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TIN: 04-3348171

Form **990**

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)

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

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

OMB No. 1545-0047

Inspection

A Fo	r the	e 2022 calendar year, or tax year beginning 01-01-2022 $$, and ending 1	12-31-2022					
B Che	ck if ap	pplicable: C Name of organization PLANET AID INC		D Employe	r identif	fication number		
O Add	dress o	change		04-3348	3171			
	me cha	Butter butters and		•				
	ial ret	turn boiling business as						
_		·	om/suite	E Telephone	e number	,		
		on pending 47 SUMNER STREET	nny suite	(508) 89	93-0644	-0644		
_ `		City or town, state or province, country, and ZIP or foreign postal code		-				
		MILFORD, MA 01757		G Gross red	eipts \$ 3	5,755,253		
		F Name and address of principal officer:	H(a) Is th	s a group ret	•			
		JAMES R DUCKWORTH		s a group rec rdinates?	uiii ioi	□Yes ☑No		
		47 SUMNER STREET MILFORD, MA 01757		II subordinate	es			
I Tax	-exem		inclu	ded?		U Yes UNo		
		501(c)(3) $501(c)()$ (insert no.) $4947(a)(1)$ or 52		o," attach a li p exemption				
J W	ebsit	e: WWW.PLANETAID.ORG	in(c) Grou	p exemption	number	•		
K Forn	n of or	rganization: 🗹 Corporation 🗌 Trust 🗀 Association 🗍 Other 🕨	L Year of form		M State MA	of legal domicile:		
Pa	rt I	Summary						
10		Briefly describe the organization's mission or most significant activities:						
	Р	PROTECT THE ENVIRONMENT, REDUCE WASTE, AND INCREASE THE EFFICIENT		OURCES. RE	DUCE P	OVERTY AND FOSTER		
Се	<u> </u>	DIRECT COOPERATION AND UNDERSTANDING AMONG PEOPLE ACROSS THE PL	ANET.					
Jar	_							
/en	-							
30		Check this box ▶ □			•			
×	3	Number of voting members of the governing body (Part VI, line 1a)		ı	3	6		
es	4	Number of independent voting members of the governing body (Part VI, line 1b))	•	4	5		
Activities & Governance	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	359		
cti	6	Total number of volunteers (estimate if necessary)		•	6	5		
A	7a	Total unrelated business revenue from Part VIII, column (C), line 12 $$. $$.			7a	0		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11 $$. $$.			7b	0		
			Pri	or Year		Current Year		
on.	8	Contributions and grants (Part VIII, line 1h)		28,374,3	63	34,924,064		
Revenue	9	Program service revenue (Part VIII, line 2g)		159,2	03	270,062		
eve.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,0	49	12,257		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,247,5	11	460,025		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	29,818,1		35,666,408		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	·	3,374,0	30	2,417,993		
		Benefits paid to or for members (Part IX, column (A), line 4)		2/2: 1/0	0	0		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–1	10)	11,350,4	_	14,757,905		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		11,550,4	0	0		
8		Total fundraising expenses (Part IX, column (D), line 25) \(\bigstyre{2}\),815,973	0					
X			-	12 (0(0	40	17 000 177		
		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		13,606,8	-	17,888,177		
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		28,331,2		35,064,075		
. 00	19	Revenue less expenses. Subtract line 18 from line 12		1,486,8		602,333		
Net Assets or Fund Balances			Beginning	of Current Ye	ar	End of Year		
sets	20	Total assets (Part X, line 16)	<u> </u>	17,464,7	R1	1 22,637,463		
As 3 B			<u> </u>		_			
det un		Total liabilities (Part X, line 26)	·	7,530,4		12,539,599		
and the last	22	Net assets or fund balances. Subtract line 21 from line 20		9,934,3	44	10,097,864		

ally K	nowieage.												
	- Ik							1.	2023-11-06				
C:	Sig	gnature of officer							Date				
Sign Here													
	<u> </u>	MES R DUCKWOF pe or print name											
	, ,	Print/Type nre	eparer's name	Prei	parer's signa	ture	Date	Т		PTIN			
Paid	4	Tring type pre	sparer 3 marrie	110	parci 3 signa	luic	2023-11-0	00	Check if	P01561688	8		
		Firm's name	► AAFCPAS INC						self-employed Firm's EIN 🕨 0	4-2571780			
	parer	Times name	7011 61715 1146						0. 23/1/00				
use	Only	Firm's address	s 🏲 50 WASHING	TON STREET					Phone no. (508) 366-9100			
			WESTBOROU	GH, MA 01581									
March	ha IDC diad					atuu ati ama					es 🗆 No		
			ct Notice, see			nstructions. •				. <u> </u>			
101 F	apei woi k	Reduction A	ct Notice, see	the separate	instructi	Jiis.	Cat	. INC	o. 11282Y		Form 9	90 (2022)	
						D 0							
						Page 2							
Form	990 (2022)										Page 2	
	•	,	Program Se	rvice Accor	nnlishme	nts						rage z	
ı uı			_		-							~	
1			nization's missi		ite to any li	ne in this Part III		•	• • •	<u> </u>	• •	. 🔽	
_	•	-			ACE THE EI	FICIENT USE OF	VITAL DESCLIE	CEC	CTDENCTH		DCANI7E		
						DEVELOPMENT, S						IMPROVE	
ACCE	SS TO TRA	INING AND QU	ALITY EDUCAT	ION, INCREAS	E HEALTH	AWARENESS AND	ENCOURAGE I	HEA	LTHY LIFEST	LES, FOST	TER DIREC	CT	
		IND UNDERSTA IVE CHANGE.	ANDING AMONG	3 PEUPLE ACK	USS THE P	LANET AND HELP	DISADVANTAG	3ED	POPULATION	S OF THE	WORLD CH	REALE	
2	Did the or	ganization und	ertake any sigr	nificant progra	m services	during the year v	which were not	liste	ed on				
		-	00-EZ?			J - 7 - 7				(☐ Yes	/ No	
	•		new services or		• •			•		`	_ 163	110	
3					ficant chan	ges in how it cond	ducts, any proc	ıram	1				
_							, a, p				Yes	✓ No	
			changes on Sch	nedule O				•		•			
4	·		-		chmonts fo	r each of its three	a largest progr	am c	convices as n	noacurod h	ay aynanca	ac.	
-	Section 50	01(c)(3) and 50	01(c)(4) organi	izations are re	quired to re	eport the amount							
	and reven	ue, if any, for e	each program s	service reporte	ed.								
	(Cada)) (Evnances d	1.06	0 102 incl	uding grants of t	1 060 1	102)	(Dayanya #		270.062.)		
4a	(Code:	UNVI VID- IN 30.) (Expenses \$	•	•	uding grants of \$ RT TO ORGANIZATIO			(Revenue \$		270,062)	LATIN	
	AMERICA. F	PLANET AID SUPP	ORTED PROGRAM	4S IN 10 COUNT	RIES:BELIZE	: CHILD AID AND CO	DMMUNITY DEVEL	_OPM	1ENT, REFUGEE	S AND ASYL	.UM	LATIN	
						ZIL: ORGANIZATIOI I OF PRIMARY SCHO						DS AND	
	SCHOOL BU	JILDING.ECUADO	R: CHILD AID AN	ID COMMUNITY I	DEVELOPMEN	T, ORGANIZATION A	AND TRAINING OF	F SM/	ALL SCALE FAR	MERS AND (CHILD AÍD.I	NDIA:	
						DERPRIVILEDGED C 1ITIGATION.MOZAM							
	AND LITERA	ACY PROGRAM, P	RESCHOOL PROG	RAM AND TB RE		H AFRICA: CHILD A							
	LEADERSHI	P TRAINING AND	VOCATIONAL TR	RAINING.									
<u> </u>	(Co-1		\ /E · · · · · ·	22.24	6 47F 11 1	uding assets (C+			(Day				
4b	(Code:	IING COLLECTION) (Expenses \$		-	uding grants of \$ LLECTED AND PROC	ESSED 30 000 TO	,	(Revenue \$	HEG GUNEC) : AND TEYTI	I E IN	
	STATES FRO	OM MAINE TO MIS	SSOURI. COLLECT	TING UNWANTED	CLOTHES S	AVES LANDFILL SPA	CE AND REDUCES	S PRO	ODUCTION OF	METHANE. R	REUSING ALF	READY	
	MANUFACTI PRODUCTION		AND OTHER TEXT	TILES SAVES MIL	LIONS OF G	ALLONS OF WATER A	AND REDUCES TH	IE US	SE OF FERTILIZ	er and pes	STICIDES (IN	N COTTON	
4c	(Codo:) (Evnances *	22	7 7/12 :!	uding grants of t		`	(Payarus #		``		
40	(Code:	ONAL TRAINING) (Expenses \$ AND CAPACITY BI		-	uding grants of \$ MMITMEENT TO INT	FRNATIONAL DEV		(Revenue \$	L VID TINDE) RTAKES PRO	GRAMS OF	
	INTERNATION	ONAL EXCHANGE	AND TRAINING.	PLANET AID WO	RKS CLOSEL	WITH NON-GOVER	NMENTAL ORGAN	NIZAT	TIONS IN A NUI	MBER OF DE	VELOPING		
						'ARDS SELF-SUSTAI PPORTS EDUCATION							
	. OBLIC IN	RELATE	TO INTERNATION	S.W.E DEVELOFIN	/ 30	SKIS EDUCATION		JOOF	WIII	ODLIC AN	IIIVAIL		
	(Code:) (Expenses \$	ΛE	7,800 incl	uding grants of \$	AE7 (300 \	(Revenue \$		444,072)		
	•	CHARITARI F ACT			•	uding grants or \$ IOUS CHARITABLE A	•		•) Δ	
			OTHER NONPROF		OKI J VAK	1000 CHARLIABLE F	CITATILES IN IL	. L UIV	TILD SIAILS	TACOUGH PF	WILLIAM IO		
4d	Other pro	gram services	(Describe in Sc	chedule O.)									
	(Expenses	5 \$	457,800	including gra	nts of \$	457	,800) (Revenu	e \$		444,07	2)		
4e	Total pro	gram service	expenses •	25,	,992,211								

Par	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_		Ne
		5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	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		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

Form 990 (2022) Part IV

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Pai	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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 899		Yes	No
	·			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Yes

Form **990** (2022)

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Form	990 (2022)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			

13c

c Enter the amount of reserves on hand

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

D	II Tes, Tias It Tileu a Fortii 720 to report these payments: II INO, provide an explanation in Schedule O	140	Ī	Ī
	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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	If res, complete Form 6069.	F	orm 99	0 (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Da
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resr	onse to	Page 6
ı aı	lines 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			~
Se	ction 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 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		No
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		No
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	-	
		4.0	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

i un ungemento.	•	•	•	•	•	•	•	•	•	•	•	•		16b		

Section 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 , NH , NJ , NY , RI , WV , MO , SC , KY , FL , IL , VA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

✓ Own website ✓ Another's website ✓ Upon request ✓ 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 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►JAMES R DUCKWORTH 47 SUMNER STREET MILFORD, MA 01757 (508) 893-0644

Form **990** (2022)

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		_			

Form 990 (2022) Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours	more pers	thar on is	one bot	not e bo th a or/t	t check x, unk n office rustee	ess er	Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) FRED OLSSON PRESIDENT, CEO, DIRECTOR	40.00	Х		х				160,596	0	7,220
(2) KEITH GREGORY DIRECTOR OF NE OPERATIONS	40.00					х		135,328	0	7,257
(3) MARIE LICHTENBERG DIRECTOR OF INTERNATIONAL PARTNERSHIP	40.00					х		114,400	0	7,257
(4) HECTOR GARCIA DIRECTOR NEW BUSINESS DEVELOPMENT	40.00					х		109,410	0	9,152
(5) AMY LEDBETTER HR DIRECTOR	40.00					х		115,000	0	123
(6) KELLY VAENA	40.00					х		112,812	0	120
SENIOR PARTNERSHIP SPECIALIST						^		112,012	9	120
(7) JAMES R DUCKWORTH CFO	40.00			Х				79,615	0	1,579
(8) THOMAS MEEHAN	40.00			Х				106,028	0	1,994

CFO (UNTIL 5/2022)							
(9) DINORAH VENZES CLERK, HR MANAGER	40.00		х		62,340	0	7,158
(10) MIKAEL NORLING CHAIRMAN	4.00	х	X		0	0	0
(11) EVA NIELSEN TREASURER	1.00	х	х		0	0	0
(12) JYTTE MARTINUSSEN DIRECTOR	1.00	х			0	0	0
(13) FERNANDO BINHAFTA DIRECTOR	1.00	х			0	0	0
(14) BRIAN MORAN DIRECTOR	1.00	Х			0	0	0

Form **990** (2022)

——— Page 8 —

Form 990 (2022) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII

(A) Name and title	(B) Average hours per week (list any hours	Position than o	ne b	ox, an o tor/	ot ch unle ffice	ss per	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
1b Sub-Total									l	
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)							*	995,529	0	41,860

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

-	of reportable compensation from the organ			CITCA 11101C CIGII #200	,,,,,,,,			
							Yes	No
3	Did the organization list any former office		key employee, or hi	ghest compensated e	mployee on			
_	line 1a? If "Yes," complete Schedule J for s					3		No
4	For any individual listed on line 1a, is the sorganization and related organizations greated in the state of				the			
_	individual					4	Yes	
5	Did any person listed on line 1a receive or services rendered to the organization? If "Y	· ·	•	-	dual for	5		No
S	ection B. Independent Contractors							
1	Complete this table for your five highest confrom the organization. Report compensation					mpensa	ation	
	(A)	<u></u>		(B)		(0	
MAD	DESIGNS HOME IMPROVEMENT	siness address		CONSTRUCTIO			Comper	483,585
16 C	APE ROAD			MAINTENANCE				
	DON, MA 01756 ELLA WASTE SYSTEMS INC			WASTE MANA	GEMENT			393,174
	REENS HILL LN							
RUTI	AND, VT 05701			LAMANED				224 225
	SON MULLINS RILEY & SCARBOROUGH LL			LAWYER				334,235
COLU	「OFFICE DRAWER 11009 JMBIA, SC 29211							
	ERT GRAY			GRANT WRITI	NG			146,131
	FARRINGTON ROAD HESDA, MD 20816							
REPU	JBLIC SERVICES INC			WASTE MANA	GEMENT			111,038
	O N ALLIED WAY ENIX, AZ 85054							
2	Total number of independent contractors (incompensation from the organization 11	luding but not limited	to those listed above	ve) who received more	e than \$100,00	00 of		
	n 990 (2022)		Page 9					Page S
P	art VIII Statement of Revenue Check if Schedule O contains a re	sponse or note to any	/ line in this Part VIII					
	Check ii Genedale G contains a re	sponse of note to diff	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue			nue d from sections
	derated campaigns 1a			revenue			512 -	514
Grants	derated campaigns 1a embership dues 1b							
Ō,	To							
Gifts,	indraising events 1c							
tions,	ilated organizations 1d							
	wernment grants (contributions)							
ပီ	other contributions, gifts, grants, and similar amounts not included above							
g	34,924,064 Noncash contributions included in lines 1a - 1f:\$							
h	33,607,799 Total. Add lines 1a-1f	• • 34,924,064						
		Business Code						
	2a FEES AND CONTRACTS FROM GOVERNMEN	624200	270,062	270,062		\top		
I		624200		ļ		I		

	<u>a</u>								
9	= ,								
ő	<u> </u>								
3	Service Revenue								
-	ž ———								
ò	ž i								
9	E								
3	Ď :								
č	-								
	f All other program s								
	9 Total. Add lines 2	2a-21	f	•	270,062	-			_
	3 Investment income similar amounts) .				terest, and other	7,718			7,718
	4 Income from invest				nd proceeds				
	5 Noyanies I I I	Ė	(i) Real		(ii) Personal				
		1	(i) iteal		(ii) i ci sondi				
	6a Gross rents	6a	10	04,798					
	b Less: rental	<u> </u>							
	expenses	6b	8	38,845					
	c Rental income or (loss)	6c		15,953					
	d Net rental income	or (15,953			15,953
	Ī		(i) Securit		(ii) Other				
	7a Gross amount	1			(,				
	from sales of	7a	l		4,539				
4	assets other than inventory								
		7.							
Deveni	other basis and sales expenses	7b			0				
å									
Ā	Gain or (loss)	7 c			4,539				
Other	d Net gain or (loss)		_	<u>.</u>	· · · •	4,539			4,539
	Gross income from full (not including \$	ndrai	sing events of						
	contributions reported	d on I							
	See Part IV, line 18			8a					
	b Less: direct expens	ses		8b					
	c Net income or (los	s) fr	om fundraisin	g ever	nts 🕨				
	9a Gross income from Gee Part IV, line 19	gami	ng activities.						
			ļ	9a					
	b Less: direct expens		L	9b				in	
	c Net income or (los	s) fr	om gaming ac	tivitie	s				
	100 Cross sales of inve	ntor	n. 1000						
	10aGross sales of inverturns and allowa	nces		10a					
	b Less: cost of goods	s sal		10b					
			L						
	C Net income or (los	S) II	om sales of m	vento	ry • Business Code				
	11a _{OTHER} REVENUE			ı ^L	900099	235,763	235,763		
	OTHER REVENUE						·		
				.	22122	107.100	107.100		
	b SREC SALES				221000	127,420	127,420		
_ 4				_					
Oth	erke sehdemsewar eli	ECT	RICITY SALES		221114	80,889	80,889		
	d All other revenue								
	e Total. Add lines 1			١.	•				
						444,072		1	
	12 Total revenue. Se	ee in	structions .		▶	35.666.408	714.134	n	28.210

Form 990 (2022) Page **10**

Statement of Functional Expenses
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 a	ny line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	445,000	445,000	3	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,972,993	1,972,993		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	427,899		427,899	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,830,255	9,179,948	1,780,011	870,296
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,434,850	1,224,478	132,001	78,371
10 Payroll taxes	1,064,901	839,573	153,159	72,169
11 Fees for services (non-employees):				
a Management				
b Legal	2,285,476		2,285,476	
c Accounting	102,531		102,531	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	647,822	128,962	318,947	199,913
12 Advertising and promotion	47,266	32,733	13,559	974
13 Office expenses	620,266	258,205	316,420	45,641
14 Information technology				
15 Royalties				
16 Occupancy	1,837,677	1,691,401	146,276	
17 Travel	278,638	100,662	160,423	17,553
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	180,121	138,729	20,696	20,696
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,207,684	821,226	51,930	334,528
23 Insurance	958,218	608,436	274,139	75,643
24 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.)				
a CLOTHING COLLECTION AND	5,522,122	4,464,037		1,058,085
b SALES COMMISSIONS	1,679,763	1,679,763		
c PROCESSING AND HANDLING	1,405,216	1,405,216		
d REPAIRS AND MAINTENANCE	935,287	823,670	69,513	42,104
e All other expenses	180,090	177,179	2,911	_
25 Total functional expenses. Add lines 1 through 24e	35.064.075	25.992.211	6.255.891	2.815.973

26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	 	 , ,
			Form 990 (2022)

— Page 11 —

Р	art X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part IX			
		Check it Schedule & contains a response of no	ic to un,	THE IN CHIS PARTIX .	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,647,436	1	5,486,810
	2	Savings and temporary cash investments .		-	110,587	2	110,726
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		<u> </u>	2,058,798	4	2,353,305
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial c	ontributor, or 35%		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s	ified per	sons (as defined under		6	
	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use		<u> </u>	1,036,525	8	643,942
SS	9	Prepaid expenses and deferred charges	F	841,457	9	1,028,803	
۷	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	28,654,719	·		
	ь	Less: accumulated depreciation	10b	22,166,617	6,493,686	10c	6,488,102
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line		12			
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		276,292	15	6,525,775	
	16	Total assets. Add lines 1 through 15 (must eq	17,464,781	16	22,637,463		
	17	Accounts payable and accrued expenses		•	1,645,203	17	1,773,860
	18	Grants payable		<u> </u>	893,578	18	
	19	Deferred revenue		<u> </u>	159,101	19	79,495
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		Schedule D		21	
Liabilities	22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons	butor, o	35% controlled entity		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thin	l narties	4,738,883	23	4,402,725
	24	Unsecured notes and loans payable to unrelated		· —	7,700,000	24	7,702,720
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D	ayables	<u> </u>	93,672	25	6,283,519
	26	Total liabilities. Add lines 17 through 25 .		F	7,530,437	26	12,539,599
Fund Balances		Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33.		re 🕨 🔽 and	· · · · · · · · · · · · · · · · · · ·		, ,
ala	27	Net assets without donor restrictions			9,934,344	27	10,097,864
B	28	Net assets with donor restrictions		<u>L</u>		28	<u> </u>
or Fun	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•			29	
	30	Paid-in or capital surplus, or land, building or ed		<u> </u>		30	<u> </u>
Assets	31	Retained earnings, endowment, accumulated in		_		31	
	32	<u> </u>	come, 0	Saici iailus	9,934,344	32	10,097,864
Net		Total net assets or fund balances					<u> </u>
2	33	Total liabilities and net assets/fund balances .	17,464,781	33	22,637,463		

form 990 (2022)				Page 12
Part XI Reconcilliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>	
1 Total revenue (must equal Port)/III column (A) line 12)	1		25	. 666 408
 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Total expenses (must equal Part IX, column (A), line 25) 	2			5,666,408 5,064,075
3 Revenue less expenses. Subtract line 2 from line 1	3			602,333
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		C	002,333
Net unrealized gains (losses) on investments	5			,334,344
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			-438,813
9 Other changes in net assets or fund balances (explain in Schedule O)	9			+30,013
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E			10	0,097,864
Part XII Financial Statements and Reporting	,,,, 10		10	,037,004
Check if Schedule O contains a response or note to any line in this Part XII				✓
·			Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	_			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a			
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		2b	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separation consolidated basis, or both:	ate basis,			
✓ Separate basis				
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in S	chedule O).		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
Guidance, 2 C.F.R. Part 200, Subpart F?		3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b		
		F	orm 99	(2022)
form 990 (2022)				
Additional Data		Returi	n to Fr	orm
		Retuil		····
Software ID:				
Software Version:				
Form 990, Special Condition Description:				
Special Condition Description				

ObjectId: 202333139349305193 - Submission: 2023-11-09

TIN: 04-3348171

OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

		he organization					Employer identific	ation number
PLANE	T AID I	INC					04-3348171	
	rt I	Reason for Public					See instructions.	
The o	rganiz	zation is not a private four	ndation because	e it is: (For lines 1 thro	ugh 12, check or	nly one box.)		
1		A church, convention of	churches, or as	ssociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	edule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ibed in section	170(b)(1)(A)(iii).	
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or op	erated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local			scribed in sectio	on 170(b)(1)(A	a)(v).	
7	~	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust descri	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See section !	its exempt fur unrelated busin	nctions—subject to cert ness taxable income (le	ain exceptions, a	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test for	public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting o management of the sup must complete Part IV	porting organiz	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	fy a distribution i	requirement and		
e		Check this box if the org				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n r the number of supported						
g		de the following informati	•				· · · · · · · · <u> </u>	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	ı							
		work Reduction Act Not	ice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2022
Form	990	or 990-EZ.	-					•
				Pag	ge 2 ———			
Sched	dule A	(Form 990) 2022						Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(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.

Part II

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	32,332,957	33,160,063	24,263,172	28,374,363	34,924,064	153,054,619
	include any "unusual grant.")	32,332,937	33,100,003	24,203,172	26,374,303	34,924,004	133,034,019
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by	32,332,957	33,160,063	24,263,172	28,374,363	34,924,064	153,054,619
3	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						
6	(f) Public support. Subtract line 5						
_	from line 4.						153,054,619
	Section B. Total Support lendar year		422040		(D 2024	() 2022	(O. T.)
(0	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,	32,332,957	33,160,063	24,263,172	28,374,363	34,924,064	153,054,619
	dividends, payments received on securities loans, rents, royalties	122,078	122,820	132,230	144,994	112,516	634,638
	and income from similar sources	·					
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried on						
10	 Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						153,689,257
12		etc. (see instructi	ons)			12	23,343,901
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organ	ization, check
_	this box and stop here			<u> </u>		▶□	
_	Section C. Computation of Publi Public support percentage for 2022 (li			column (f))		14	99.590 %
14 15	Public support percentage for 2021 So					15	99.590 %
	33 1/3% support test—2022. If the	organization did	not check the box	on line 13, and lin	ne 14 is 33 1/3% or		oox
	and stop here. The organization qual						
t	33 1/3% support test—2021. If th box and stop here. The organization						
17	a 10%-facts-and-circumstances tes and if the organization meets the "fac	t-2022. If the or	rganization did not	t check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances"		,	•	•		
b	10%-facts-and-circumstances te	st-2021. If the o	organization did no	ot check a box on l	line 13, 16a, 16b,	or 17a, and line 1!	is 10% or
	more, and if the organization meets meets the "facts-and-circumstances"		•		•		_
18	Private foundation. If the organizat	ion did not check	a box on line 13, 1	16a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions					Schodulo A (I	▶ <u>U</u> Form 990) 2022
						Schedule A (I	01111 990) 2022
_			Page 3	3			
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule f					.d.k.a	D+ II If
	(Complete only if you the organization fails						er Part II. If
	Section A. Public Support	,					
	lendar year r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.`") .						
2	Gross receipts from admissions, merchandise sold or services					1	
	performed, or facilities furnished in any activity that is related to the					1	
-	organization's tax-exempt purpose					1	<u> </u>
3	Gross receipts from activities that ar	٩	1	1	I	1	1

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4	under section 513 Tax revenues levied for the								
7	organization's benefit and either paid								
_	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
_	the organization without charge						_		
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
С	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	from line 6.)					J			
	endar year	() 2010	413 2010	() 2020	(I) 2024	() 2022	(6)	.	
(or f	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	Total	
9	Amounts from line 6 Gross income from interest.								
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						+		
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
4.0	regularly carried on.					ļ			
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.).								
14	First 5 years. If the Form 990 is for the	-			-		-		
	this box and stop here								ightharpoons
									
	ction C. Computation of Public	Support Perce	entage						
15	ection C. Computation of Public Support percentage for 2022 (lir	Support Perce ne 8, column (f) d	entage livided by line 13,	column (f))		15			
15 16	Public support percentage for 2022 (lin Public support percentage from 2021 S	Support Perce ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15	column (f))					
15 16	ection C. Computation of Public Support percentage for 2022 (lir	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15			
15 16 Se	Public support percentage for 2022 (line Public support percentage from 2021 Section D. Computation of Investigation D. Computation of Investigation D. Computation of Investigation D. Computation of Investigation D. Comp	Support Percenters, column (f) de Schedule A, Part Iment Income (22 (line 10c, column)	entage livided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	(f))	15 16			
15 16 Se 17 18	Public support percentage for 2022 (line Public support percentage from 2021 Section D. Computation of Investigation of Investigation percentage for 2021 Section D. Computation of Investigation of Investigation of Investigation of Investigation of 2021 Section D. Computation of Investigation of	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	(f))	15 16 17 18			
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15 16 Se 17 18 19a	Public support percentage for 2022 (ling Public support percentage for 2022 (ling Public support percentage from 2021 Station D. Computation of Investment income percentage for 2021 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Support Perce te 8, column (f) d Schedule A, Part I ment Income 22 (line 10c, colu 021 Schedule A, organization did r stop here. The e organization did	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	column (f))	(f))	15 16 17 18 13%, and ation	line 17 	is not	
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15 16 Se 17 18 19a	Public support percentage for 2022 (ling Public support percentage for 2021 Station D. Computation of Invests Investment income percentage from 2021 Station D. Computation of Invests Investment income percentage for 2021 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Support Percenters, column (f) de Schedule A, Part I ment Income 22 (line 10c, colum 021 Schedule A, organization did restop here. The eterorganization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	column (f))	(f))	15 16 17 18 133 1/3%, and ation	line 17 1/3% a:	is not	18 is
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15 16 Se 17 18 19a b 20 Schee Par	Public support percentage for 2022 (lir Public support percentage for 2022 (lir Public support percentage from 2021 Section D. Computation of Investin Investment income percentage from 2021 Section D. Computation of Investin Investment income percentage from 2021 Investment income percentage from 2031/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section of the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	Support Percenters & Column (f) de Schedule A, Part I ment Income 22 (line 10c, colum 021 Schedule A, organization did restop here. The expression of the ex	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization (a box on line 14, Page 4 If Part I. If you che you checked box omplete Part V.) ed by name in the strons are designationship, explain. nat does not have rganization deterications of the section 5	column (f))	(f))	15 16 17 18 133 1/3%, and ation	B. If you chec	is not is not	18 is 2022 age 4 ked x
15 16 Se 17 18 19a b 20 Scheer Par	Public support percentage for 2022 (lir Public support percentage for 2022 (lir Public support percentage for 2021 (Stetion D. Computation of Invests Investment income percentage from 2021 (Investment income percentage from 2021). Investment income percentage from 2021 (Investment income percentage from 2021). Investment income percentage from 2021 (Investment income percentage from 2021). If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization in Part VI how the state describe the designation. If historic and Did the organization have any supported 509(a)(1) or (2)? If "Yes," explain in Part described in section 509(a)(1) or (2).	support Percenters 8, column (f) dischedule A, Part I ment Income 22 (line 10c, colum 021 Schedule A, organization did restop here. The eterographication did and stop here. The eterographication did not check at the part of the part o	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization is a box on line 14, Page 4 of Part I. If you che is you checked box omplete Part V.) ed by name in the titions are designationship, explain. nat does not have organization determination of the control of the control ization qualified unitations of the control ization qualified unitation of the control ization qualified unitation of t	column (f))	(f))	15 16 17 18 133 1/3%, and ation	B. If you chec	is not is not	18 is 2022 age 4 ked x

	aetermination.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	44		
	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.	4b		
С	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.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	4c 5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
		8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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).	10a		
	Schedule A	(Forn	1 990)	2022
Sche	Page 5 ———————————————————————————————————		ı	Page 5
Par	Supporting Organizations (continued)			- 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
1	Did the officers, 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.	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
~	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, supervised or controlled the supporting organization.	2		

					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a n	naiorit	v of the directors or trustees of		163	110
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	contr	ol or management of the	1	+	
		ne sup	porteu organization(s).	_		
Se	ction D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of	the fif	th month of the organization's			
	tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the			
	documents in effect on the date of notification, to the extent not previously provided?		gariization's governing	1	+	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported					
_			,	2	+	
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization.	tion's i	ncome or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	d orga	nizations played in this regard.	3		
	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instructi	ons):		
a	The organization satisfied the Activities Test. Complete line 2 below.		D. le alasse			
b	The organization is the parent of each of its supported organizations. Complete					
С	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		165	NO
	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.			2a		
В	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,"					
	the organization's position that its supported organization(s) would have engaged in to organization's involvement.	hese a	ctivities but for the		igwdown	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b	$+\!-\!-\!+$	
	Did the organization have the power to regularly appoint or elect a majority of the offi	icers. (lirectors, or trustees of each of	3a		
_	the supported organizations? If "Yes" or "No", provide details in Part VI.	,				
b	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>					
	supported digamizations: If Tes, describe in Fart VI. the Fole played by the organiza	acioii ii	Schedule A	3b	- 000)	2022
			Schedule A	(FOII	1 990)	2022
	Page 6					
Schec	lule A (Form 990) 2022				F	age 6
Par	tV Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 <i>(explain in Part V</i>	(I). Se	e	
	instructions. All other Type III non-functionally integrated supporting organiza	itions i				
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
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 collection of gross income or for management, conservation, or maintenance of property held for	6				
	production of income (see instructions)					
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(1) = () :			
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
a	Average monthly value of securities	1a				
	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 factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 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, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization instructions)	on's first as a non-functionally-i	ntegrat	ed Type III supp	oorting	organization (see
					Sc	hedule A (Form 990) 2022
		Page 7				
Sched	dule A (Form 990) 2022					Page 7
	rt V Type III Non-Functionally Integrated	d 509(a)(3) Supporting (Organi	izations (cor	tinued	
	tion D - Distributions	a sos (a)(s) supporting (J. 94		Ī	Current Year
					_	
	Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers of		organiz	ations, in	1	
	excess of income from activity			,	2	
3	Administrative expenses paid to accomplish exempt pur	rposes of supported organizatio	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)			5	
	<u> </u>	•				
6	Other distributions (describe in Part VI). See instruction	ons			6	
7 1	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whateid in Part VI). See instructions	nich the organization is respons	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2022 from Section C, line 6				9	
	·				10	
10 [Line 8 amount divided by Line 9 amount			(ii)	10	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution Pre-2022	าร	Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). See instructions.					
3 E	excess distributions carryover, if any, to 2022:					
	From 2017			· · · · · · · · · · · · · · · · · · ·		
	From 2018					
	From 2019					
	From 2021					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					

Distributions for 2022 from Section D, line 7:

	0.1	nedule A (Form 990) (2022)
Page 8 ————		
		Page 8
), 9c, 11a, 11b, and 11c; Part IV, E, lines 1c, 2a, 2b, 3a and 3b; P	Section B, lines 1 and 2; art V, line 1; Part V, Secti	Part IV, Section C, line 1; on B, line 1e; Part V
ts And Circumstances Test		
ts And Circumstances Test		
ts And Circumstances Test Explar	nation	
	ations required by Part II, line 10, 9c, 11a, 11b, and 11c; Part IV, E, lines 1c, 2a, 2b, 3a and 3b; Pa	

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TIN: 04-3348171

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization NET AID INC	Employer identification number
PLA	NET AID INC	04-3348171
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advorganization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose coprivate benefit?	
Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	historically important land area
	Protection of natural habitat Preservation of a ce	ertified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	m of a conservation
	easement on the last day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by that year \blacksquare	he organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling or and enforcement of the conservation easements it holds?	f violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserve	ation easements during the year
	<u> </u>	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section $170(h)(4)(B)(ii)$?	0(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expension balance sheet, and include, if applicable, the text of the footnote to the organization's financial stater	se statement, and
Par	the organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furthe Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	i) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for finan	
a	following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2022 Page **2**

Par	t III	Organizations Ma	aintaining Col	lections of Art	Histor	ical Tr	easures	or Other	Similar Ass	sets (conti	inued)
3	Using	the organization's acq (check all that apply):	uisition, accession								
а		Public exhibition			d		Loan or e	xchange prog	grams		
b		Scholarly research			е		Other				
С		Preservation for future	e generations								
4	Provid Part X	de a description of the (organization's coll	ections and expla	in how the	ey furth	er the org	anization's e	xempt purpos	e in	
5		g the year, did the orga s to be sold to raise fur								☐ Yes	□ No
Pai	rt IV	Escrow and Cust Complete if the org line 21.			orm 990	, Part	IV, line 9	, or reporte	ed an amoun	t on Form	990, Part X,
1a		organization an agent led on Form 990, Part)								☐ Yes	□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete the	followina	table:			An	nount	
c		ning balance		•				1c			
d	-	ions during the year .						1d			
e		butions during the year						1e			-
f		g balance						1f			
								 نا خصصصصاد:	- h:11:4 O		
2a		ne organization include							•	∪ Yes	∪ No
b		s," explain the arrange		Check here if the	explanat	ion has	been prov	rided in Part 1	XIII	U	
Ра	rt V	Endowment Fund Complete if the org		ered "Yes" on F	orm 990	Part	IV line 1	0			
		complete if the or	gamzation answ	(a) Current year		Prior yea		wo years back	(d) Three year	rs back (e)	Four years back
1a	Beginn	ing of year balance .									
b	Contrib	outions									
С	Net inv	estment earnings, gair	ns, and losses								
d	Grants	or scholarships									
		expenditures for facilition	es								
f	Admini	strative expenses .									
g	End of	year balance									
2		de the estimated perce I designated or quasi-e	-	ent year end balan	ice (line 1	g, colur	nn (a)) he	ld as:	1	,	
a		anent endowment									
b											
С		endowment ercentages on lines 2a	2h and 2c shou	ld equal 100%							
За	Are th	nere endowment funds lization by:		•	zation tha	t are he	eld and ad	ministered fo	or the		Yes No
	_	nrelated organizations								3a(i)	
	(ii) R	elated organizations								3a(ii)	
b	If "Ye	s" on 3a(ii), are the rel	lated organization	s listed as require	d on Sche	dule R	·			3b	
4	Descr	ibe in Part XIII the inte	ended uses of the	organization's en	dowment	funds.					
Pai	rt VI	Land, Buildings,					T) / I' '		000 5	V 11	
	Descri	Complete if the orgonic ption of property	(a) Cost or oth (investme	er basis (b) C	ost or other			1a. See For Accumulated). ook value
1a	Land					25	0,000		+		250,000
		gs					1,220		2,473,477		2,507,743
		old improvements					8,055		232,308		355,747
		nent					6,666		2,699,776		2,226,890
						17,90			16,761,056		1,147,722
		lines 1a through 1e. (C	L Column (d) must e	gual Form 990. Pa	art X. colu			.).)	10,701,030		6,488,102

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h See For	m 990 Part	X line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method o	
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.	1			
Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV,	(b) Book value		t X, line 13. Method of valuation:
(1)		. ,		nd-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	art IV, I	ine 11d. See For	m 990, Part	: X, line 15.
(a) Description (1)SECURITY DEPOSIT				(b) Book value 108,66
(2)CONSTRUCTION IN PROCESS				322,78
(3)RIGHT-OF-USE ASSETS				6,094,33
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				6,525,77
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV. I	ine 11e or 11f S	ee Form 990). Part X. line 25.
1. (a) Description of liability		3 === 0. 11110		(b) Book value
(1) Federal income taxes				C 202 E1/

LEASE LIADILITIES					0,203,319
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				_	6,283,519
2. Liability for uncertain tax positions. In Part XIII, provid	le the text of the footnote t	the (organization's financial sta	tements that	
organization's liability for uncertain tax positions under FI			-		
organization's hability for uncertain tax positions under 11	111 40 (A3C 740). CHECK HEI	e ii tii	e text of the foothole has) (Form 990) 2022
				Schedule) (FOI III 990) 2022
	Page 4				
	rage 4				
Schedule D (Form 990) 2022					Page 4
Part XI Reconciliation of Revenue per Aug	dited Financial Statem	ents	With Revenue per R	eturn.	-
Complete if the organization answere					
1 Total revenue, gains, and other support per audited	d financial statements .			1	35,755,253
2 Amounts included on line 1 but not on Form 990, P	art VIII, line 12:				
a Net unrealized gains (losses) on investments .		2a			
b Donated services and use of facilities		2b			
c Recoveries of prior year grants		2c			
d Other (Describe in Part XIII.)		2d		-	
e Add lines 2a through 2d				2e	0
3 Subtract line 2e from line 1		•		3	35,755,253
		•		3	33,733,233
4 Amounts included on Form 990, Part VIII, line 12,		1 -	İ		
a Investment expenses not included on Form 990, Pa	•	4a			
b Other (Describe in Part XIII.)		4b	-88,845		
c Add lines 4a and 4b				4c	-88,845
5 Total revenue. Add lines 3 and 4c. (This must equa	al Form 990, Part I, line 12.			5	35,666,408
Part XII Reconciliation of Expenses per Au				Return.	
Complete if the organization answere				T . T	
1 Total expenses and losses per audited financial stat		•		1	35,152,920
2 Amounts included on line 1 but not on Form 990, P	art IX, line 25:		i		
a Donated services and use of facilities		2a			
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		2d	88,845		
e Add lines 2a through 2d		•		2e	88,845
3 Subtract line 2e from line 1				3	35,064,075
4 Amounts included on Form 990, Part IX, line 25, bu					<u> </u>
a Investment expenses not included on Form 990, Pa		4a			
b Other (Describe in Part XIII.)	•	4b		-	
c Add lines 4a and 4b			<u> </u>	4c	0
				5	
Total expenses. Add lines 3 and 4c. (This must equ	iai Form 990, Part I, line 18	.) •		5	35,064,075
Part XIII Supplemental Information					
Provide the descriptions required for Part II, lines 3, 5, a lines 2d and 4b; and Part XII, lines 2d and 4b. Also com				V, line 4; Pa	rt X, line 2; Part XI,
Return Reference			Explanation		
PART X, LINE 2:	THE ORGANIZATION ACCO	UNTS	· · · · · · · · · · · · · · · · · · ·	COME TAXES	IN ACCORDANCE WITH A
•	TOPIC, INCOME TAXES. TH	IIS ST	ANDARD CLARIFIES THE A	ACCOUNTING	FOR UNCERTAINTY IN TA
	POSITIONS AND PRESCRIFT THE FINANCIAL STATEMEN				
	TAX RETURN. THE ORGAN	ZATIC	N HAS DETERMINED THA	T THERE ARE	NO UNCERTAIN TAX
	POSITIONS WHICH QUALI STATEMENTS AT DECEMBE				
	SUBJECT TO EXAMINATION				
PART XI. LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSE -88.845		-		

PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE 88,845.	
		Schedule D (Form 990) 2022
Additional Data		Return to Form

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TIN: 04-3348171 OMB No. 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2022

Employer identification number

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
PLANET AID INC ► Go to www.irs.gov/Form990 for instructions and the latest information.

					04-3348171	
Pa	General Information Form 990, Part IV, line		Outside the U	nited States. Comple	te if the organization ar	nswered "Yes" on
1	For grantmakers. Does the or	ganization main	tain records to s	substantiate the amount	of its grants and	
	other assistance, the grantees'	- eliaibility for the	grants or assis	tance, and the selection	criteria used	
	to award the grants or assistance	,	_	,		✓ Yes □ No
2	For grantmakers. Describe in outside the United States.	Part V the orga	nization's proced	lures for monitoring the	use of its grants and other	er assistance
3	Activites per Region. (The followin	g Part I, line 3 ta	ble can be duplic	ated if additional space is	needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
За	Sub-total	C	C			0
	b Total from continuation sheets to Part I	C	C			C
	c Totals (add lines 3a and 3b)	C	0			(
For I	Paperwork Reduction Act Notice	, see the Instru	ctions for Form	990. Cat. I	No. 50082W Schedu	ile F (Form 990) 2022

Page 2 -

Schedule F (Form 990) 2022 Page 2 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.

(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, FMV, appraisal, other
		SUB-SAHARAN AFRICA	BEING USED TO CONSTRUCT A NEW SCHOOL IN THE REGION.		WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	DEVELOPMENTAL AID	803,411	WIRE TRANSFER	31,477	COMPUTERS AT COST	COST
		CENTRAL AMERICA AND THE CARIBBEAN	DEVELOPMENTAL AID	52,800	WIRE TRANSFER	0		
		SOUTH ASIA	DEVELOPMENTAL AID	192,580	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	DEVELOPMENTAL AID	23,084	WIRE TRANSFER	0		
		SOUTH AMERICA	DEVELOPMENTAL AID	508,010	WIRE TRANSFER	0		

exempt by the I	RS, or for v	which the grante	e or counsel has	provided a section 5	s charities by the foreign 501(c)(3) equivalency lett				11
3 Enter total numb	ber or other	organizations o	rendues	<u> </u>		<u></u>		. Sch	nedule F (Form 990) 2022
					— Page 3 ————				
Schedule F (Form 990)	-	4!4	A. W. distance	Out aid a the a their	and Chatana Commission is			d IIVII F	Page 3
			to Individuals tional space is r		ted States. Complete if	the organizati	on answe	erea "Yes" on Form	990, Part IV, line 16.
(a) Type of grant or a	ssistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	of	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
									_
								Sch	edule F (Form 990) 2022
					— Pago 4 —————				
Schedule F (Form 990)	\ 2022				— Page 4 ————		Page 4		
<u> </u>	n Forms						rage 4		
organization ma	ay be require	d to file Form 926,	Return by a U.S. T	poration during the ta ransferor of Property t	x year? If "Yes," the o a Foreign Corporation (see · · · · · · · · · · · · ·	Yes	✓ No		
to separately file Gifts, and/or Fo	le Form 3520, orm 3520-A, A	, Annual Return to Annual Information	Report Transaction Return of Foreign	s with Foreign Trusts a Trust With a U.S. Own	organization may be require and Receipt of Certain Foreig er (see Instructions for Form 	n	✓ No		
may be required	d to file Form	5471, Information	n Return of U.S. Per	sons with Respect to (rear? If "Yes," the organizatio Certain Foreign Corporations.		☑ No		
fund during the	tax year? If	"Yes," the organiza	ation may be requir	ed to file Form 8621, 1	npany or a qualified electing information Return by a instructions for Form 8621) .	Yes	✓ No		
may be required	d to file Form	8865, Return of L	I.S. Persons with Re	espect to Certain Forei	rear? If "Yes," the organization gn Partnerships (see 	_	☑ No		
organization ma	ay be require	d to separately file	Form 5713, Intern	ational Boycott Report	g the tax year? If "Yes," the (see Instructions for Form	Yes	☑ No		
					Schedu	ule F (Form 990) 2022	,	
					— Page 5 ————				
Schedule F (Form 990)) 2022						Page 5		
Provide amount method	s of investn); and Part	ation required by ments vs. expend	ditures per regior (estimated numb	n); Part II, line 1 (ad	Part I, line 3, column (f) counting method); Part I applicable. Also complete	III (accounting			
	teference				olanation				
PART I, LINE 2:		INCLUD	ING: RECEIVING PI	RIODIC OPERATIONA	O MONITOR GRANTS MADE O L AND FINANCIAL REPORTS, ERNATIONAL, INDEPENDENT MAKING ON SITE VISITS	RECEIVING THE F	RESULTS		

PART I, LINE 3:	EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS.
PART III ACCOUNTING METHOD:	
·	-

Schedule F (Form 990) 2022

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			_	Attach to Form	990.				Open to Public Inspection
Department of the Treasury Internal Revenue Service Internal Revenue Se		tion number							
Part I General Inf	ormation on Gra	ants and Assistan	ce				l		
Attach to Form 990 For the latest information Employer identification number CATACH C	☐ Yes ✓ No								
Part II Grants and Ot that received n	ther Assistance to nore than \$5,000. P	Domestic Organizat art II can be duplicate	t ions and d if additi	I Domestic Government ional space is needed.	nts. Complete if the or	ganization answered "Yes	s" on Form 990, Pai	t IV, line 2	21, for any recipient
(a) Name and address organization				(d) Amount of cash	cash	(book, FMV, appraisal,			(h) Purpose of grant or assistance
À111 WASHINGTON BOULEVARD	GE 54-19336	592 50	1(C)(3)	25,000	0				WAGES PAID FOR DOMESTIC SCHOOLS
ÎNSTITUTE 8000 HARRIET TUBMAN L		315 50	1(C)(3)	25,000	0				WAGES PAID FOR DOMESTIC SCHOOLS
REFERRAL SERVICES 311 LAUREL AVENUE	ND 52-15373	336 50	1(C)(3)	25,000	0				WAGES PAID FOR DOMESTIC SCHOOLS
2 Enter total number of	section 501(c)(3) a	nd government organ	izations li	sted in the line 1 table .)	-	3
3 Enter total number of	other organizations	listed in the line 1 tal	ole					<u> </u>	0
For Paperwork Reduction Act	Notice, see the Instr	ructions for Form 990.			Cat. No. 50055	P		Sche	edule I (Form 990) 2022
			Page 2						
									Page 2
			Is. Comp	lete if the organization a	inswered "Yes" on Forn	n 990, Part IV, line 22.			
(a) Type of grant or	assistance							scription c	f noncash assistance
(1)									
(2)									
(3)									
(4)									_
(5)									
(6)									
Part IV Supplem	ental Information	on. Provide the info	rmation	required in Part I, lin	ie 2; Part III, colum	n (b); and any other a	additional informa	ation.	
Return Reference	Explanat	ion							
								Schedul	e 1 (FORM 990) 2022

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TIN: 04-3348171 OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service Name of the organization PLANET AID INC Employer identification number Part I **Questions Regarding Compensation** Yes No Check the appropiate 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. $\hfill \Box$ Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . 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. ☐ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations 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? . . . 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c Nο If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 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: No Any related organization? . 5b No 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: No 6a 6b No 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 in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

Schedule J (Form 990) 2022 Page 2

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal	the tot	al amount of Form	990, Part VII, Sec	ction A, line 1a, ap	plicable column (E)) and (E) amoun	ts for that indi	vidual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 FRED OLSSON PRESIDENT, CEO, DIRECTOR	(i)	160,596	0	0	0	7,220	167,816	0
	(ii)	0	0	0	0	0	0	0
					1			

	·		•		1	1	1		1
							<u> </u>	C-b-d-d- 7 /F	orm 990) 2022
							•	Schedule 3 (F	orm 990) 2022
			р	Page 3 ———					
				-5					
Schedule J (Form 990) 2022									Page 3
Part III Supplemental Infor	mation								ruge 3
	or descriptions required for Part I, lines	1a,	1b, 3, 4a, 4b, 4c, !	5a, 5b, 6a, 6b, 7,	and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference				E	xplanation				
PART I, LINE 4A	HECTOR GARCIA RECEIVED A SEVER	ANC	E PAYMENT OF \$9,	731 IN FY22.					
_								Schedule J (F	orm 990) 2022

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SCHEDULE M (Form 990)

Noncash Contributions

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

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

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** PLANET AID INC 04-3348171

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermin		S
1	Art—Works of art			,				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		25,602	AVERAGE SALES PRI	CE		
	Clothing and household	Х			AVERAGE SALES PRI			
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	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 ▶ ()							
	Other ► ()							
27	Other ▶ ()							
28	Other ► ()							
	Number of Forms 8283 received by t for which the organization completed				29			
							Yes	No
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding period.	e date of the						1
						30a		No
b	If "Yes," describe the arrangement in	n Part II.						
31	Does the organization have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contrib	utions?	31		No
32a	Does the organization hire or use th contributions?	ird parties	or related organizations to so	olicit, process, or sell noncas	h 	32a	Yes	<u> </u>
b	If "Yes," describe in Part II.							<u> </u>
33	If the organization didn't report an a	amount in o	column (c) for a type of prope	erty for which column (a) is	checked,			
	describe in Part II.							

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Cat. No. 51227J

Schedule M (Form 990) (2022)

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
,	THE ORGANIZATION UTILIZES THIRD PARTY BROKERS TO SELL DONATED CLOTHING, SHOES, BOOKS, AND OTHER HOUSEHOLD GOODS.

Schedule M (Form 990) (2022)

Additional Data

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TIN: 04-3348171

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2022

Open to Public

Name of the organization PLANET AID INC

Employer identification number

04-3348171

Return Reference	Explanation
,	THE ORGANIZATION'S GOVERNING BODY READS THE FORM 990 AND ASKS MANAGEMENT AND THE INDEPENDENT ACCOUNTANTS ANY QUESTIONS THEY MAY HAVE.
PART VI, SECTION B,	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.
PART VI, SECTION B,	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, SECTION C, LINE 18	THE 990 AND 990T ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THIRD-PARTY WEBSITES.
PART VI,	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 FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:	PLANET AID DID NOT CHANGE ITS FINANCIAL OVERSIGHT PROCESS AS OF DECEMBER 31, 2022.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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