Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning	and	ending					
В	Check if applicabl	C Name of organization			D Employer identifi	cation number			
	Addre	PLANET AID, INC.							
F	Name				04-3	348171			
F	Initial	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Telephone numbe				
F	Final	47 CIMMED CODEEN	voice to succi address;	1100111/30116	'	893-0644			
_	Iretum. termin ated	City or town, state or province, country, and	7IP or foreign poetal code		G Gross receipts \$ 41,991,305.				
	Amen		Zii oi toreigit postal code		H(a) Is this a group return				
F	Applic		MAS MERHAN		for subordinates? Yes X No				
	pendii	SAME AS C ABOVE	MAD MUDITAL		H(b) Are all subordinates in				
<del>_</del> _ ·	Tav.ev			or 527		list. (see instructions)			
_		te: NWW.PLANETAID.ORG	(moore no.) 1047 (a)(1)	01 02.1	H(c) Group exemptio				
			sociation Other	1 Vear		A State of legal domicile; MA			
	art I	Summary	out of the second	L 1001	Of formation, IDD / [F	n State of legal conflictic, PLA			
_		Briefly describe the organization's mission or most	significant activities: PROT	איי ייים	E ENVIRONME	NT REDUCE			
Activities & Governance		WASTE, AND INCREASE THE E							
Ē		Check this box  if the organization discor							
Ve		Number of voting members of the governing body	-		3	6			
Ĝ		Number of independent voting members of the gov			4	5			
رب مح		Total number of individuals employed in calendar y				464			
itie		Total number of volunteers (estimate if necessary)				6			
훒	7 2	Total unrelated business revenue from Part VIII, col	lumn (C) line 12		7a	0.			
ĕ		Net unrelated business taxable income from Form				0.			
		Total and a desired a taxable meeting from the state of t	500 7, INTO QO		Prior Year	Current Year			
4.	8	Contributions and grants (Part VIII, line 1h)			31,679,200.	32,332,957.			
Ę					7,939,121.	8,283,167.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			47,021.	32,029.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			498,831.	855,024.			
		Total revenue - add lines 8 through 11 (must equal			40,164,173.	41,503,177.			
		Grants and similar amounts paid (Part IX, column (A			8,352,105.	8,471,108.			
		Benefits paid to or for members (Part IX, column (A			0.	0,471,100.			
w		Salaries, other compensation, employee benefits (F			14,204,245.	14,267,944.			
Expenses		Professional fundraising fees (Part IX, column (A), lii			0.	0.			
per		Total fundraising expenses (Part IX, column (D), line		68.		<u></u>			
ă		Other expenses (Part IX, column (A), lines 11a-11d,			17,560,578.	19,047,374.			
		Total expenses. Add lines 13-17 (must equal Part I)			40,116,928.	41,786,426.			
	1	Revenue less expenses. Subtract line 18 from line			47,245.	-283,249.			
Ses.		Total of the state	10	Red	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	ALIMANNI SAMONI		20,769,890.	18,468,502.			
& See	21	Total liabilities (Part X, line 26)			11,171,373.	9,153,234.			
ξĔ	22	Net assets or fund balances. Subtract line 21 from	line 20		9,598,517.	9,315,268.			
	art II	Signature Block			3,330,31,6	<u> </u>			
$\overline{}$		Ities of perjury, I declare that I have examined this return, i	including accompanying schedule:	s and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer				,			
		Them much CEC	7 : :			1-2019			
Sig	n	Signature of officer			Date				
Her		THOMAS MEEHAN, CFO		4					
	_	Type or print name and title							
		Print/Type preparer's name	Preparer's signature	D	ate Check	PTIN			
Paid			JEFFREY CICOLIN	I. CPO	5/29/19 if self-employe	<b>-</b>			
			ON, FINNING & CO			04-2571780			
-	Only	Firm's address 50 WASHINGTON STE		,	- THINGER				
-	-	WESTBOROUGH, MA (			Phone no.50	8-366-9100			
May	the IR	S discuss this return with the preparer shown above			1	X Yes No			

Form 990 (2018) PLANET AID, INC.
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X	
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		_	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		İ	37
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			32
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			7.5
00-	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) PLANET AID, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
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		х
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		х
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);			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part i	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_558		44
~	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Pai	Note. All Form 990 filers are required to complete Schedule 0			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

				_
0-	Enter the number of employees repeated on Form 1810. Transmitted of 1810s and Tay Oteleans	1	Yes	No
∠a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 46	<b>Λ</b>		
	filed for the calendar year ending with or within the year covered by this return 2a 2a 46  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	x	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<del>  ^</del>	$\vdash$
20	Diddle and Service to the service to	_	x	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		+≏	X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	+-	
-101	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:	<u> 40</u>	+-	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	X
c		5c	1	
6a		- 00		
-	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		<b></b>
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		x
ь	Manage of the state of the stat	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
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	ļ <u>-</u>	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Cross respirate included on Form 200 Rest VIII line 10 for public use of plub for illines.	┨		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  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 year12b	,	<b>—</b>	ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
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			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b		100	
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, or trustees, or key employees to a management company or other person?	3	1	Х
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		0		Λ
ra		7.		Х
6	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
D		-21.		v
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<u> </u>
8	· · · · · · · · · · · · · · · · · · ·			
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	X	
ь		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 in Schedule O	9		₩.
300	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
-	tion D. 1 Onoted Irms dection a requests information about policies not required by the internal nevertide code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	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		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		- 1	
	exempt status with respect to such arrangements?	16b		
<u>sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA, CA, CT, DE, KS, MD, MI, PA, NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	THOMAS MEEHAN - (508) 893-0644			
	47 SUMNER STREET. MILFORD, MA 01757			

(2018)	PLANET AID,	INC.	04-3348171	Page 7
(2010)	LIUMBI STD	TIVE	04-77401/1	raue /

#### Form 990 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.

Check this box if neither the organization n	or any related	orga	aniza	ation	COL	npe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)				<u>()</u>			(D)	(E)	(F)
Name and Title	Average	ído		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per	Dox	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	-					155,	from the	from related organizations	other compensation
	hours for	giec				- -		organization	(W-2/1099-MISC)	from the
	related	ee or	See See			ınsate		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	organizations	Individual trustee or director	Institutional brustee		oyee	Highest compensated employee				and related
	below	widua	聲	193	뻍	hest	튵			organizations
	line)	2	<u> </u>	Officer	\$	喜	휸			
(1) ESTER NELTRUP	40.00								_	
PRESIDENT & CEO		X	<u> </u>	X	ļ	_	_	125,466.	0.	5,556.
(2) JYTTE MARTINUSSEN	1.00							_	_	_
DIRECTOR		X	<u> </u>	<u> </u>			<u> </u>	0.	0.	0.
(3) MIKAEL NORLING	1.00			l				_ i	_	_
CHAIRMAN		X		X	<u> </u>			0.	0.	0.
(4) CLIFFORD REEVES	1.00									_
TREASURER		X		X	<u> </u>			0.	0.	0.
(5) EVA NIELSEN	1.00									_
DIRECTOR		X	_		_	_		0.	0.	0.
(6) FERNANDO BIHNAFA	1.00								_	_
DIRECTOR		X	ļ	_		_	_	0.	0.	0.
(7) FRED OLSSON	40.00								_	
CLERK & COO			_	X			_	129,800.	0.	5,607.
(8) THOMAS MEEHAN	40.00									
CFO	40.00	<u> </u>	<u> </u>	X				159,358.	0.	1,185.
(9) SUKHVIR SARAI	40.00									
MID-ATLANTIC REGIONAL MANAGER	10 00	<u> </u>			X			157,500.	0.	10,718.
(10) KAI NIELSEN	40.00	١.						100 404		- 404
REGIONAL MANAGER	40.00	-			<u> </u>	X		120,494.	0.	5,124.
(11) MARIE LICHTENBERG	40.00							114 400		E 400
DIRECTOR OF INTERNATIONAL PARTNERSHI	40.00					X		114,400.	0.	5,433.
(12) FRANK FOWLER	40.00					, ,		100 000		2 500
BALTIMORE OPERATIONS MANAGER	40.00				_	X		109,200.	0.	3,508.
(13) JANUSZ NAGIECKI	40.00							110 004		6 454
COMMUNICATIONS DIRECTOR	40.00		$\vdash$		_	Х	_	110,224.	0.	6,451.
(14) KEITH GREGORY	40.00							105 005		6 550
OPERATIONS MANAGER			$\vdash$	$\vdash$	_	X		107,885.	0.	6,570.
			$\vdash\vdash$			-				
									i	
				$\vdash$		$\vdash$				<del>.</del>
		-								

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	íde	not c	Pos heck			one	Reportable	Reportable	,	E	stimate	ed
		hours per	box	unle cer ar	ss pe	rson	is bot	h an	1 '	compensatio		ar	nount	
		week (list any	$\vdash$	1	10 2 0	lilocit	//uus	100)	1 110111	from related			other	
		hours for	direct				Ļ		the organization	organization (W-2/1099-MIS			pensarom th	
		related	70 9a	stee			nsate		(W-2/1099-MISC)	(** 27 7000 11110	,		anizat	-
		organizations	Ifus	la tr		oyee	e e					an	d relat	ted
		below	ndividual trustee or director	institutional trustee	Officer	E	Highest compensated employee	i i				org	anizati	ions
		line)	2	E	₹	5	율통	호						
			-											
	· · · · · · · · · · · · · · · · · · ·		-	⊢	-	⊢		H						
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						<del> </del>	-	┝			-			
1h	Sub-total	!							1,134,327.		0.	5	0,1	52.
	Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)								1,134,327.		0.	5	0,1	
2	Total number of individuals (including but n									,000 of reportabl	le			
	compensation from the organization									10				9
													Yes	No
3	Did the organization list any former officer,			-					•					
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	•		•					•	-		_	₹.	
	and related organizations greater than \$150 Did any person listed on line 1a receive or a											_ 4	X	$\vdash$
5	rendered to the organization? If "Yes," com	•				-			ed organization or indiv	idual for services		5		x
Sec	tion B. Independent Contractors	pieto concean		0/ 00	2017	DOIG		,.						41
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of com	ipens:	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear (	endi	ng w	vith (	or w	ithir	n the organization's tax	year.				
	(A)								(B)	6.2			2)	
	Name and business							$\dashv$	Description of s	ervices	c	ompe	nsatio	n
	SON, MULLINS, RILEY &										_			
	20 MAIN STREET, 17TH FI	LOOR, CO	)L(	JME	3I <i>P</i>	λ,	SC	2	LAWYER		1	<u>, 00</u>	8,8	60.
	BRIDGE EDUCATION, LLC	COD-	347		120	10/	,	ļ		TONG		27	0 1	74
	<u>) BLUE HILL AVENUE, WES</u> EXANDER, ARONSON, FINN					_	<u>,                                     </u>	╣	PUBLIC RELAT	TONS		3/	<u>9,1</u>	/4.
	WASHINGTON STREET, WES						159	1 2	A CCOINTENA / T	AY		1 0	6,1	05
	THE DIRECT OF THE PARTY HER	- 120KOO		, <u>r</u>	X	<u> </u>			/ I	245			<u> </u>	<u>~~.</u>
2	Total number of independent contractors (i	<del>-</del>	ot lii	mite	d to			ted	l above) who received m	ore than				
	\$100,000 of compensation from the organization	zation 🕨				- 3	3							

Form 990 (2018) PLANET
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इस	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь							
A, G	c	Fundraising events						
a H		Related organizations						
S,E		Government grants (contribut						
HÖT S	f	All other contributions, gifts, gran	ts, and					
章		similar amounts not included above		32,332,957,				
함	g	Noncash contributions included in lines	1a-1f: \$	32 328 683.				
<u>응</u>	h	Total. Add lines 1a-1f			32,332,957,			
				<b>Business Code</b>				
e	2 a	FEES AND CONTRACTS PRO	M GOVERNMEN	624200	8,283,167,	8,283,167.		
ه ڲ	b	0.00						1900
Program Service Revenue	c		- COTTON					
eve	d	A:			0.00			
è.	e							
- Pr	f	All other program service reve	nue	( - Smille				
	g	Total, Add lines 2a-2f			8,283,167,			
	3	Investment income (including				. — - 1 —		
		other similar amounts)			30,455,			30,455,
	4	Income from investment of tax				_		
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	91,623					
	ь	Less: rental expenses	50,991	Acres and the				
	С	Rental income or (loss)	40,632					
	d	Net rental income or (loss)			40,632,			40,632,
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			^	
		assets other than inventory		111,931,	1			
i	b	Less: cost or other basis						
		and sales expenses		110,357.				
	c	Gain or (loss)		1,574.				
	d	Net gain or (loss)			1,574,			1,574,
e	8 a	Gross income from fundraising	g events (not					
릚		including \$	of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a					
.€	b	Less: direct expenses	b					
·	С	Net income or (loss) from fund	raising events					
	9 a	Gross income from gaming ac	tivities. See					N. 100
		Part IV, line 19	a					
	þ	Less: direct expenses	b					e e
	C	Net income or (loss) from gam	ing activities					
- 1	10 a	Gross sales of inventory, less	returns	Carlotte and Carlotte				
		and allowances	a	884,461,				
	b	Less: cost of goods sold	b	326,780,				
J	С	Net income or (loss) from sales	s of inventory		557,681.	557,681.		
- 1		Miscellaneous Revenue	9	Business Code				
	11 a	SREC SALES		221000	101,556.	101,556.		
	þ	OTHER REVENUE		900099	78,931,	78,931,		
	c	SOLAR POWER ELECTRICITY	SALES	221114	62,004,	62,004.	123.75	
	d	All other revenue			14,220.	14,220	74 - 75	
	ė	5,4****			256,711.		01 0	
	12	Total revenue. See instructions			41,503,177,	9,097,559.	0	72,661.

Section 501(c)(3) and 501(c)(4) 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 (A) Total expenses (B) (D) Fundraising Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 428,872. 428,872. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8,042,236. 8,042,236. Benefits paid to or for members Compensation of current officers, directors, 595,306. 194,529. 400,777. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 10,869,412. 9,469,655. 507.319. 892,438. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,808,845. 1,620,528 70,885. 117,432. Other employee benefits Payroll taxes ..... 994,381. 787,106. 137,517. 69,758. Fees for services (non-employees): Management 1,112,129. 71.659. 1,040,470. Legal 106,105. 106,105. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 290,267. 79,989. 209,396. column (A) amount, list line 11g expenses on Sch O.) 882. 64,445. 63,120. 545. 780. 12 Advertising and promotion 13 Office expenses 602,497. 323,818. 224,993. 53,686. Information technology 14 Royalties ..... 15 2,402,700. 2,301,374. 82,251 19,075. 16 Occupancy 310,780. 231,194. 42.115. 37,471. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 263,454. 209,485. 29,348. 24,621. 20 Interest Payments to affiliates ..... 21 1,790,684 1,107,330 65,113. 618,241. Depreciation, depletion, and amortization 979,404. 721,753. 206,626. 51,025. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,259,181 a CLOTHING COLLECTION AND 4,305,768. 953,413. SALES COMMISSIONS 2,837,128. 2,837,128. PROCESSING AND HANDLING 1,552,166. 1,552,166. d REPAIRS AND MAINTENANCE 721,821. 665,594 23,987. 32,240. 135,915. e All other expenses 754,613. 460,792. 157,906. 41,786,426. Total functional expenses. Add lines 1 through 24e 35,474,096. 3,283,362. 3,028,968. 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)

INC

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 7,155,707. 5,821,492. Cash - non-interest-bearing 1 1 Savings and temporary cash investments 274,135. 2 2 426,762. 3 Pledges and grants receivable, net 3 1,555,812. 1,376,873. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 773,381. Inventories for sale or use 652,635. 8 691,173. 9 804,286. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 26,827,311. basis. Complete Part VI of Schedule D 10a 17,736,394. 9,059,432. 9,090,917. b Less: accumulated depreciation 10b 10c Investments · publicly traded securities 11 11 Investments · other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 1,380,996. 174,791. Other assets. See Part IV, line 11 15 15 20,769,890. 18,468,502. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 1,677,429. 17 2,100,528. 400,000. 18 Grants payable 18 2,632,364. 1,807,024. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 6,185,058 5,095,414. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 276,522. 150,268. Schedule D ..... 25 11,171,373. 9,153,234. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 9,598,517. 9,315,268. 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 9,598,517. 9,315,268. Total net assets or fund balances 33 33 20,769,890. Total liabilities and net assets/fund balances 34 18,468,502.

Both consolidated and separate basis

2¢

X

X 3a

Form 990 (2018)

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization Employer identification number PLANET AID. 04-3348171 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 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). (iv) is the organization listed (i) Name of supported (iii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2018 PLANET AID, INC. 04-3348: Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	40,995,135,	36,316,115.	31,426,732.	31,679,200,	32,332,957,	172,750,139,
2	Tax revenues levied for the organ-						
	ization'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	40,995,135.	36,316,115.	31,426,732.	31,679,200.	32,332,957.	172,750,139.
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)						
	Public support. Subtract line 5 from line 4.		=				172,750,139.
	ction B. Total Support			Т			
	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	40,995,135.	36,316,115.	31,426,732,	31,679,200.	32,332,957.	172,750,139,
8	Gross income from interest,						
	dividends, payments received on			i			
	securities loans, rents, royalties,	11 010	22 025	0 061	0 000	20 000	00 111
_	and income from similar sources	11,019.	33,835.	2,261.	2,997.	32,029.	82,141.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	157,760.	288 108	152,150.	86,355.	78,931.	763,304.
11	Total support. Add lines 7 through 10	137,700.	200,100.	132,130,	00,555.	70,331.	173,595,584,
	Gross receipts from related activities,	etc (see instruction	ne)			12 34	,815,078.
	First five years. If the Form 990 is for				27.75.76.7		702370701
•	organization, check this box and stop	_					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			-	
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.51 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14	***********************		15	99.51 %
	33 1/3% support test - 2018. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			<b>▶ X</b>
þ	33 1/3% support test - 2017. If the o	•		•		•	
	and stop here. The organization quali	fies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances test	_					· · · · · · · · · · · · · · · · · · ·
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ		•	,			▶∐
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						-
•	ization's benefit and either paid to						
	or expended on its behalf						
E	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	· · · · }		<u> </u>				
	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
j.	3 received from disqualified persons Amounts included on lines 2 and 3 received						
i.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					<u> </u>	
	Add lines 7a and 7b			1			
	Public support. (Subtract line 7c from line 6.)			1			
	ction B. Total Support		I		- <del></del>	-	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					<u> </u>	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		•				
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Pe	rcentage		N-92 N-2-2	10.00-	
15	Public support percentage for 2018 (lin	ne 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15	*******************	15-905-111	16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colur	nn (f), divided by li	ne 13, column (f))	W. C. C. C.	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the						
-	more than 33 1/3%, check this box an	=					▶□
b	33 1/3% support tests - 2017. If the		-	· · · · · · · · ·			and
	line 18 is not more than 33 1/3%, check	-			·	•	
20	Private foundation. If the organization					-	
	· · · · · · · · · · · · · · · · · · ·				were dried door Hill		

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ection A. Al	Supporting	<b>Organizations</b>
--------------	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If \*Yes, \* explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

<u> </u>	Yes	No
1		
2		
3a		
3b		
3c 4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	TIV   Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		II.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?		<del>   </del>
	A family member of a person described in (a) above?		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<u> </u>	
Sec	tion B. Type I Supporting Organizations	<del></del>	<del>.</del>
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the condition are set for the bornelist of any applied to such powers during the tax year.		+-
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.		
Sect	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
300	tion of Type it Supporting Organizations	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	168	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		1
	the supported organization(s).		
	tion D. All Type III Supporting Organizations		1.
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		100
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.	9	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction		F., .
	Activities Test. Answer (a) and (b) below.	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		$\vdash$
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
	Parent of Supported Organizations. Answer (a) and (b) below.	+	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	- 120
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

	edule A (Form 990 or 990-EZ) 2018 PLANET AID, INC.			04-3348171 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			<u> </u>
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		· · · · · · · · · · · · · · · · · · ·
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	-	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		<del></del> -	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		<u> </u>	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

	edule A (Form 990 or 990-EZ) 2018 PLANET AID, I	INC.	0	14-3348171 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
<u>b</u>	From 2014			
С	From 2015	=		
d	From 2016	=		T
е	From 2017		5	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
į	Carryover from 2013 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u> </u>	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if	ļ		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 PLANET AID, INC.	04-3348171 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line I; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; is 1 and 2; Part IV, Section C, it V, Section B, line 1e; Part V,
		19 19 19
-		
		***
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PLANET AID, INC.

**Employer identification number** 04-3348171

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin-		is or Accounts. Complete if the
	organization answered Tes On Com 950, Fait 14, in	(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 adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	nservation easements during the year
-	Amount of expanses incurred in monitoring inspecting band	line of violations and automics access	
7	Amount of expenses incurred in monitoring, inspecting, hand  \$\$\$\$\$\$	ling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abov	a antion, the requirements of eastion 17	O(b)(4)(D)(3)
•	and section 170(h)(4)(B)(ii)?	,	
9	In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organizat	· ·	
	conservation easements.	ion a mancial statements that describe	s the organization's accounting to
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•	,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	·	.,
	(i) Revenue included on Form 990, Part VIII, line 1	525	<b>▶</b> \$
			<b>.</b>
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		-
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990. Part Y		

		AID, INC.								Page 2
Pa	rt III Organizations Maintaining (	Collections of A	rt, His	torical T	reasures,	or Othe	er Similar	Asse	ts(continu	red)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	ignificant us	e of its	collection	items
	(check all that apply):									
а	Public exhibition	c	. L	Loan or exc	change progi	ams				
Ь	Scholarly research	e	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	the organizat	ion's exe	mpt purpose	in Pari	XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's c	ollection?				Yes	☐ No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 990, F	art IV, I	line 9, or	
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	ns or other a	ssets not	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII						***************************************			
	•								Amount	
c	Beginning balance						. 1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liabil	ity?	58	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII									
	rt V Endowment Funds. Complete									
		(a) Current year		Prior year	1		(d) Three year	rs back	(e) Four y	ears back
1a	Beginning of year balance									2
b	Contributions									
c	Net investment earnings, gains, and losses							-		
d	Grants or scholarships			-						
е	Other expenditures for facilities				7					
	and programs									
f	Administrative expenses				1				0	
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%	_							
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for th	ne organizati	ion		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	Schedule R?	***************************************				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part I	V, line 11a. S	See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	cumulated	100	(d) Book	value
0		basis (investr	nent)	basis	(other)	det	reciation			
1a	Land			25	0,000.					,000.
	Buildings			4,61	8,866.	1,3	15,464			,402.
	Leasehold improvements			19	6,477.		40,328			,149.
d	Equipment			3,34	1,747.	1,8	311,287	1.	1,530	,460.
	Other			18,42	0,221.		69,315			,906.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.J		Þ		9,090	,917.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 PLANET ALD,	INC.		U4-33481/1 Page
Part VII Investments - Other Securities.	5 000 5 4 114 11	441 0 0 000 0 114 11 40	
Complete if the organization answered "Yes" ( (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives	(2)	(0)	
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A)		· ·	
(B)			
(C)			
(D)	<u> </u>		
(E)			
(F)			•
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	F 000 D+ B/ C	444 Car Faura 200 Bad V Fau 45	
Complete if the organization answered "Yes" (a) [	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15	(b) Book value
			(b) Book value
(1) (2)		<del></del>	
(3)			
(4)			
(5)			
(6)		···	• •
(7)			
(8)			
(9)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of			line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT		150,268.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

150,268.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018 PLANET AID, INC.  Part XIII   Supplemental Information (continued)	04-3348171 Page 5
COST OF GOODS SOLD	
RENTAL EXPENSE	50,991.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	
COST OF GOODS SOLD	
RENTAL EXPENSE	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	
	187
	H-2194-1819
	and and
	W 1974

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number** 

<u>PLANET AID, INC</u>					04-33481	71
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organi	zation answered *	Yes" on
Form 990, Part IV	V, line 14b.					
•			ds to substantiate the amount of its gr		_	. —
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
-	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	side the
United States.						
- CA - 10   CA -			an be duplicated if additional space is			_
(a) Region		(c) Number of	(d) Activities conducted in the region	1 11	rity listed in (d)	(f) Total expenditures
	offices in the region	employees, agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		ram service, specific type	for and
	in the region	contractors	recipients located in the region)		s) in the region	investments
- 33565 59 9	100	in the region	Toolpicine toolee in the region,	01 301 11001	o, in the region	in the region
				THE USDA FU	NDS ARE FOR	
				SCHOOL MEAL	S, TRAINING	
SUB-SAHARAN AFRICA:				OF PRIMARY	SCHOOL	
MOZAMBIQUE	1	163	PROGRAM SERVICES	TEACHERS, E	STABLISHING	8,303,616,
						1
						1
82-920						
		,				
			V.J. 71 2.33 (May 2)			
3 a Subtotal	1	163				8,303,616.
b Total from continuation			0			
sheets to Part I	0	0		9 =		0.
c Totals (add lines 3a						/
and 3b)	اء ا	163				8 303 616

04-3348171

PLANET AID, INC. Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM) appraisal, other)
,		SUB-SAHARAN AFRICA	DEVELOPMENTAL AID	1,135,085,	WIRE TRANSFER	40.663.0	COMPUTERS AT COST	COST
		CENTRAL AMERICA & CARRIBEAN	DEVELOPMENTAL AID		WIRE TRANSFER			
	ę	SOUTH ASIA	DEVELOPMENTAL AID	170,000.	170,000 WIRE TRANSFER	0		
		EAST ASIA	DEVELOPMENTAL AID	100,000,	100,000, WIRE TRANSFER	.0	k	
		SOUTH AMERICA	DEVELOPMENTAL AID	284,000.	284,000, WIRE TRANSFER	o		
2 Enter total number of by the IRS, or for which	recipient organizatio	ins listed above that are runsel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r er	ecognized as tax-ex	empt		1;
3 Enter total number of other organizations or entities	other organizations	or entities				<b>A</b>		

Schedule F (Form 990) 2018

04-3348171

Page 3

PLANET AID, INC.

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region				:	
(a) Type of grant or assistance					

Schedule F (Form 990) 2018

0.1	Add F (Four Cook code ) DI 331DB 3 TD T31G	04 2240151	
	tivi Foreign Forms	04-3348171	Page 4
	TOTOIGITOTHIS		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Part V   Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE ORGANIZATION USES SEVERAL METHODS TO MONITOR GRANTS MADE OUTSIDE THE
U.S. INCLUDING: RECEIVING PERIODIC OPERATIONAL AND FINANCIAL REPORTS,
RECEIVING THE RESULTS OF INDEPENDENT AUDITS FROM LICENSED, INTERNATIONAL,
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON PROGRAM OPERATIONS AND MAKING
ON-SITE VISITS.
PART I, LINE 3:
EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA: MOZAMBIQUE
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE USDA FUNDS ARE FOR SCHOOL
MEALS, TRAINING OF PRIMARY SCHOOL TEACHERS, ESTABLISHING CLEAN WATER
SOURCES, SCHOOL GARDENS, AND LITERACY PROGRAMS FOR GRADES 1-3.

Schedule F (Form 990) 2018 PLANET AID, INC.

04-3348171

Page 5

#### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2018

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PLANET AID, INC.

Employer identification number

04-3348171

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors. trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? X 5a Any related organization? X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? X 6а b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 PLANET AID, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) THOMAS MEEHAN	8	159,35	0	0.	0.	1,185.	160,54	0.
		1	0	0.	0	0		0.
(2) SUKHVIR SARAI	8	157,50	0.	0.	0	10,718.	168,218.	0
MID ATLANTIC REGIONAL MANAGER	▣	0	0.	0.	0.0	0.	0.	0 •
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Schedule J (Form 990) 2018

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

PLANET AID, INC.

Employer identification number 04-3348171

Pa	rt I Types of Property					-			
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash co amounts re Form 990, Par	ontribution ported on	1	(d) ed of determ contribution	-	ts
1	Art - Works of art								
2	Art · Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X				AVERAGE			
5	Clothing and household goods	X		33,3	<u>13,628.</u>	AVERAGE	SALES	PRI	CE
6	Cars and other vehicles			_					
7	Boats and planes	<u> </u>							
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate · Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other								
27	Other								
28	Other ()					_		•••	
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	. 29				
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	oorted in Part I,	lines 1 throu	gh 28, that it			
	must hold for at least three years from the date					-			
	exempt purposes for the entire holding period'				•		30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstan	dard contribu	utions?	31		Х
	Does the organization hire or use third parties			-		**********			
	contributions?		_				32a	x	
b	If "Yes," describe in Part II.	***************************************	/					Ţ <u></u>	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	v for which colu	ımn (a) is che	cked.			
	describe in Part II.		->E E	,	() 10 0110	/			
	For Denominal Deduction Act Notice and	M In . I					4 1 1 1 4 1		

Schedule M (Form 990) 2018 PLANET AID, INC.	04-3348171	Page 2
<b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 33, and whether the organizat a combination of both. Also comp	ion lete
SCHEDULE M, LINE 32B:		
THE ORGANIZATION UTILIZES THIRD PARTY BROKERS TO SELL	DONATED CLOTHING	,
SHOES, BOOKS, AND OTHER HOUSEHOLD GOODS.		
	TE POLITY (COLD WAY)	
	300 8	
	**	
	<u> </u>	
201 (1965-1965) 1 (1965-1965)	255 %	
		.26

#### SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

PLANET AID. INC.

Employer identification number 0.4 - 3.3.4.81.71

PLANET AID, INC.   U4-33481/1	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
POVERTY AND FOSTER DIRECT COOPERATION AND UNDERSTANDING AMONG PEOPLE	
ACROSS THE PLANET.	_
	_
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	_
EDUCATION, INCREASE HEALTH AWARENESS AND ENCOURAGE HEALTHY LIFESTYLES,	_
FOSTER DIRECT COOPERATION AND UNDERSTANDING AMONG PEOPLE ACROSS THE	
PLANET AND HELP DISADVANTAGED POPULATIONS OF THE WORLD CREATE LASTING	_
POSITIVE CHANGE.	_
	_
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	_
INDIA: EDUCATION OF PRIMARY SCHOOL TEACHERS, BASIC EDUCATION FOR	_
UNDERPRIVILEDGED CHILDREN AND GIRLS.	
LAOS: CHILD AID AND COMMUNITY DEVELOPMENT AND TB EDUCATION.	_
MALAWI: TB EDUCATION, EDUCATION OF PRIMARY SCHOOL TEACHERS.	_
MOZAMBIQUE: EDUCATION OF PRIMARY SCHOOL TEACHERS, SCHOOL MEALS AND	_
LITERACY PROGRAM, PRESCHOOL PROGRAM, GIRLS STAY IN SCHOOL PROGRAM,	_
SUPPORT FOR ONE WORLD UNIVERSITY, MALARIA PREVENTION, UPGRADE SORTING	
CENTERE CAPACITY AND NUTRITION PROGRAM.	_
SOUTH AFRICA: HIV/AIDS EDUCATION AND PREVENTION, SUPPORT FOR PEOPLE	_
AFFECTED BY HIV/AIDS, CHILD AID AND COMMUNITY DEVELOPMENT.	
ZIMBABWE: CHILD AID AND COMMUNITY DEVELOPMENT, DEVELOPMENT LEADERSHIP	_
TRAINING, VOCATIONAL TRAINING, MALERIA PROGRAM AND TRAINING OF SMALL	_
SCALE FARMERS.	

PLANET AID, INC.

Employer identification number 04-3348171

THE ORGANIZATION HAD RENTAL INCOME FROM LEASING A PORTION OF THE MILFORD BUILDING TO TWO TENANTS. THE RENTED AREA REPRESENTED APPROXIMATELY 13% OF THE SQUARE FOOTAGE OF ORGANIZATION'S BUILDING. THE ORGANIZATION RENTED OUT LESS THAN 15%, SO THERE IS NO UBIT TO BE REPORTED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S GOVERNING BODY READS THE FORM 990 AND ASKS MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS ANY QUESTIONS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 12C:

FULL DISCLOSURE, BY NOTICE IN WRITING, IS MADE BY THE INTERESTED PARTIES TO
THE FULL BOARD OF DIRECTORS IN ALL CONFLICTS OF INTEREST. EACH BOARD
MEMBER, OFFICER, STAFF MEMBER AND VOLUNTEER SIGNS AND DATES THE POLICY AT
THE BEGINNING OF HER/HIS TERM OF SERVICE OR EMPLOYMENT. FAILURE TO SIGN
DOES NOT NULLIFY THE POLICY. THE POLICY AND DISCLOSURE FORM IS FILED
ANNUALLY BY ALL SPECIFIED PARTIES.

FORM 990, PART VI, SECTION B, LINE 15:

15A: AT HIRE, COMPENSATION IS DETERMINED BASED ON MARKET AND
QUALIFICATIONS. THE BOARD PERFORMS REGULAR COMPREHENSIVE PERFORMANCE
REVIEWS OF THE CEO.

15B: AT HIRE, COMPENSATION IS DETERMINED BASED ON MARKET AND

QUALIFICATIONS. ALL STAFF IS SUBJECT TO REGULAR REVIEWS AND CHANGES IN

COMPENSATION IS BASED ON SUCH REVIEWS AS WELL AS THE MARKET.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MA,CA,CT,DE,KS,MD,MI,PA,NC,NH,NJ,NY,RI,WV,MO,SC,KY,FL,IL,VA

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization PLANET AID, INC.	Employer identification number 04-3348171
FORM 990, PART VI, SECTION C, LINE 18:	
THE 990 AND 990T ARE AVAILABLE ON THE ORGANIZATION'S WEBS	SITE AND
THIRD-PARTY WEBSITES.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENT SUMMARIES ARE AVAILABLE IN THE ANNUAL	REPORT, WHICH IS
ON THE ORGANIZATION'S WEBSITE AS WELL AS ON THE ATTORNEY	GENERAL'S WEBSITE.
ALL GOVERNING DOCUMENTS, AS WELL AS THE TAX RETURNS AND F	FINANCIAL
STATEMENTS, ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
PLANET AID DID NOT CHANGE ITS FINANCIAL OVERSIGHT PROCESS	S AS OF
DECEMBER 31, 2018.	
	3200
	****