Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 2014, and ending For the 2014 calendar year, or tax year beginning , 20 D Employer identification number C Name of organization THE PET PROJECT FOR PETS, INC Check if applicable: Address change Doing business as 37-1440098 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return 2200 NW 9TH AVENUE 954-568-5678 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ WILTON MANORS, FL 33334 Amended return H(a) Is this a group return for subordinates? ☐ Yes ✓ No F Name and address of principal officer: Application pending H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) √ 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND PRESERVE THE HUMAN/ANIMAL BOND, ASSIST WITH PET CARE AND MAINTENANCE Activities & Governance FOR PEOPLE WITH LIEFT THREATENING OR SEVERLY DISABLING DISEASES. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 2 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 136,797 Program service revenue (Part VIII, line 2g) 49,809 55,000 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 189,750 191,797 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 49,100 45,000 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 144,315 146,782 191,782 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 193,415 19 Revenue less expenses. Subtract line 18 from line 12 -3,66515 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 39,962 21 Total liabilities (Part X, line 26) . . 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 39,962 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign XECUTIVE DIRECTOR SUSAN MARTINO Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no. Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

Dovi	Page
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROMOTE AND PRESERVE THE HUMAN/ANIMAL BOND. ASSIST WITH PET CARE AND MAINTENANCE 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?
	Tes V No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	conject?
	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: 1) (Expenses \$ 35,000 including grants of \$ 35,000) (Revenue \$)
	BATCHELOR FOUNDATION
	EVENIT DUDDOCE DESTRICTED FUND DESCRIPTION
	EXEMPT PURPOSE: RESTRICTED FUND DESIGNED ONLY FOR PURCHASE OF PET FOOOD, PET SUPPLIES, PET MEDICATIONS
	AND SHARE OF STORAGE SPACE RENTAL FOR PET FOOD AND SHARE OF FUEL/TRAVEL EXPENSES FOR PICK UP AND
	DELIVERY OF PET FOOD ALLOCATED FOR USE IN MIAMI-DADE COUNTY.
	MEASURED RESULTS: THIS GRANT CONTINUES TO PROVIDE SUPPORT FOR: 175 PETS AND 137 HUMAN CLIENTS.
	TETO AND 137 HOWAY CLIENTS,
41	
4b	(Code: 2) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)
	BANFIELD GRANT
	EXEMPT PURPOSE: THIS GRANT IS RESTRICTED TO THE PURCHASE OF PET FOOD FOR ONE MONTH OF THE PET PROJECT'S
	MONTHLY FOOD BANK.
	MEASURED RESULTS: THIS GRANT PROVIDES ONE MONTH OF PET FOOD TO 300 EXISTING PETS IN ADDITION TO NEW
	QUALIFIED CLIENTS THAT WERE ACCEPTED INTO THE PROGRAM WITH NO WAIT LIST.
4c	(Code: 3) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)
	(Code: 3) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$) BROADWAY CARES GRANT
	DICOLDWAT CARLS GRANT
	EXEMPT PURPOSE: EXECLUSIVELY EARMARKED FOR THE SUPPORT ON INDIVIDUALS SUFFERING FROM HIV/AIDS TO
	PROVIDE PET FOOD, PET SUPPLIES AND PET MEDICATIONS NECESSARY FOR THOSE INDIVIDUALS TO KEEP THEIR PETS.
	E INESTANTON NECESSARY FOR THOSE INDIVIDUALS TO REEF THEIR FETS.
	MEASURED RESULTS: THIS GRANT CONTINUED THE 2013 SUPPORT FOR THE ANIMALS OF 52 DISABLED INDVIDUALS
	AND 36 PETS, SUFFERING FROM HIV/AIDS FOR THE BALANCE OF THE YEAR FROM OCTOBER 2014 THROUG DECEMBER 2014.
44	Other program continue (Deceribe in Schedule C.)
	Other program services (Describe in Schedule O.) (Expenses \$ 117,431 including grants of \$ 10,000) (Revenue \$ 136,797)
	130,737
10000	Total program service expenses ► 162,431

Part	IV Checklist of Required Schedules			3
		8	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	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		1
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	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
1947(1)	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		V
J	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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		•
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		٧
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	44.	,	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	✓	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			,
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		✓
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			,
٦	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			,
		11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
1	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.			,
40 -		11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
14	Schedule D, Parts XI and XII	12a		
D	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	ا , ـ , ا		1
40		12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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			
				,
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			,
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			12
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
1200	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1

Part	IV Checklist of Required Schedules (continued)	7		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
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	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	5	√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		· /
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
	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 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1.00
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	۱		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		-	٠,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b 40	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		1
h	If "Yes," enter the name of the foreign country: ▶	70		1
b	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	15 223	1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		V
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year?	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand . . .

14a

14b

	2011/			
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	tions.
Secti	on A. Governing Body and Management			<u>. </u>
		S HIGH TWO HIS TO THE O	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 in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Lib 6 Bid 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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		4 2	
а	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b		✓
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a		1
10a 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?	10a		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		1
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in 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		1
	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		1
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed FLORIDA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(ເ	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	: ▶	

SUSAN MARTINO, 2200 NW 9TH AVENUE, WILTON MANORS, FL 33311

	, ago i
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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

The critical pox in heither the organization not	r any relate	a org	anız	allo	III C	ompe	erisa	itea any curren	it officer, directo	r, or trustee.
				(0	C) ition	-				
(A)	(B)	(do n	ot ch			than	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any	office	_		irect	or/trus		compensation from	compensation from related	amount of other
	hours for	or a	Ins	Officer	No.	음 등	Former	the	organizations	compensation
	related	ivid	l E	icer	en	ploy	me.	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual	ion		형	ee t cc	"	(W-2/1099-MISC)		organization and related
	line)	trus	al tr		Key employee	ğ				organizations
	× .	Individual trustee or director	Institutional trustee		"	ens				, and the second
			e e			Highest compensated employee				
(4) CUCAN MARTINO	40									
(1) SUSAN MARTINO	40	1			1	1			45.000	
EXECUTIVE DIRECTOR					V		-		45,000	
(2)										
(3)						Allica to				
(4)										
(5)										
(6)										
(7)										
(0)				-						
(8)										
(9)										
(40)			_							*
(10)										
(4.4)				-						
(11)										
(40)		š	-	\dashv						
(12)										
(13)			\dashv		-					****
(19)										
(4.4)		-	-	-	-					
(14)		- 11						8		

Га	Section A. Officers, Directors, Trus	tees, Key E	mplo	yee			lighe	st C	ompensated E	mployees (cor	tinued)
						(C)					
	(A)	(B)	(do r	ot ch		sition mor	e than	one	(D)	(E)	(F)
	Name and title	Average hours per					is both		Reportable compensation	Reportable	Estimated
		week (list any	/	T		T	or/trus	_	from	compensation fro related	m amount of other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation
		organizations	ecto	utio	욕	amp	est o	er	(W-2/1099-MISC)	(W-2/1099-MISC) from the organization
		below dotted	or th	na		loye	eom		ľ		and related
		line)	ste	trus		9	pen				organizations
			Φ	tee			sate				
(15)				_	-	-	۵				
1.0/		 									
(16)											
77			//								
(17)	7									25/2	
3											
(18)					-						
1.07									5		
(19)											
3											
(20)	V IIII			-	\dashv				-		
11											
(21)					\dashv						
3=-2									10		
(22)				\dashv	\dashv			-			
32											li li
(23)				-	\dashv	-		-			-
1/_											
(24)	100000000000000000000000000000000000000			+	-			-			
32											
(25)			-	\dashv	\dashv	+		+			
32											
1b	Sub-total								45,000		
С	Total from continuation sheets to Part	VII. Section	. Δ						45,000		
d	Total (add lines 1b and 1c)			•					45,000	0	
2	Total number of individuals (including but	not limited	to the		liete		hovo)	luh			
	reportable compensation from the organiz	zation >	to tric	J3C	liste	su a	nove)	VVII	o received mo	re than \$100,0	JU OT
-	, , , , , , , , , , , , , , , , , , ,	adio117						-			Yes No
3	Did the organization list any former off	icer, directo	or. or	tru	stee	e. k	ev er	mpla	ovee or highe	est companeat	Yes No
	employee on line 1a? If "Yes," complete S	Schedule J f	or suc	ch ir	ndiv	idua	al .		bycc, or riight	st compensati	
4	For any individual listed on line 1a, is the							n an	d other compe	neation from t	3 🗸
	organization and related organizations	greater that	n \$15	50.0	00?	? If	"Yes.	" C	omplete Sche	edule J for su	ch l
	individual										4
5	Did any person listed on line 1a receive or	accrue cor	npens	satio	on f	rom	anv i	unre	lated organiza	tion or individu	
	for services rendered to the organization?	If "Yes," co	mple	te S	che	edul	e J fo	r su	ch person	tion of marriae	5 1
Section	on B. Independent Contractors							7 (50,57)		· · · · · ·	3 4
1	Complete this table for your five highest complete the first part of the first part	ompensate	d inde	ner	nder	nt c	ontra	ctor	s that received	more than \$10	00 000 of
	compensation from the organization. Repo	ort compens	sation	for	the	cal	lenda	r ve	ar ending with	or within the o	rganization's tax
	year.					, ou	onaa	, , ,	ar criding with	or within the o	rgariization s tax
	(A)								(B)		(0)
	Name and business addre	ess							(B) Description of ser	vices	(C) Compensation
NOT A	PPLICABLE								1		A Company of the Comp
			Vicinities	est.	AV 1833						
			7.110								
											· · · · · · · · · · · · · · · · · · ·
2	Total number of independent contractors	s (includina	but	not	lin	nited	d to	thos	se listed above	e) who	
	received more than \$100,000 of compensa	tion from th	e org	aniz	atic	on 🕨		a lider is	4001	-,	

	990 (20 ⁻							Page \$
Pal	TVIII					D 13/111		7
	eri de a Supricio	Check if Schedule O c	contains a res	ponse or note	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ts ts	1a	Federated campaigns	1a			revenue		512-514
ran	b	Membership dues .			Marketing 1			General Common
S, E	С	Fundraising events .		24,330			155550	45811555
ar /	d	Related organizations		21,000			2446556	Edition and the
s, G	e	Government grants (contri				100000	1446685	PART SECTION
ion	f	All other contributions, gifts					1201062	
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not includ	led above 1f	105,626		La collega de la constante	100 E 6 Miles	
d di	g	Noncash contributions included	in lines 1a-1f: \$	6,841			TOPING STORY	Markey -
a S	h	Total. Add lines 1a-1f .		>	136,797			
en				Business Code			100000000000000000000000000000000000000	Ment of the second
Ven	2a	BATCHELOR FOUNDATION	ON	1	35,000			
æ	b	BANFIELD GRANT		2	5,000			
vice.	С	BROADWAY CARES GRA	ANT	3	5,000			
Program Service Revenue	d	BISSELL PET FOUNDATI	ON	4	5,000			
am	е	FOLK H PETERSON FOU	NDATION	5	5,000			
ogr	f	All other program service	A AN ACRES OF THE ACRES OF THE PARTY OF THE					
<u>a</u>	3	Total. Add lines 2a-2f .			55,000			
	4 5	Investment income (in and other similar amoun Income from investment of Royalties	nts)	▶ and proceeds ▶				
	6a	Gross rents					12 15 16 16 10	公司的 中国第一
	b	Less: rental expenses		***************************************			September 1	1055 F 1055
	С	Rental income or (loss)		CONTRACTOR OF CONTRACTOR			and the dead of	A Participant
	d	Net rental income or (los	ss)	▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	1144			
	b	Less: cost or other basis and sales expenses .						STOR ASS
	c d	Gain or (loss)		>	paul Saran Julius Barrel			educing septimal districts
enne	8a	Gross income from fund events (not including \$	raising					
Other Revenue		of contributions reported of	on line 1c).		enger og brunde Harardager			
the	b	Less: direct expenses .			Secretary and the			Charles and the Control of
0	С	Net income or (loss) from Gross income from gamin	n fundraising e	events . ►				
	b	Less: direct expenses .	1999				146.8664	
	c	Net income or (loss) from		ities ►			Indiana Caranta	
		Gross sales of inver returns and allowances					and the second second	
	b	Less: cost of goods sold Net income or (loss) from	b	ntory ▶		Maladana sa		in Carlon (1700 - 1900 - 170 Sandra Schipenlants
		Miscellaneous Rever		Business Code	Hereath Branch and Company			
	11a				wariin saasaan maddiin (Calif			
	b			2		William Market Control		
	С					***************************************		

191,797

0

d

е 12 0

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must co.		All other organizatio	ns must complete c	olumn (A)
	Check if Schedule O contains a respon	nse or note to any I	ine in this Part IX	no mast complete c	olalili (A).
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			Processor (1997) Maria de la companiona de La companiona de la compa	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	45,000	22,500	22,500	
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11	Fees for services (non-employees):				
a	Management				
b	Legal				980301300
c d	Accounting	2,190		2,190	
e	Professional fundraising services. See Part IV, line 17				
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	1,784	1,784		
13	Office expenses	3,110	2,707	403	
14	Information technology				
15	Royalties				
16	Occupancy	11,887	11,887		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	200	200		
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	3,150	3,150		
24	Insurance	2,106		2,106	
4	above (List miscellaneous expenses in line 24e. If	Take a series of the	unionine researchine	Mineral Section	end Subjecting Subjection
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			and residence to the	电极图像线图示基础
а	TELEPHONE	5,139	5,139		
b	BANK FEES	1,281	100000000000000000000000000000000000000	1,281	
C	PERMITS, FEES AND DUES	871		871	
d	POSTAGE	263	263		
е 25	All other expenses SEE ATTACHED SCHED. Total functional expenses. Add lines 1 through 24e	114,801	114,801		
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 if following SOP 98-2 (ASC 958-720)	191,782	162,431	29,351	

Part X	Balance	Sheet
	Dalance	OHECL

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,009	1	10,133
	2	Savings and temporary cash investments		2	10,100
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	Commence and migration	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	3,959	<u> </u>	
	9	Prepaid expenses and deferred charges	1,571		1,571
	10a	ge, and equipment occion			1,371
		other basis. Complete Part VI of Schedule D 43,215	PROPERTY SERVICE	146.15	Selected Consists.
	b	Less: accumulated depreciation 10b 14,957	31,408	10c	28,258
	11	Investments—publicly traded securities		11	20,230
	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	Total assets. Add lines 1 through 15 (must equal line 34)	39,947	16	39,962
	17	Accounts payable and accrued expenses	55/51/	17	33,302
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,		-	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	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 X		24	
	26	of Schedule D		25	
	20	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			real County County (County)
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			operation of the second of the
ts	30	Capital stock or trust principal, or current funds	A CONTRACTOR OF THE PARTY OF TH	30	medical days and an artist of the second
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances		33	39,962
	34	Total liabilities and net assets/fund balances		34	39,962
			39,94/	74	39,962

223	-4	•
Page		

Dilli O.	50 (25 : 7)				
Par	t XI Reconciliation of Net Assets				<u>167000</u> 0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total levelide (mast equal 1 are 1 m) estating (1) miss 1 =)	1			w
2	Total expenses (mast equal t are in) estatuit (ii)	2			
3	Ticvorido 1000 oxportoco: Cabitato into	3			
4	110t doodto of faile balantoss at 25gmm 5 - 1 - 1	4			
5	Net unrealized gains (100000) on invocatione	5			
6	Dollated Services and doe of Identities	6	-		
7	investment expenses	7			
8	The period dajactments	8		The state of	
9	Other changes in not access of fairs buildings (missing to	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			15 5 6	
	If the organization changed its method of accounting from a prior year or checked "Other," expla	ıin in		21:11	
	Schedule O.		3106		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:		18.9		90 (90)
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	Section 1	1.5	i de
	separate basis, consolidated basis, or both:			- 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs		1007/1000407500		uarmentus.
	of the audit, review, or compilation of its financial statements and selection of an independent accounta	ant?	2c		1
	If the organization changed either its oversight process or selection process during the tax year, expla	ain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in		(444 May 20 M	985 (0.17 K-0.0)
	the Single Audit Act and OMB Circular A-133?		3a	1	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			\neg	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	ts.	3b		1
			Form	990	2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE PET PROJECT FOR PETS, INC 37-1440098 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 6 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.) An organization that normally receives: (1) more than 331/3% 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.) 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, 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. 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. 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. ☐ 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked the	ations Desci	5 7 or 8 of	Part Lor if th	o organization	n failed to gu	alify under
	Part III. If the organization fails to	e box on line	er the tests lis	ted below n	lease comple	te Part III \	ality under
Casti	on A. Public Support	quality und	of the tests he	sted below, p	icase comple	ite i ait iii.)	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010				, , , , , , , , , , , , , , , , , , , ,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			Paragraphic Communication of the Communication of t			
6	Public support. Subtract line 5 from line 4.		C. G. Sec. 840	0.775 - 0.50			
	on B. Total Support	(-) 0040	(1-) 0011	(-) 0010	(-1) 0040	()0044	(0 T 1-1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	50300	50	· · · ·		12	
13	First five years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Support	re		d, third, fourth			
14	Public support percentage for 2014 (line 6			1 column (f)		14	%
15 16a	Public support percentage from 2013 Sch 331/3% support test—2014. If the organization	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 I line 14 is 33½	15 3% or more, ch	%
b	box and stop here. The organization qual 331/3% support test—2013. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		. ▶ □
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	114. If the orga ets the "facts-a acts-and-circu	nization did no and-circumstar mstances" tes	ot check a box nces" test, che t. The organiza	on line 13, 16ack this box an ation qualifies a	d stop here. E as a publicly su	xplain in ipported .
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization mosupported organization	ion meets the eets the facts	"facts-and-cir- and-circumst	cumstances" ances" test. Th	test, check thine organization	is box and ston qualifies as a	p here. publicly
18	Private foundation. If the organization did	i not check a l	oox on line 13,	10a, 10b, 1/a	or 1/b, check	this box and s	see

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 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.)

Section	on A. Public Support	т	# \ 0044	(=) 0010	(4) 2012	(a) 2014	(f) Total
Calend	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(a) 2013	(e) 2014	(i) Total
1	Gifts, grants, contributions, and membership fees				400 750	101 707	874,807
	received. (Do not include any "unusual grants.")	187,026	103,870	202,364	189,750	191,797	874,807
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				1		
	furnished in any activity that is related to the	ming in)					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax TCVCTIGOO TOTTO					1	
	organization's benefit and either paid			1			
	to or experided on the serious						
5	The value of services or facilities					1	
	furnished by a governmental unit to the					1	*
	organization without charge	107.000	102.070	202.264	100 750	101 707	874,807
6	Total. Add lines 1 through 5	187,026	103,870	202,304	189,730	131,737	07 1,001
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
					,		*
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
19	Add lines 7a and 7b						0
С 8	Public support (Subtract line 7c from						
0	line 6.)	and the substitution of				Annual Control	874,807
Sacti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			202,364	189,750	191,797	874,807
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties and income from similar sources .	200	67	6	0	0	273
b	Unrelated business taxable income (less						
0.00	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
S 50	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		A CONTRACTOR OF THE CONTRACTOR				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	187,226	103,937	202,370			875,080
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	a, thira, tourth	, or titth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re				· · · · ·	
	on C. Computation of Public Suppor	t Percentag	e i.d.a.d.b.u.libbo.1	2 solumn (fl)		15	100 %
15	Public support percentage for 2014 (line	s, column (1) al	vided by line i	3, column (i))		16	
16	Public support percentage from 2013 Sch	nedule A, Part	ntage	· · · · · ·		10	100 %
	on D. Computation of Investment In	line 100 colum	on (f) divided b	v lino 13 colur	mn (fl)	17	0.00 %
17	Investment income percentage for 2014 (Investment income percentage from 2013)	Robodulo A	nn (i) divided b Dart III lino 17	y inte 13, colui	(1))	18	0.00 %
18	Investment income percentage from 2013 331/3% support tests—2014. If the organ	ization did not	check the how	on line 14 ar	nd line 15 is m		6. and line
19a	17 is not more than 331/3%, check this box	and ston here	The organization	on qualifies as	a publicly supp	orted organizati	on . ► 7
-	331/3% support tests—2013. If the organiz	ration did not o	hack a hov on	line 14 or line 1	9a and line 16	is more than 3	131/3% and
b	331/3% support tests—2013. If the organization 18 is not more than 331/3%, check this	hov and etop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization >
	Private foundation. If the organization di	id not check a	hox on line 14	19a or 19h	check this hov	and see instru	ctions >
20	Private foundation. If the organization di	u not check a	DOX OIT IIITE 14	, 100, 01 100, 0	ALCON THIS DOX	and doo more	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization THE PET PROJECT FOR PETS, INC 37-1440098 Organization type (check one): Filers of: Section:) (enter number) organization √ 501(c)(Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13. 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BATCHELOR FOUNDATION 1680 MICHIGAN AVE MIAMI, FL 33139	\$ 35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BANFIELD CHARITABLE TRUST 8000 NE TILLAMOOK STREET PORTLAND, OR 97213	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BROADWAY CARES GRANT/EQUITY FIGHTS AIDS 155 WEST 46TH STREET, SUITE 1300 NEW YORK, NY 10036	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BISSELL PET FOUNDATION 2345 WALKER AVENUE NW GRAND RAPIDS, MI 49544	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FOLK H PETERSON FOUNDATION 200 S ORANGE AVE SOABIO ORLANDO, FL 32801	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PAUL GALLUCCIO 2765 NE 14TH STREET FORT LAUDERDALE, FL 33304	\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 201

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization 37-1440098 THE PET PROJECT FOR PETS, INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, His	torical Treasures	, or Other Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, check any of th	ne following that are a	significant use of its
а	☐ Public exhibition		d	Loan or exchange	ge programs	
b	☐ Scholarly research		е	☐ Other		
C	Proconvation for future generations	5				
4	Provide a description of the organization	tion's collections	and expla	ain how they further	the organization's ex	empt purpose in Part
200	XIII.					
5	During the year, did the organization	solicit or receive	donation	s of art, historical t	reasures, or other sim	nilar
	assets to be sold to raise funds rather	than to be mainta	ained as p	part of the organizat	ion's collection? .	· Yes No
Part	IV Escrow and Custodial Arra	angements.				
	Complete if the organization	answered "Yes	" to Forr	m 990, Part IV, line	e 9, or reported an a	mount on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee	, custodian or oth	ner intern	nediary for contribu	tions or other assets	not
	included on Form 990, Part X?					· Yes No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing table:		Amount
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	it o D Vac D Na
2a	Did the organization include an amou	nt on Form 990, P	art X, line	e 21, for escrow or c	custodiai account liabil	ity! Yes No
	If "Yes," explain the arrangement in P	art XIII. Check her	e ii trie e.	xpiariation rias beer	i provided in Part Alli	<u> </u>
Par	Endowment Funds. Complete if the organization	anawarad "Vac	" to For	m 000 Part IV line	10	
	Complete if the organization	(a) Current year		or year (c) Two year	ars back (d) Three years b	ack (e) Four years back
	B	(a) Current year	(5) 11	or year (e) two year	ars back (a) Three years b	don' (c) rour youro buon
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships Other expenditures for facilities and					
е	programs					
f	Administrative expenses					
g	End of year balance	the current weer or	d balanc	o (line 1g. column (a)) hold ac:	
2	Board designated or quasi-endowment			be time 19, column (ajj field as.	
a	Permanent endowment	%				
C	Temporarily restricted endowment					
·	The percentages in lines 2a, 2b, and 2		00%.			
3a	Are there endowment funds not in the			zation that are held	and administered for	the
ou	organization by:		3			Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ					. 3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	owment funds.		. []
Part				19		
	Complete if the organization		" to Forr	m 990, Part IV, line	e 11a. See Form 990). Part X. line 10.
	Description of property	(a) Cost or ot		(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investm		(other)	depreciation	
1a	Land				Selfens - Could Head select	
b	Buildings					
c	Leasehold improvements					
d	Equipment		1	4,575	4,575	0
e	Other			38,640		28,258
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	K, column (B), line 1		28,258

Time including name of security Cost or end-of-year market value		Complete if the organization ans (a) Description of security or categor	У	(b) Book value	(c) Me	thod of valuation:
Closely-held equity interests		(including name of security)			Cost or end	i-or-year market value
Other) Financial	derivatives				
(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) Closely-h	neld equity interests				
(G) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F) Other				 	
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(G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H						
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				•		
Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 15 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(H)	(h) must equal Form 900, Part Y, col. (R) line 12.)		-	Military and American	Department of the Control of the
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 15c (e) Method of valuation:		Investments — Program Relate	ed.			
(b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (7) (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII	Complete if the organization ans	swered "Yes" to Fo	rm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
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Jonedan	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Retur	n.
Part	Complete if the organization answered "Yes" to Form 990, F	Part IV. line 12a.	
	Total revenue, gains, and other support per audited financial statements		
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	V. I	
2	Net unrealized gains (losses) on investments	2a	
a	Donated services and use of facilities	2b	
b			
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b	
b	Other (Describe in Part XIII.)	4c	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line	12.) 5	
5	4 11 1 E1 -1-1 OL-1-1	nents With Expenses per Re	turn.
Part	Complete if the organization answered "Yes" to Form 990,	Part IV line 12a	
	Complete if the organization answered fres to roll 330, i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	Total expenses and losses per audited financial statements		
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		
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	<u>2e</u>	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) 5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line
2; Par	: XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional informa	ition.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

201

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990, IX, LINE 22(B) 37-1440098 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. 1 2 Total cost of section 179 property placed in service (see instructions) . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2014 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention placed in (f) Method (g) Depreciation deduction period only-see instructions) service 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. SIL g 25-year property h Residential rental 27.5 yrs. MM S/L 27.5 yrs. property MM 39 yrs. MM i Nonresidential real S/L property MM SIL Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life SIL 12 yrs. S/L b 12-year 40 yrs. S/L c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 3,150 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 3,150 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **4562** (2014)

	4562 (2014)		/ı ı ı		- - :	aartair	othor	vobio	loc cor	tain air	oroft	cortair	comr	utore	and pr	operty
Pa	rt V Listed	Property	y (Include inment, re	automo	oblies, o	certair	n otner ient.)	verno	ies, cer	laii aii	Crait,	Certaii	COMP	Juleis,	and pi	operty
	Note:	For any ve	ehicle for w through (c)	hich you	are usi	ng the	standa	rd mile	eage rate	or dec	ducting cable.	lease	expense	e, com	olete or	ily 24a
	Castian A	Doproci	ation and	Other Inf	formation	on (Ca	ution:	See th	e instruc	tions fo	r limits	for pas	ssenger	autom	obiles.)	
24:	Do you have ev	vidence to su	pport the bus	iness/inves	stment us	e claime	d?] Yes [] No	24b If '	"Yes," i	s the ev	idence v	vritten?	☐ Yes	☐ No
240	(a)	(b)	(c)				(e)	oiotion	(f)		(g)	(9.5)	(h)		(i)	
1	e of property (list vehicles first)	Date placed in service	percentage	Cost or o	d) ther basis	(busir	for depre ness/inves use only)	stment	Recovery period	Conv	thod/ /ention	1	oreciation eduction	El	ected sec cost	
25	Special dep	reciation a	llowance for more than	or qualific 50% in a	ed listed qualifie	d prope d busii	erty pla ness us	iced in se (see	service instructi	during ons) .	25			474		
26	Property use															
TRU		12/31/2012			38,64	0 38,64	10		5	200D	В		3,	,150		
			%													
			%													
27	Property use	ed 50% or			usiness	use:				IG/I				Teach to		
			%							S/L -						
			%			-				S/L -		-			计算数	
-00	Add amount	o in colum	1	Control of the Contro	sh 27 Fr	nter he	re and	on line	21 page		28	-				
20	Add amount	e in colum	n (i) line 26	Enter h	ere and	on line	7. pag	e 1 .	z i, pag					29	2	
29	Add amount	is in colum	11 (1), 11110 20	Sec	ction B-	-Infor	mation	on Us	se of Vel	icles						
Com	plete this secti	ion for vehic	cles used by	a sole pr	oprietor,	partne	r, or oth	er "mo	re than 5	% owne	er," or r	elated p	erson. I	f you pr	ovided v	ehicles
to yo	our employees,	first answe	r the question	ons in Sec	ction C to	o see if	you me	et an e	xception	to comp	oleting	this sec	tion for	those v	ehicles.	
					(a	1)	(b)	(0	:)	((d)		(e)		f)
30	Total business the year (do n				Vehic	cle 1	Veh	icle 2	Vehic	cle 3	Veh	icle 4	Veh	icle 5	Veh	icle 6
31	Total commut	ting miles dr	iven during t	he year												
32	Total other miles driven	personal										10-10-0				
33	Total miles lines 30 thro											*****************		***************************************		
34	Was the ve				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during o								-							
35	Was the veh than 5% own															
36	Is another veh															
			C-Quest												*	
	wer these que						to com	pleting	g Section	B for v	/ehicle	s used	by emp	oloyees	who ar	e not
	e than 5% ow														T	
	Do you mair your employ	ees?													Yes	No
38	Do you mair employees?															
39																
40	Do you provuse of the ve													t the		
41	Do you meet	the require	ements cor	ncerning	qualified	auton	nobile c	demon	stration (use? (S	ee inst	ructions	s.) .			
	Note: If your	r answer to	37, 38, 39	, 40, or 4	1 is "Ye	s," do l	not con	nplete	Section .	B for th	e cove	ered vel	nicles.		1000	
Par	t VI Amori	tization									18 3230018					
				(b)			(c)			(4)		(e)			(6)	
	(a Description		Da	ite amortiza begins	ation	Amor	tizable an	nount	Co	(d) de sectio	n	Amortiza period percent	or	Amortiza	(f) tion for th	is year
42	Amortization	of costs th	at begins c	during yo	ur 2014	tax ye	ar (see	instruc	tions):							
	Amortization												43			
44	Total. Add a	amounts in	column (f).	See the	instructi	ons for	r where	to rep	ort				44			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
THE PET PROJECT FOR PETS, INC	37-1440098
SUPPLEMENTAL DATA FOR PART III, LINE 4	
BUSINESS CODE 4, BISSELL PET FOUNDATION TOTAL EXPENSES \$5,000 TOTAL GR.	ANT \$5,000
50011200 500	
EXEMPT PURPOSE: THIS GRANT IS EARMARKED FOR EMERGENCY VETERINARY CARE	
MEASURED RESULTS: AS NEEDED FOR OUR CLIENT'S PETS. TO DATE 17 PETS HAVE BEEN SA	VED WITH VETERNAIRY CARE
MEASURED RESULTS: AS NEEDED FOR OUR GLIENT 3 FETS: TO DATE IN TETS TIME BEEN SA	VED WITH VETERNARY OAKE
USING FUNDS FROM THIS GRANT.	
	•
BUSINESS CODE 5, FOLK H PETERSON GRANT TOTAL EXPENSES \$5,000 TOTAL GRANT \$5,00	10
EXEMPT PURPOSE: THIS GRANT IS TO BE USED FOR PET FOOD, PET SUPPLIES AND VACCINES T	O ASSIST WITH OUR ON COINC
EXEMPT PURPOSE: THIS GRANT IS TO BE USED TON PETTOOD, TET SOTTEES AND VACCINES	O ASSIST WITH OUR ON GOING
PROGRAM.	
MEASURED RESULTS: THIS GRANT PROVIDES PET FOOD, PET SUPPLIES, PET VACCINES FOR 2	5 PETS FOR ONE YEAR.
OTHER: BALANCE OF PROGRAM SERVICE REVENUES OF \$ 136,797 WERE ASSOCIATED WITH VA	RIOUS FUND RAISING EFFORTS
AND EARMARKED AS PRIVATE DONATIONS AND CONTRIBUTIONS.	

37-1440098

ORM 990 (PART IX, LINE 24F)		OTHER EXPE	NSES		STMT 1
DESCRIPTION	TOTAL	PROGRAM SERVICES	MGMT & GENERAL	FUND RAISING	
WEBSITE/MARKETING VOLUNTEER OUTREACH VET CARE/FOOD/SUPPLIES/TRANSPORTATION/STORAGE EVENT EXPENSES	3,754 351 108,970 1,726	3,754 351 108,970 1,726	-	•	_
TOTAL TO FORM 990, PART IX, LINE 24F	114,801	114,801	-		

FORM 990	DEPRECIATION DETAIL		STMT 2	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	DEPREC 2014	BOOK VALUE 12/31/2014
COMPUTER SOFTWARE COMPUTER & MONITOR COMPUTER & HUB TRUCK	2,084 483 695 1,313 38,640	483 695 1,313	- - - - 3,150	- - - - - 28,258
TOTAL TO FORM 990, PART IX, LINE 22	43,215	11,807	3,150	28,258