campaigns					
	b Membership dues					
	c Fundraising events	10,481				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, & similar amounts not included above	162,144				
	g Revenue contributions included on lines 1a-f					
	h Total. Add lines 1a-f	172,625				
Program Service Revenue	2a <u>THRIFT STORE</u>	Business Code	27,318	27,318		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-f		27,318	27,318		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,211	18,211		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a	309,419			
	b Less: cost or other basis and sales expenses	7b	323,136			
	c Gain or (loss)	7c	-24,328			
	d Net gain or (loss)		-24,328	-24,328		
	8a Gross income from fundraising events (net including \$ 71,481 of contributions reported on line 1c). See Part IV, line 15	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
		Business Code				
11a <u>IN KIND DONATIONS</u>		16,300	16,300			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		16,300	16,300			
12 Total revenue. See instructions		348,225	188,042			

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6a, 7b, 8b, 9a, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 23				
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 23 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,000	17,000	17,000	
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				
8 Pension plan accruals and contributions (include section 401(a) and 408(a) employer contributions)				
9 Other employer benefits				
10 Payroll taxes	5,718	2,868	2,868	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,110		1,110	
d Lobbying				
e Professional fundraising services. See Part IV, line 57				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	17,088		17,088	
14 Information technology				
15 Rentals				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to officers			1,860	
22 Depreciation, depletion, and amortization	1,860		1,860	
23 Insurance				
24 Other expenses (include expenses not covered above. If the miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	11,880	11,880		
b CLIENT STORAGE	40,000	40,000		
c CLIENT SERVICES PET FOOD PET	394,000	394,000		
d CLIENT SERVICES MIAMI AGING A	210,700	210,700		
e All other expenses	170,000	170,000		
25 Total functional expenses. Add lines 1 through 24e	941,190	871,870	47,410	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**Check if Schedule C contains a response or note to any line in this Part X 

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1 Cash -- non-interest-bearing	103,421	1	15,506		
	2 Savings and temporary cash investments	83,920	2	1,638		
	3 Prepaid and grants receivable, net		3			
	4 Accounts receivable, net		4			
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(b)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9	75,000		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	na	81,588			
	b Less: accumulated depreciation	10b	61,110	4,442	10c	578
	11 Investments -- publicly traded securities		541,915	11	475,938	
	12 Investments -- other securities. See Part IV, line 11			12		
	13 Investments -- program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
	15 Other assets. See Part IV, line 11			15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 22)		733,698	16	632,818		
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17			
	18 Grants payable		18			
	19 Deferred revenues		19			
	20 Tax-exempt bond liabilities		20			
	21 Grantee or contractor account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax payables to related third parties and other liabilities not included on lines 17-24). Complete Part III of Schedule D			25		
	26 <b>Total liabilities.</b> Add lines 17 through 25		0	26	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 30, and 31.</b>					
	27 Net assets without donor restrictions	733,698	27	632,818		
	28 Net assets with donor restrictions		28			
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 31.</b>					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
32 <b>Total net assets or fund balances</b>	733,698	32	632,818			
33 <b>Total liabilities and net assets/fund balances</b>	733,698	33	632,818			

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any line in this Part XI 

1	Total revenue (must equal Part VII, column (A), line 12)	1	848,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	841,251
3	Revenue less expenses. Subtract line 2 from line 1	3	7,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	755,438
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	-107,838
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	622,818

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
3 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	3	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
4a As a result of a federal lawsuit, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 48 CFR, Part 300, Subpart FF?	4a	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	4b	



**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(28) organization or a section 507(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE PET PROJECT FOR PETS INC

Employer identification number

37-1440098

**Part I 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).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  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: \_\_\_\_\_
- 5  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 III.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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 III.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part III.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university at a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (i) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (ii) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses operated by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively in test for public safety. See section 509(a)(4).
- 12  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 12g that describes the type of supporting organization and complete lines 12a, 12b, 12c, 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.
- e  Check the 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.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing instrument?		(v) Amount of majority support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

**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 I.)

If the organization fails to qualify under the tests listed below, please complete Part III.

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not exclude any "crucial grants.")	346,517	186,553	288,941	371,036	370,137	1,583,194
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 or unrelated trade or business under section 513						
4 The revenues listed 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	346,517	186,553	288,941	371,036	370,137	1,583,194
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts received on lines 1 and 2 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the annual or line 19 for the year						
c Add lines 7a and 7b						
8 Public support. Subtract lines 7a and 7b from line 6						1,583,194

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
8 Amounts from line 8	346,517	186,553	288,941	371,036	370,137	1,583,194
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					18,211	18,211
b Unrelated business taxable income (see section 511) based on businesses acquired after July 31, 1975					18,211	18,211
c Add lines 10a and 10b					36,422	36,422
11 Net income from unrelated business activities not included on line 10c, 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 VII)						
13 Total support. (Add lines 8, 10c, 11, and 12)	346,517	186,553	288,941	371,036	388,459	1,583,521
14 First 5 years. If this Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	43	98.86%
16 Public support percentage from 2021 Schedule A, Part III, line 13	16	100.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	1.14%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests** -- 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33 1/3% support tests** -- 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Schedule B**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization:

THE PET PROJECT FOR PETE INC

Employer identification number:

37-1440098

Organization type (check one):

Filed as:

Section:

Form 990 or 990-EZ

 501(c)(3) (3) (enter number) organization 4947(a)(1) nonexempt charitable trust treated as a private foundation 527 political organization

Form 990-PF

 501(c)(2) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 Part I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33% support test of the regulations under sections 509(a)(1) and (2)(b)(1)(K)(i), that checked Schedule A (Form 990), Part II, line 13, 19a, or 19b, 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 VII, line 1f, or (ii) Form 990-EZ, line 1. Complete Part I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Part I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

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

Schedule B (Form 990) (2022)

Name of organization

THE PET PROJECT FOR PETS INC

Employer identification number

07-1440098

**Part I** Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIL BURMEISTER 2628 NE 37TH STREET FORT LAUDERDALE, FL 33306	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MICHAEL CAMARDELLA 2032 NE 6 TERR WILTON MANORS, FL 33305	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE PET PROJECT FOR PETS INC

Employer identification number

37-1440098

**Part I 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 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private inurement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements	2a
b Total acreage included by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on 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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(b)(1)(D)(i) and section 170(b)(1)(D)(ii)?  Yes  No

9 In Part XII, 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 in 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 XII the text of the footnote in its financial statements that describes these items.

1b 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:

(i) Revenue included on Form 990, Part VII, line 1 \_\_\_\_\_ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \_\_\_\_\_ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VII, line 1 \_\_\_\_\_ \$ \_\_\_\_\_

b Assets included in Form 990, Part X \_\_\_\_\_ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 2 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- Public education  Loan or exchange program
- Scholarly research  Other \_\_\_\_\_
- Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds (rather than to be maintained as part of the organization's collection)?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 3, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XII?  Yes  No
- 1b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning-of-year balance                      |                  |                |                    |                      |                     |
| 1b Contributions                                  |                  |                |                    |                      |                     |
| 1c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| 1d Grants or scholarships                         |                  |                |                    |                      |                     |
| 1e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| 1f Administrative expenses                        |                  |                |                    |                      |                     |
| 1g End-of-year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- 3b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 15.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment		\$1, 638	\$1, 110	\$ 528
1e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 15c.)  15



**Part XI Reconciliation of Revenue per Audited Financial Statements 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 VII, line 12:			
	a. Net unrealized gains (losses) on investments	2a		
	b. Donated services and use of facilities	2b		
	c. Reversals of prior year grants	2c		
	d. Other (Describe in Part XIII)	2d		
	e. Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
	a. Investment expenses not included on Form 990, Part VII, line 7b	4a		
	b. Other (Describe in Part XIII)	4b		
	c. Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
	a. Donated services and use of facilities	2a		
	b. Prior year adjustments	2b		
	c. Other losses	2c		
	d. Other (Describe in Part XIII)	2d		
	e. Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a. Investment expenses not included on Form 990, Part VII, line 7b	4a		
	b. Other (Describe in Part XIII)	4b		
	c. Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 8; Part III, lines 3a and 4; Part IV, lines 1b and 2c; Part V, line 6; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Supplemental information area with multiple horizontal lines for text entry. A large diagonal watermark reading "CLEM" is visible across the page.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

THE PET PROJECT FOR PETS INC

Employer identification number

37-1440098

VIII LINE 7F - JIM MORAN FOUNDATION 49,114

VIII LINE 1F - BATCHELOR FOUNDATION 25000

VIII LINE 1F - OUR FUND 29000

VIII LINE 1F - SMART RIDE 15000

VIII LINE 1F - WARTEN FOUNDATION 10000

VIII LINE 1F - LESLIE L. ALEXANDER FOUNDATION 50000

VIII LINE 1F - COMMUNITY FOUNDATION 31500

VIII LINE 1F - GREATER GOODS CHARITY 228880

VIII LINE 1F - BROWARD 211 17902

VIII LINE 1F - ALLIANCE FOR AGING MIAMI 248150

XI LINE 9 - DECREASE IN VALUE OF WEALTH MANAGEMENT PORTFOLIO

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

GMB No. 1541-2047

**2022**

Open to Public  
Inspection

Name of the organization

THE PET PROJECT FOR PETS INC

Employer identification number

37-1440098

IX LINE 24E - TRANSPORTATION 21609

IX LINE 24E - CLIENT STORAGE 40000

IX LINE 24E - CLIENT SERVICES PET FOOD SUPPLIES 394159

IX LINE 24E - CLIENT SERVICE MIAMI AGING ALLIANCE 200721

IX LINE 24E - FUNDRAISER EXPENSES 1962

IX LINE 24E - CLIENT SERVICES GREATER GOODS CHARITY 175000

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

THE PET PROJECT FOR PETS INC

Employer identification number

37-1440098

PART X LINE 9 - DEPOSIT ON BUILDING

PART XI LINE 9 - LOSS OF VALUE ON STOCK PORTFOLIO

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## 2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC

INSPECTION

For calendar year 2022, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization

THE PET PROJECT FOR PETS INC

Employer Identification Number

37-1440098

990, Page 1, Line F

Principal officer name: ..... SUSAN MARTINO

or

Business Name

Street Address ..... 2200 NW 9TH AVE

U.S. Address

Zip code 33311

City WILTON MANORS

State FL

or  
Foreign Address

City

Province or State

Country

Postal code

**2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC  
INSPECTION

For calendar year 2022, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization

THE PET PROJECT FOR PETS INC

Employer Identification Number

37-2440035

**Part III - Statement of Program Service Accomplishments**

Code	Expend	Including Grants of	Revenue
		Except Purpose Achievements	
<p>PROVIDING MAINTENANCE FOOD AND VET CARE FOR PET OWNERS WITH SEVERE DISABILITY</p>			

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2022 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT B: FORM 990 PAGE 5, PART VI, SECTION C, LINE 20  
OPEN TO PUBLIC  
INSPECTION For calendar year 2022, or tax period beginning and ending

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

Part VI - Line 20

Individual Name

or

Business Name THE PET PROJECT FOR PETS INC

Street Address 2200 NW 9TH AVE

U.S. Address

Zip code 33311 City HILTON MANORS State FL

Foreign Address

City

Province or State

Country

Postal code

Phone Number (954) 568-5678

Fax Number

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**2022 FORM 990 SCHEDULE OF DEPRECIATION AND DEPLETION**

ATTACHMENT 4: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC INSPECTION

Name of Organization: THE PRT PROJECT FOR PRTS, INC.

Employer Identification Number: 57-1440098

For Calendar Year 2022, or the prior period beginning:

and ending:

Asset	Description of Property	Date Acquired	Cost or Other Basis	For Year Depreciation	Method of Depreciation	Rate (%) or Life (Years)	Depreciation This Year
POPULIF TRUCK		2015-09 2012-12	23,048 38,640	13,048.51 34,188.51		10 10	3,804
<b>Total:</b>			<b>61,688</b>	<b>57,236</b>			<b>3,804</b>

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## 2022 DETAIL STATEMENTS

THE PET PROJECT FOR PETE INC  
37-1440098

PAGE 1

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

INTEREST INCOME.....	69
DIVIDEND INCOME.....	18,662
CAPITAL GAIN DISTRIBUTION.....	773
KI MAGELLAN MIDSTREAM.....	-376
KI ENTERPRISE PRODUCTS PARTNERS.....	-911
TOTAL CARRIED TO 990 EO PG 9 LINE 3A.....	18,217

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**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 2022

Do not send to the IRS. Keep for your records.

**2022**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>THE PET PROJECT FOR PETS INC</b>	EIN or SSN <b>37-1440099</b>
Name and title of officer or person subject to tax <b>ROBERT ROBOTTO, TREASURER</b>	

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 990-CP and Form 990-BE filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	1b Total revenue, if any (Form 990, Part VII, column (A), line 12)	1b	948,269
2a Form 990-EZ check here	2b Total revenue, if any (Form 990-EZ, line 8)	2b	
3a Form 1120-POL check here	3b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	4b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 990-B check here	5b Balance due (Form 990-B, line 3c)	5b	
6a Form 990-T check here	6b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	7b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5327 check here	8b FMV of assets at end of tax year (Form 5327, form D)	8b	
9a Form 5320 check here	9b Tax due (Form 5320, Part I, line 10)	9b	
10a Form 990-CP check here	10b Amount of credit payment requested (Form 990-CP, Part III, line 2)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmittor, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to the account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-333-4337 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have entered a personal identification number (PIN) as my signature for this electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BLOCK ADVISORS to enter my PIN 40096 as my signature.  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regarding charities as part of the IRS FedState program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regarding charities as part of the IRS FedState program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EPIN/PIN. Enter your six-digit electronic filing identification number (EPIN) followed by your five-digit self-selected PIN.

653605 30013

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DIANE CICIOLLA Date 03-26-2023

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**