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TIN: 04-3348171

Form 990

Department of the Treasury

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.

Open to Published

OMB No. 1545-0047

2023

15,109,842

10,097,864

Internal Revenue Service For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023 C Name of organization D Employer identification number B Check if applicable: PLANET AID INC Address change 04-3348171 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) O Application pending (508) 893-0644 City or town, state or province, country, and ZIP or foreign postal code MILFORD, MA 01757 **G** Gross receipts \$ 42,911,812 Name and address of principal officer: **H(a)** Is this a group return for JAMES R DUCKWORTH ☐Yes ✓ No subordinates? **47 SUMNER STREET H(b)** Are all subordinates MILFORD, MA 01757 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 4947(a)(1) or 527 501(c) () (insert no.) If "No," attach a list. See instructions. H(c) Group exemption number WWW.PLANETAID.ORG Website: L Year of formation: 1997 M State of legal domicile: **K** Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other Summary 1 Briefly describe the organization's mission or most significant activities: PROTECT THE ENVIRONMENT, REDUCE WASTE, AND INCREASE THE EFFICIENT USE OF VITAL RESOURCES. REDUCE POVERTY AND FOSTER DIRECT COOPERATION AND UNDERSTANDING AMONG PEOPLE ACROSS THE PLANET. Activities & Governance Check this box Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . 6 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 5 402 **6** Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 34,924,064 42,314,172 **9** Program service revenue (Part VIII, line 2g) . . . 270,062 0 **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 12,257 89,072 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 460,025 459,342 35,666,408 42,862,586 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,595,750 2,417,993 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 14,757,905 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17,165,867 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 3,311,670 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,888,177 17,088,991 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 35,064,075 37,850,608 19 Revenue less expenses. Subtract line 18 from line 12 . 602,333 5,011,978 Assets or d Balances **Beginning of Current Year End of Year 20** Total assets (Part X, line 16) 22,637,463 26,961,761 21 Total liabilities (Part X, line 26) 12,539,599 11,851,919

22 Net assets or fund balances. Subtract line 21 from line 20 .

any kn	owieage.									
Sign	Signa	ture of officer				2024-09-18 Date				
Here	JAME	S R DUCKWORTH CFO	Jace							
	Туре	or print name and title	T		1					
Paid		Print/Type preparer's name	Preparer's signature		Date 2024-09-18	Check if self-employed	PTIN P00837468			
Prep		Firm's name AAFCPAS INC			•	Firm's EIN 04				
Use	Only	Firm's address 50 WASHINGTON STR	ess 50 WASHINGTON STREET Phone no							
		WESTBOROUGH, MA	01581							
		uss this return with the preparer s								
For Pa	perwork I	Reduction Act Notice, see the s	separate instructions	•	Cat. N	lo. 11282Y	Form 990 (2023			
			Pao	ge 2 ———						
	()			5 -						
	90 (2023)	tement of Program Service	Accomplichments				Page 2			
Part		ck if Schedule O contains a respon	•							
1		cribe the organization's mission:	ise of flote to arry line i	II tilis i ditili	<u></u>	<u> </u>				
COMMU ACCES COOPE	JNITIES, R S TO TRAII RATION AN	VIRONMENT, REDUCE WASTE, AN EDUCE POVERTY AND PROMOTE S NING AND QUALITY EDUCATION, ND UNDERSTANDING AMONG PEO E CHANGE.	SMALL ENTERPRISE DEV INCREASE HEALTH AWA	VELOPMENT, SUPP ARENESS AND ENG	ORT SUSTAII COURAGE HE	NABLE LOCAL ALTHY LIFEST	FOOD PRODUCTION, IMPROVE YLES, FOSTER DIRECT			
3 [3] 4 [the prior Form of the prior Form of the orgon of the organization of the	panization undertake any significar orm 990 or 990-EZ?	edule O. ake significant changes O. accomplishments for eans are required to repor	in how it conducts	any progra	m services, as				
4a	(Code:) (Expenses \$	3,092,131 including	g grants of \$	3.092.131) (Revenue \$)			
!	INTERNATIO	NAL AID: IN 2023, PLANET AID CONTIN	NUED WITH ITS SUPPORT T	O ORGANIZATIONS	AND COMMUNI	ΓΙΕS IN AFRICA,				
4b	(C-1) /F	2C 2E7 E00 :	g grants of \$) (Revenue \$,			
! !	STATES FROI) (Expenses \$ NG COLLECTION AND HABITAT PROTEC M MAINE TO MISSOURI. COLLECTING L RED CLOTHING AND OTHER TEXTILES : N).	TION: PLANET AID COLLEC	TED AND PROCESSE LANDFILL SPACE A	ND REDUCES P	OF USED CLOT	METHANE. REUSING ALREADY			
4c	(Code:) (Expenses \$	265,490 including	g grants of \$) (Revenue \$)			
1	INTERNATIO COUNTRIES	NAL TRAINING AND CAPACITY BUILDIN NAL EXCHANGE AND TRAINING. PLANE TO BUILD LOCAL CAPACITY AND MOVE INTERNATIONAL DEVELOPMENT AND S	T AID WORKS CLOSELY WI TOWARDS SELF-SUSTAINA	TH NON-GOVERNME ABILITY. PLANET AID	NTAL ORGANIZA ALSO PROVIDE	ATIONS IN A NU S INFORMATION	IMBER OF DEVELOPING N FOR THE US PUBLIC IN MATTERS			
I) (Expenses \$ CHARITABLE ACTIVITIES: THE ORGANIZ SCHOOLS AND OTHER NONPROFITS.	· ·	g grants of \$ 5 CHARITABLE ACTIV	· ·) (Revenue \$ JNITED STATES	399,984) THROUGH PAYMENTS TO A			
	Other prog (Expenses	ram services (Describe in Schedul \$ 503,619 inclu	le O.) iding grants of \$	503,619) (Revenue \$	5	399,984)			

Page 3 -

Form 990 (2023) **Checklist of Required Schedules**

Page 3

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 4

	Yes	No
1	Yes	

2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. **Is	2	Yes	
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	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? If "Yes," complete Schedule D, Part II	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>	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	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? If "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? If "Yes," complete Schedule G, Part 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? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	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	
	Page 4	F	orm 99 0	0 (2023

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Part IV Checklist of Required Schedules (continued)

Yes No

22	Did the organization report more than \$5,000 or 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L,</i> 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? <i>If "Yes," complete Schedule L, Part I</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? If "Yes," 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
c	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
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
	Check if Schedule O contains a response of flote to any line III this Part V	ij	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 579			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	. (0.5-1)
		F	orm 99 0	0 (2023)

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Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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).			
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		110
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	- Ou		110
ь	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			
е	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
g	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		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
В	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. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		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?	17		

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orm	990 (2023)			5 4
Par		o" resr	onse to	Page (
i di	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		W	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No
	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 6			
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	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? \cdot	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? If "Yes," provide the names and addresses in Schedule O	9	,	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e coae	⊇.)	
				No
10a	Did the organization have local chanters, branches, or affiliates?		Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		No No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10a 10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b	Yes	
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10a 10b 11a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	10a 10b 11a 12a 12b	Yes Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c c 113 114	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 111a b 112a c c 113 14 115 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 111a b 112a c c 113 14 115 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 111a b 112a c c 113 14 15 a b b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 111a b 112a c 113 14 15 a b 5ee	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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? 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 111a b 112a c 113 114 115 a b 5ee	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 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. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization 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? 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?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No

✓ 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

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orm 990 (2023)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	. \square
Castian	A Officers Directors Trustees Very Employees and Highest Componented Employees	

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.

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

(10) EVA NIELSEN

/11\ IVTTE MADTINII ICCENI

TREASURER

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099organization and for related Officer Highest compensat Former Individual trustee or director MISC/1099-MISC/1099organizations related Institutional below dotted NEC) NEC) organizations emplo line) yee Trustee e 40.00 (1) JAMES R DUCKWORTH 184,955 24,003 40.00 (2) FRED OLSSON Х Χ 160,926 8,198 PRESIDENT, CEO, DIRECTOR 40.00 (3) MARIE LICHTENBERG 133,174 8,500 DIRECTOR OF PARTNERSHIP 40.00 (4) ULRIKE STOSCH Х 129,027 8,238 CHIEF OFF. OF STRATEGIC DEVT. 40.00 (5) AMY LEDBETTER 122,625 319 DIRECTOR OF HR 40.00 (6) WAYNE MICHAUD Х 107,590 11.512 OPERATIONS MANAGER III 40.0 (7) TIMOTHY FRISCH 112,468 330 REGIONAL OPERATIONS MGR. 40.00 (8) DINORAH VENCES ALVAREZ Χ 79,782 14,282 CLERK, CORP. HR MANAGER 4.00 (9) MIKAEL NORLING Х Х CHAIRMAN

1.0

Χ

Χ

DIRECTOR		Х			0	0	0
(12) FERNANDO BINHAFA DIRECTOR	1.00	х			0	0	0
(13) BRIAN MORAN DIRECTOR	1.00	х			0	0	0
(14) SAM ROSENTHAL DIRECTOR	1.00	Х			0	0	0

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	-							I	l .	
(A) Name and title	(B) Average hours per week (list any hours for related		one bo	ox, ι n of tor/t	t che inles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations
b Sub-Total							<u> </u>			
c Total from continuation sheets		Α.					}			
d Total (add lines 1b and 1c) .	<u> </u>							1,030,547	0	75,38

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

			Yes	No	•
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	•
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>				-

iliulviuuai				\cdots	4 Yes	
5 Did any person listed on line 1a receive services rendered to the organization?	•	,	•		5	No
Section B. Independent Contractor	S			•		
Complete this table for your five highest from the organization. Report compensa					ensation	
Name and	(A) business address		Desc	(B) cription of services		(C) pensation
GARSON & SHAW INC			SALES BRO	KER		1,775,708
887 W MARIETTA STREET SITE M 204						
ATLANTA, GA 30318 MAD DESIGNS HOME IMPROVEMENT REMODELING			CONSTRUC	TION	_	742,059
16 CAPE ROAD						
MENDON, MA 01756 ROBERT GRAY			CONSULTAI	JT.		175,810
			CONSULIAI	V I		173,810
5225 FARRINGTON ROAD BETHESDA, MD 20816						
KERSTEIN COREN & LICHTENSTEIN LLP			LAWYER			122,310
50 WALNUT STREET WELLESLEY, MA 02481						
AAFCPASINC			ACCOUNTI	NG & AUDITING		118,860
50 WASHINGTON STREET WESTBOROUGH, MA 01581						
2 Total number of independent contractors (ncluding but not limite	ed to those listed abo	ove) who received m	ore than \$100,000	of	
compensation from the organization 5					Form !	990 (2023
						,
		Page 9				
Form 990 (2023)						Page
Part VIII Statement of Revenue						
Check if Schedule O contains a	response or note to ar	ny line in this Part VII		<u> </u>		. \square
		(A) Total revenue	(B) Related or	(C) Unrelated		(D) venue
			exempt function	business revenue		ded from er section:
			revenue	revende		- 514
Federated campaigns 1a Contributions,						
Sifts, Grants, and Membership dues 1b						
DtherAmt						
Similar Arfio [ˈHts]raising events .						
d Related organizations 1d						
e Government grants (contributions) 1e						
5,406,176						
f All other contributions, gifts, grants, and similar amounts not included						
above 1f						
36,907,996						
g Noncash contributions included in lines 1a - 1f:\$						
35,311,912 h Total . Add lines 1a-1f						
I Total. Add lines 1a-11	42,314,173 Business Code	2	Ī	I	т —	
	Dusiness Code					
Rev	_					
Service Revenue						
Ser	_					
£	_				┼──	

Pog							
f All other program	serv	ice revenue.					
9 Total. Add lines							
3 Investment income			nterest, and other				
similar amounts)			. <u>;</u> L	76,822			76,822
4 Income from inves		•	· · · · · · · · · · · · · · · · · · ·				
J Royaldes I I	5 Royalties		(ii) Personal				
6a Gross rents	6a	108,584					
b Less: rental	6b	49,226					
expenses c Rental income or	expenses C Rental income or 6c						
(loss) d Net rental income	e or (59,358		59,358			59,358
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a		12,250				
b Less: cost or other basis and sales expenses c Gain or (loss)	7b		0				
	7c		12,250				
d Net gain or (loss)		· · · · <u>·</u> ·		12,250			12,250
Gross income from formal (not including \$ contributions reported)		of					
See Part IV, line 18	See Part IV, line 18 8a						
b Less: direct exper c Net income or (los			nts				
9a Gross income from See Part IV, line 19							
b Less: direct exper c Net income or (los		<u> </u>	es				
10a Gross sales of invreturns and allow							
b Less: cost of good	ds sol	d 10b					
c Net income or (lo	ss) fr	om sales of invento					
11a _{OTHER} REVENUE			Business Code 900099	178,289	178,289		
b SREC SALES			221000	124,258	124,258		
Other Revellation Review El	LECTI	RICITY SALES	221114	97,437	97,437		
4 41							
d All other revenue e Total. Add lines 1		I.					
			· · · -	399,984	li.		
12 Total revenue. S	see ir	istructions		42,862,586	399,984	0	148,430 Form 990 (2023)
			F	Page 10 ———			
Form 990 (2023)		Formula 1					Page 10
		Functional Exp and 501(c)(4) org	enses Janizations must comp	olete all columns. A	All other organization	s must complete colu	ımn (A).
Charle if Cab	مطبياء		once or note to say lis	no in this Dort IV			

(A)

Do not include amounts reported on lines 6b.

7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	503,619	503,619		
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.	3,092,131	3,092,131		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	491,085		491,085	
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	13,686,381	10,691,080	1,995,781	999,520
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,171	6,714	830	627
9 Other employee benefits	1,741,481	1,426,540	201,506	113,435
10 Payroll taxes	1,238,749	978,547	178,262	81,940
11 Fees for services (non-employees):				
a Management				
b Legal	114,316		114,316	
c Accounting	118,860		118,860	
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 0)	688,947	255,464	158,340	275,143
12 Advertising and promotion	64,086	2,516	60,322	1,248
13 Office expenses	631,389	216,455	362,176	52,758
14 Information technology				
15 Royalties				
16 Occupancy	1,929,605	1,783,329	146,276	
17 Travel	347,370	106,018	214,002	27,350
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	167,443	120,257	23,593	23,593
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,044,040	709,947	44,894	289,199
23 Insurance	1,143,231	763,719	302,351	77,161
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	6,335,744	5,024,936		1,310,808
b SALES COMMISSIONS	1,766,972	1,766,972		
c PROCESSING AND HANDLING	1,533,970	1,533,970		
d REPAIRS AND MAINTENANCE	899,444	861,974		37,470
e All other expenses	303,574	274,640	7,516	21,418
25 Total functional expenses. Add lines 1 through 24e	37,850,608	30,118,828	4,420,110	3,311,670
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).				
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Page 1:

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Part X	Balance Sheet		

		Check if Schedule O contains a response or not	te to any	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			5,486,810	1	902,173
	2	Savings and temporary cash investments		[110,726	2	7,016,590
	3	Pledges and grants receivable, net				3	531,249
	4	Accounts receivable, net		[2,353,305	4	2,568,352
	5 6	Loans and other receivables from any current or trustee, key employee, creator or founder, subsi- controlled entity or family member of any of the Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	tantial co ese perso fied pers	ontributor, or 35% ons ons (as defined under		5	
	7	Notes and loans receivable, net		_		7	
Assets	8	Inventories for sale or use			643,942	8	813,789
SS	9	Prepaid expenses and deferred charges			1,028,803	9	1,137,537
A		Land, buildings, and equipment: cost or other	1 1	· · ·	,, ,,,,,,		, , , , , ,
		basis. Complete Part VI of Schedule D	10a	29,930,434			
	b	Less: accumulated depreciation	10b	22,922,391	6,488,102	10 c	7,008,043
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		[6,525,775	15	6,984,028
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	22,637,463	16	26,961,761
	17	Accounts payable and accrued expenses			1,773,860	17	1,679,513
	18	Grants payable				18	
	19	Deferred revenue			79,495	19	30,234
	20	Tax-exempt bond liabilities				20	
(0	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	butor, or	35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ated third	parties	4,402,725	23	3,885,650
	24	Unsecured notes and loans payable to unrelated	third pa	rties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		o related third parties,	6,283,519	25	6,256,522
	26	Total liabilities. Add lines 17 through 25 .			12,539,599	26	11,851,919
Fund Balances	27	Organizations that follow FASB ASC 958, chines 27, 28, 32, and 33. Net assets without donor restrictions	heck her	e and complete	10,097,864	27	15,109,842
18	28	Net assets with donor restrictions				28	
Assets or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	-	eck here ▶ □ and		29	
ets	30	Paid-in or capital surplus, or land, building or eq	quipment	fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
t A	32	Total net assets or fund balances			10,097,864	32	15,109,842
Net	33	Total liabilities and net assets/fund balances .			22,637,463	33	26,961,761
							Form 990 (2023)

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Pai	t XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI			-	. 🗆
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		4	2,862,586
2	Total	expenses (must equal Part IX. column (A). line 25)	2		3	7.850.608

					, ,
3	Revenue less expenses. Subtract line 2 from line 1	3		5	,011,978
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		10	,097,864
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		15	,109,842
Par	Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				~
	Officer in Contrast of Contras	<u></u>	<u> </u>	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			2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes			
		basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		_	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За		niform	3a		No
b		ired			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			H	orm 99	0 (2023
Form	990 (2023)				
Ad	Iditional Data		Retur	n to Fo	rm
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Software ID:				
	Software Version:				
<u>Forn</u>	n 990, Special Condition Description:				
	Special Condition Description				

ObjectId: 202432639349300623 - Submission: 2024-09-19

TIN: 04-3348171

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** PLANET AID INC 04-3348171 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported а organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or b management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f g Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization listed (ii) FIN (iii) Type of (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990) 2023 Cat. No. 11285F Form 990 or 990-EZ. Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.

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

	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	33,160,063	24,263,172	28,374,363	34,924,064	42,314,172	163,035,834
2	include any "unusual grant.") Tax revenues levied for the				2 1,02 1,000	,,	
2	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	33,160,063	24,263,172	28,374,363	34,924,064	42,314,172	163,035,834
4 5	Total. Add lines 1 through 3 The portion of total contributions by	33,160,063	24,263,172	28,374,363	34,924,064	42,314,172	103,033,634
	each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						163,035,834
_	from line 4. Section B. Total Support						<u> </u>
Ca	lendar year r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	33,160,063	24,263,172	28,374,363	34,924,064	42,314,172	163,035,834
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	122,820	132,230	144,994	112,516	185,406	697,966
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						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						163,733,800
12	10 Gross receipts from related activities,	etc. (see instruct	 ions)			12	14,646,326
	First 5 years. If the Form 990 is for	•	•			<u> </u>	
	this box and stop here			<u> </u>		▶□	
	Section C. Computation of Publi Public support percentage for 2023 (li		_	anluman (f))			00 570 0/
14 15	Public support percentage for 2023 (iii					14	99.570 % 99.590 %
	33 1/3% support test—2023. If the	organization did	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qual 33 1/3% support test—2022. If the						
•	box and stop here. The organization	n qualifies as a pu	blicly supported or	ganization			▶□
17	10%-facts-and-circumstances tes and if the organization meets the "fac	t—2023. If the o	rganization did not	: check a box on lii	ne 13, 16a, or 16t), and line 14 is 10	l% or more,
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
t	10%-facts-and-circumstances te more, and if the organization meets						
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	a publicly supporte	ed organization		
18	Private foundation. If the organizatinstructions				•		▶ □
	IIIST UCTIONS					Schedule A (Form 990) 2023
			Page 3				
Sch	edule A (Form 990) 2023						Page 3
	Part III Support Schedule f	or Organizatio	ons Described	in Section 509	(a)(2)		rage 3
	(Complete only if you the organization fails	checked the bo	ox on line 10 of	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support	to quality unde	T the tests lister	i below, please o	complete Part 11	•)	
	lendar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1		_					
_	include any "unusual grants.") .						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that ar	е					
•	not an involuted trade or histories	I	I	I	1	1	I

	ווטג מוז עווו פומגפע גומעפ טו טעאווופא	Ī	Ī	ı	I	ı	1		
	under section 513 Tax revenues levied for the				1				
4	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
ь	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support		•	•	•	•			
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
(or 1	fiscal year beginning in) Amounts from line 6	(1)	()	(-)			+ '		
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	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								
12	regularly carried on. Other income. Do not include gain or						-		
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						_		
13	11, and 12.)								
14	First 5 years. If the Form 990 is for the	-			•		-		
									-
	this box and stop here							!	
	ction C. Computation of Public	Support Perce	entage			1	• •	!	
15	ection C. Computation of Public Support percentage for 2023 (lir	Support Perce ne 8, column (f) d	entage livided by line 13,	column (f))		15		!	
15 16	Public support percentage for 2023 (lin Public support percentage from 2022 S	Support Perce ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15	column (f))		1			
15 16 Se	Public support percentage for 2023 (line Public support percentage from 2022 Section D. Computation of Investigation Computation of Investigation D. Computation D. Computat	Support Perce ne 8, column (f) d Schedule A, Part II ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15 16			
15 16 Se 17	Public support percentage for 2023 (lin Public support percentage from 2022 S	Support Percenters, column (f) de Schedule A, Part II ment Income 23 (line 10c, column	Intage 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 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Section D. Computation of Investment income percentage for 2022 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 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			
15 16 Se 17 18	Public support percentage for 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Section D. Computation of Investage Investment income percentage from 2 103 1/3% support tests-2023. If the	Support Perce ne 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colu 022 Schedule A, organization did r	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))	(f))	15 16 17 18 13 3 1/3%, and 1	ine 17		
15 16 Se 17 18 19a	Public support percentage for 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Section D. Computation of Investment income percentage for 2022 Investment income percentage from 2	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali	column (f))	(f))	15 16 17 18 13 1/3%, and I	ine 17	is not	
15 16 Se 17 18 19a	Public support percentage for 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Station D. Computation of Investment Investment income percentage from 2021 Investment income percentage from 2021 1/3% support tests-2023. If the more than 33 1/3%, check this box and	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The se organization did	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not	
15 16 Se 17 18 19a	Public support percentage for 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Section D. Computation of Invests Investment income percentage for 2021 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e organization 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 quali not check a box of	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not	18 is
15 16 Se 17 18 19a	Public support percentage for 2023 (line Public support percentage for 2023 (line Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e organization 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 quali not check a box of	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not	18 is
15 16 Se 17 18 19a	Public support percentage for 2023 (line Public support percentage for 2023 (line Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e organization did and stop here.	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14,	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not	18 is
15 16 Se 17 18 19a	Public support percentage for 2023 (line Public support percentage for 2023 (line Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e organization 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 quali not check a box of	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not	18 is
15 16 Se 17 18 19a	Public support percentage for 2023 (line Public support percentage for 2023 (line Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e organization did and stop here.	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14,	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not	18 is
15 16 Se 17 18 19a b	Public support percentage for 2023 (line Public support percentage for 2023 (line Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e organization did and stop here.	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14,	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not is not ind line ind line ind line	18 is
15 16 Se 17 18 19a b	Public support percentage for 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Station D. Computation of Invest Investment income percentage for 2023 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colu 022 Schedule A, organization did r stop here. The se organization did and stop here. To on did not check a	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4	column (f))	(f))	15 16 17 18 133 1/3%, and lation	ine 17	is not is not ind line ind line ind line ind line	18 is 2023
15 16 Se 17 18 19a b	Public support percentage for 2023 (lir Public support percentage for 2023 (lir Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage from 2021 (Investment income percentage from 2031/3% support tests-2023. If the more than 331/3%, check this box and 331/3% support tests-2022. If the not more than 331/3%, check this box Private foundation. If the organization (Complete only if you checked as a complete only if you checked as a compl	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The d e organization did and stop here. To on did not check a	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not is	18 is 2023 age 4
15 16 Se 17 18 19a b	Public support percentage for 2023 (ling Public support percentage for 2023 (ling Public support percentage from 2022 Station D. Computation of Invest Investment income percentage for 2023 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The e e organization did and stop here. To on did not check a	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 of Part I. If you ch if you checked box	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not is	18 is 2023 age 4
15 16 Se 17 18 19a b 20	Public support percentage for 2023 (lir Public support percentage for 2023 (lir Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. 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	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The d e organization did and stop here. The on did not check a to box on line 12 o ctions A and C. If as A and D, and co	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 of Part I. If you ch if you checked box	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not is	18 is 2023 age 4
15 16 Se 17 18 19a b 20	Public support percentage for 2023 (lir Public support percentage for 2023 (lir Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage for 202 investment income percentage from 2 investment income perc	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r stop here. The d e organization did and stop here. The on did not check a to box on line 12 o ctions A and C. If as A and D, and co	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 of Part I. If you ch if you checked box	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not is	18 is 2023 age 4
15 16 Se 17 18 19a b 20	Public support percentage for 2023 (lir Public support percentage for 2023 (lir Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage from 2021 (lir Public support percentage from 2022 Section D. Computation of Invests: Investment income percentage from 2021 (lir Public support tests—2023). If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. 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 Section A. All Supporting Organization (Section A. All Supporting Organization) (Section A. All Supporting O	Support Perce te 8, column (f) d Schedule A, Part II ment Income 23 (line 10c, colum 022 Schedule A, organization did r d stop here. The d e organization did and stop here. To on did not check a a box on line 12 o ctions A and C. If is A and D, and co ations organizations liste	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 If Part I. If you che you checked box omplete Part V.) ed by name in the	column (f))	(f))	15 16 17 18 133 1/3%, and I ation	ine 17	is not ind line ind line	18 is 2023 age 4 ked x
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	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 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.	4c		
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).	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		
_	Did the average ties averaged a growt long common ties and the average to a substantial contributes (defined in	0		
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).	7		
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 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		990)	2023
		•	•	
	Page 5			
Sche	dule A (Form 990) 2023		F	Page 5
Par	t IV Supporting Organizations (continued)			
			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		
ь	A family member of a person described on 11a above?	11b		
	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	11c		
Se	VI. ection B. Type I Supporting Organizations			
30	iction b. Type I Supporting Organizations		Yes	No
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.			
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 supported organization(s) that operated, supervised or controlled the supported 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		
	, and the second se			

					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	ions):		
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			
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		3b	- 000\	2022
			Schedule A	(FOIII	11 990)	2023
	Page 6					
Sched	lule A (Form 990) 2023				F	age 6
Par	t V 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				е	
	instructions. All other Type III non-functionally integrated supporting organiza	itions i			rant Vaa	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	
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 production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	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	1				
	tax year or assets held for part of year): Average monthly value of securities	1 1a				
	Average monthly cash balances	1b				
	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			
	• • • • • • • • • • • • • • • • • • • •	ie of columnity	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	, 0, 00.0	4			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u	inless subject to emergency	6			
Ū	temporary reduction (see instructions)	inless subject to enlergency	"			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	ntegrat	ed Type III sup		organization (see hedule A (Form 990) 2023
		——— Page 7 ———				
		rage /				
Caba	Hulo A (Form 000) 2022					
	dule A (Form 990) 2023	I 500/-)/2) C		(cor	tinuad	Page 7
	Type III Non-Functionally Integrated	1 509(a)(3) Supporting (organ	zations (cor	itiilueu	
Sec	tion D - Distributions					Current Year
1 .	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pui	poses of supported organization	ns		3	
4	Amounts paid to acquire exempt-use assets				4	
	·				_	
	Qualified set-aside amounts (prior IRS approval require	a - provide details in Part VI)			5	
6	Other distributions (<i>describe in Part VI</i>). See instruction	ns			6	
7 1	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respons	ive (<i>pro</i>	ovide	8	
	Distributable amount for 2023 from Section C, line 6				9	
	·					
10	ine 8 amount divided by Line 9 amount			(::)	10	/:::\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) Ierdistributioi Pre-2023	าร	(iii) Distributable Amount for 2023
1 [Pistributable amount for 2023 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI).					
	ee instructions. xcess distributions carryover, if any, to 2023:					
	From 2018					
<u></u>	From 2019					
С	From 2020		_			
	From 2021					
	From 2022					
	otal of lines 3a through e					
	Applied to underdistributions of prior years Applied to 2023 distributable amount					
	Carryover from 2018 not applied (see					
i	nstructions)					
i P	emainder, Subtract lines 3g, 3h, and 3i from line 3f.	ı l				

Distributions for 2023 from Section D, line 7:

₽	Í		
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:	ributions carryover to 2024. Add lines f line 7: 1 2019 1 2020 1 2021 1 2022 1 2023 1 2023 1 2023 1 2024. Add lines Page 8 Page 8 Page 8 Page 7 Page 8 Page 8		
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022	Form 2022		
e Excess from 2023			
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines D, lin	, 9b, 9c, 11a, 11b, and 1 ion E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, lines 1 and a and 3b; Part V, line 1; Part V, Sec	2; Part IV, Section C, line 1; ction B, line 1e; Part V
instructions).			
F	Facts And Circumstanc	es Test	
Return Reference		Explanation	
Netari Netarane		'	Schedule A (Form 990) 2023
Additional Data			Return to Form

efile Public Visual Render ObjectId: 202432639349300623 - Submission: 2024-09-19 TIN: 04-3348171 Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information. Internal Revenue Service **Employer identification number** Name of the organization PLANET AID INC 04-3348171 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization ↓ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation. 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

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|--|

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spors	ace is needed.	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE	,	\$ RESTRICTED	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Dogo 2		Schedule B (Form 990) (2023)
Schedule E	Page 3 ———————————————————————————————————		Page 3
Name of org PLANET AID	panization	Employer identification	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	04-3348171	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

	l			
-			\$_	
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
		———— Page 4		Schedule B (Form 990) (2023)
	B (Form 990) (2023)			Page 4
Name of or PLANET AID	ganization D INC			tification number
Part III	Exclusively religious, charitable, etc., contribution \$1,000 for the year from any one contributions completing Part III, enter the the year. (Enter this information once. See it Use duplicate copies of Part III if additional space.)	ibutor. Complete columns (a) thro total of exclusively religious, chainstructions.) \(\) \(\) \(\)	ough (e) and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
·	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Re	lationship of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, and Z		lationship of transferor to	transferee
(a)	(h) Purpose of gift	(c) Use of nift	(d) Descri	ntion of how aift is hold

Part I	(2) 1 2. p 2 2 2 3	(0) 000 01 g	(a) 2 comparent and give to more
. _			
_	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relations	ship of transferor to transferee
=			Schedule B (Form 990) (2023)

Additional Data Return to Form

efile Public Visual Render

ObjectId: 202432639349300623 - Submission: 2024-09-19

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

PLANET AID INC O4-3348171 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts.	ccounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	ccounts
(a) Donor advised funds (b) Funds and other a	ccounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes 🗆 No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	·
Preservation of land for public use (e.g., recreation or education)	ea
Protection of natural habitat Preservation of a certified historic structure	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
easement on the last day of the tax year. Held at the End of	the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located ▶	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	□ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during	the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the second s	year
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	□ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, prov 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, prov following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	

Sche	edule D	(Form 990) 2022											Page 2
Par	t III	Organizations Maintain	ing Collections	of Art, H	listori	cal Tr	easur	res, or	Other	Similar As	sets (continued	1)
3		the organization's acquisition, (check all that apply):	accession, and othe	r records,	check a	ny of t	he foll	owing t	hat are a	significant u	se of its	collectio	n
а		Public exhibition			d		Loan c	or excha	ange prog	ırams			
b		Scholarly research			e		Other						
С		Preservation for future general	tions										
4	Provi Part 2	de a description of the organiza XIII.	tion's collections and	d explain h	now the	y furth	er the	organiz	ation's ex	empt purpos	se in		
5		ng the year, did the organization as to be sold to raise funds rathe									☐ Ye	es 🗆	No
Pa	rt IV	Escrow and Custodial A Complete if the organization line 21.		s" on Fori	m 990,	Part I	IV, line	e 9, or	reporte	d an amoui	nt on F	orm 990), Part X,
1a	Ic th	organization an agent, trustee	custodian or other	intormodi	iary for	contrib	utions	or othe	or accote	not			
Ia		ded on Form 990, Part X?									☐ Ye	es 🗆	No
b	If "Ye	es," explain the arrangement in	Part XIII and compl	ete the fol	llowing	table:		[A	mount		
c	Begir	nning balance							1c				
d	Addit	ions during the year							1d				
е	Distr	ibutions during the year							1e				
f	Endir	ng balance						.	1f				
2a	Did t	he organization include an amo	unt on Form 990, Pa	art X, line 2	21, for 6	escrow	or cus	todial a	ccount lia	bility?	☐ Ye	es 🗆	No
b	If "Ye	es," explain the arrangement in	Part XIII. Check her	e if the ex	planatio	on has	been p	rovided	d in Part >	(III			
Pa	rt V	Endowment Funds.											
		Complete if the organizati								1			
1.	Pogina	sing of year balance	(a) Curre	ent year	(b) Pi	ior year	. (6	c) Two y	ears back	(d) Three yea	irs back	(e) Four y	ears back
		ning of year balance	•										
		outions											
		vestment earnings, gains, and lo	osses										
		or scholarships											
е		expenditures for facilities ograms											
f	Admin	istrative expenses											
g	End of	year balance											
2 a		de the estimated percentage of d designated or quasi-endowme	•	d balance	(line 1g	, colun	nn (a))	held a	s:				
b	Perm	anent endowment 🕨											
С	Term	endowment 🕨											
	The p	percentages on lines 2a, 2b, and		00%.									
3а		here endowment funds not in thization by:	ne possession of the	organizati	ion that	are he	eld and	admini	istered fo	r the		Ye	s No
	. ,	nrelated organizations										a(i)	
_	• •	Related organizations										a(ii)	
b		es" on 3a(ii), are the related org		•			•					3b	
4		ribe in Part XIII the intended us		on's endow	vinent i	unas.							
Ра	rt VI	Land, Buildings, and Eq Complete if the organizati		s" on Fori	m 990.	Part I	IV. line	e 11a.	See For	m 990. Par	t X. lin	e 10.	
	Descr		Cost or other basis (investment)							lepreciation		d) Book va	ilue
1a	Land					250	0,000						250,000
b	Buildin	igs				5,288	8,598			2,669,032			2,619,566
		nold improvements				606	6,355			332,692			273,663
		nent				5,519	9,739			3,002,475			2,517,264
						18,26	5,742			16,918,192			1,347,550
		lines 1a through 1e. (Column (d) must equal Form	990, Part	X, colui	тп (B),	, line 1	0(c).)		>			7,008,043

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV	line 11h See For	rm 990 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation: c or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	•		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠		
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			(b) Book value
(1)SECURITY DEPOSIT (2)CONSTRUCTION IN PROCESS			123,06 812,88
(3)RIGHT-OF-USE ASSETS - OPERATING			6,006,02
(4)RIGHT-OF-USE ASSETS - FINANCING			42,06
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			6,984,02
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	Part IV, I	ine 11e or 11f.S	ee Form 990, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes FINANCE LEASE LIABILITIES		-	43.67

PERATING LEASE LIABILITIES					6,212,846
al. (Column (b) must equal Form 990, Part X, col.(B) line 2	25.)			•	6,256,522
iability for uncertain tax positions. In Part XIII, pr			•		•
anization's liability for uncertain tax positions unde	er FIN 48 (ASC 740). Check he	ere if the	text of the footnote has		
				Schedule	D (Form 990) 2022
	————— Page 4 —				
-dula D (Farra 000) 2022					
edule D (Form 990) 2022					Page 4
Reconciliation of Revenue per A Complete if the organization answer				eturn.	
Total revenue, gains, and other support per aud	,			1	42,911,812
Amounts included on line 1 but not on Form 99				-	42,911,612
	•	1 -	Ī		
Net unrealized gains (losses) on investments		2a		_	
Donated services and use of facilities		2b		_	
Recoveries of prior year grants		2c			
Other (Describe in Part XIII.)		2d			
Add lines 2a through 2d				2e	0
Subtract line 2e from line 1				3	42,911,812
Amounts included on Form 990, Part VIII, line 1	12, but not on line 1:				
Investment expenses not included on Form 990		4a			
Other (Describe in Part XIII.)		4b	-49,226	-	
Add lines 4a and 4b			, , , , , , , , , , , , , , , , , , ,	4c	-49,226
Total revenue. Add lines 3 and 4c . (This must e				5	42,862,586
rt XII Reconciliation of Expenses per					42,002,300
Complete if the organization answer				Ketuiii.	
Total expenses and losses per audited financial				1	37,899,834
Amounts included on line 1 but not on Form 99	O. Part IX. line 25:				· ·
Donated services and use of facilities		2a			
Prior year adjustments		2b		_	
Other losses		2c		-	
			40.226	-	
Other (Describe in Part XIII.)		2d	49,226	-	
Add lines 2a through 2d				2e	49,226
Subtract line 2e from line 1				3	37,850,608
Amounts included on Form 990, Part IX, line 25	, but not on line 1:				
Investment expenses not included on Form 990), Part VIII, line 7b	4a			
Other (Describe in Part XIII.)		4b			
Add lines 4a and 4b				4c	0
Total expenses. Add lines 3 and 4c. (This must	equal Form 990, Part I, line 1	8.) .		5	37,850,608
art XIII Supplemental Information					
ovide the descriptions required for Part II, lines 3,	5 and 0: Part III lines 1a an	d 4: Par	t IV lines 1h and 2h: Part	- V lino 4: Pa	art V lino 2: Part VI
es 2d and 4b; and Part XII, lines 2d and 4b. Also				L V, IIIIE 4, Po	III A, IIIIE Z, Pait AI,
Return Reference		•	Explanation		-
T X, LINE 2:	THE ORGANIZATION ACC	OLINITO	<u> </u>	COME TAVES	IN ACCODDANCE WITH
I A, LINE Z.	TOPIC, INCOME TAXES. T POSITIONS AND PRESCR THE FINANCIAL STATEME	HIS STA IBES A F NT REG	INDARD CLARIFIES THE A RECOGNITION THRESHOL ARDING A TAX POSITION	ACCOUNTING LD AND MEAS TAKEN OR E	G FOR UNCERTAINTY IN SUREMENT ATTRIBUTE EXPECTED TO BE TAKEN
	TAX RETURN. THE ORGAN POSITIONS WHICH QUAL				
	STATEMENTS AT DECEMB	ER 31, 2	2023. THE ORGANIZATIO	N'S INFORM	ATION RETURNS ARE
T VI LINE AD OTHER ADMICTMENTS	SUBJECT TO EXAMINATION		1E FEDERAL AND STATE J	UKISDICTIO	NS.
RT XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSE -49,226				
RT XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE 49,226				

Additional Data Return to Form

efile Public Visual Render ObjectId: 202432639349300623 - Submission: 2024-09-19 SCHEDULE F

TIN: 04-3348171

OMB No. 1545-0047

2023

(Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ 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 04-3348171 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) is (a) Region **(b)** Number of offices in the region (c) Number of (d) Activities conducted in (f) Total expenditures employees, agents, and independent contractors in the region (by type) (such as, fundraising, program services, investments, grants a program service, describe specific type of service(s) in the region for and investments in the region region to recipients located in the region)

Statement of Activities Outside the United States

3a Sub-total b Total from continuation sheets to Part I . c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2023

Page 2 —

Schedule F (Form 990) 2023 Page 2 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)		(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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			WIRE TRANSFER	63,621	COMPUTERS AT COST	COST
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	DEVELOPMENTAL AID		WIRE TRANSFER	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	DEVELOPMENTAL AID	196,183	WIRE TRANSFER	0		

										-
2 Enter total number of exempt by the IRS, or3 Enter total number of	for which the grai	ntee or counsel has	provided a secti	on 501(c)(3) equi	valency lette					11
5 Litter total number of	other organization	is of endices	<u> </u>		<u></u>				Schedule	F (Form 990) 2023
				——— Page 3 —						
Schedule F (Form 990) 2023 Part III Grants and	Other Assistan	ce to Individuals	Outside the U	Jnited States. C	Complete if t	the organizat	ion answe	ered "Yes" on	Form 990,	Page 3 Part IV, line 16.
Part III can (a) Type of grant or assistan		dditional space is r	needed.	f (e) Manne	r of cash	(f) Amount	of	(g) Description	on I	(h) Method of
	.,,,,,	recipients	cash grant	disburse		noncash assistance		of noncash assistance		valuation (book, FMV, appraisal, other)
	·			L	<u> </u>		l		Schedule	F (Form 990) 2023
C. I. I. I. E. (E				——— Page 4 —						
Part IV Foreign Foreig	ns						Page 4			
1 Was the organization a organization may be re Instructions for Form 9	equired to file Form 9	26, Return by a U.S. T	ransferor of Prope	rty to a Foreign Corp	ooration (see	Yes	✓ No			
2 Did the organization had to separately file Form Gifts, and/or Form 352	3520, Annual Returr 0-A, Annual Informa	n to Report Transaction tion Return of Foreign	s with Foreign Tru Trust With a U.S. (sts and Receipt of C Owner (see Instructi	ertain Foreign ons for Forms					
3520 and 3520-A; don 3 Did the organization hamay be required to file	ave an ownership into Form 5471, Informa	erest in a foreign corpo ation Return of U.S. Pel	ration during the t rsons with Respect	tax year? If "Yes," th to Certain Foreign (ne organizatior Corporations.	_	✓ No			
(see Instructions for Formal 4 Was the organization a fund during the tax years)	direct or indirect shar? If "Yes," the orga	areholder of a passive	foreign investment ed to file Form 862	t company or a quali 21, Information Retu	fied electing urn by a	Yes	✓ No			
Shareholder of a Passi 5 Did the organization has may be required to file	ave an ownership into	erest in a foreign partn	ership during the t	tax year? <i>If "Yes," th</i>	ne organization	☐ Yes	✓ No			
Instructions for Form 8 6 Did the organization has organization may be re	865)	or related to any boyo	cotting countries di		f "Yes," the	Yes	✓ No			
5713; don't file with Fo						Yes	✓ No	:		
						le F (Form 990	0) 2023			
Schedule F (Form 990) 2023				——— Page 5 —			Page 5			
Part V Supplement	al Information formation required	d by Part I, line 2 (m	nonitoring of fun	ds); Part I, line 3.	column (f)	(accounting m				
amounts of in method); and	vestments vs. exp	enditures per region c) (estimated numb	n); Part II, line 1	(accounting met	hod); Part ÍI	Ì (accounting	•			
ReturnReference				Explanation						

PART I, LINE 2:	INE ORGANIZATION USES SEVERAL MELHODS TO MONITOR GRANTS MADE OUTSIDE THE U.S. INCLUDING: RECEIVING PERIODIC OPERATIONAL AND FINANCIAL REPORTS, RECEIVING THE RESULTS OF INDEPENDENT AUDITS FROM LICENSED, INTERNATIONAL, INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON PROGRAM OPERATIONS AND MAKING ON-SITE VISITS.
PART I, LINE 3:	EXPENDITURES ARE ACCOUNTED FOR ON THE ACCRUAL BASIS.
•	
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Additional Data

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. Employer identification number PLANET AID INC 04-3348171 **General Information on Grants and Assistance** Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(g) Description of organization (book, FMV, appraisal, other) (if applicable) noncash assistance or assistance or government (1) VEHICLES FOR CHANGE 4111 WASHINGTON BOULEVARD HALETHORPE, MD 20707 TO SUPPORT LOCAL 25,000 54-1933692 501(C)(3) ORGINIZATIONS THA SUPPORT THOSE IN NEED (2) COMMUNITY ECOLOGY TO SUPPORT LOCAL 81-0954815 501(C)(3) 25,000 ORGINIZATIONS THAT INSTITUTE 8000 HARRIET TUBMAN LANE SUPPORT THOSE IN COLUMBIA, MD 21044 (3) LAUREL ADVOCACY AND REFERRAL SERVICES 311 LAUREL AVENUE 52-1537336 501(C)(3) 25,000 0 TO SUPPORT LOCAL ORGINIZATIONS THAT SUPPORT THOSE IN LAUREL, MD 20707 NEED TO SUPPORT LOCAL ORGINIZATIONS THAT (4) NORRIS SQUARE NEIGHBORHOOD PROJECT 23-2045157 501(C)(3) 25,000 2141 N HOWARD ST SUPPORT THOSE IN PHILADELPHIA, PA 19122 NEED TO SUPPORT (5) WORLD CENTRAL KITCHEN 27-3521132 501(C)(3) 10,000 ORGINIZATIONS THAT SUPPORT THOSE IN 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001 NEED TO SUPPORT (6) THE CLINTON FOUNDATION 31-1580204 501(C)(3) 6,680 55 WEST 125TH ST ORGINIZATIONS THAT NEW YORK, NY 10027 SUPPORT THOSE IN 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table • 6 Enter total number of other organizations listed in the line 1 table Schedule I (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Page 2 -Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (f) Description of noncash assistance recipients cash grant noncash assistance (1) (2) (3) (4) (5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference PART I, LINE 2: REGULAR MEETINGS ARE HELD WITH EACH GRANT RECIPIENT TO DISCUSS THE PROGRESS OF THE MISSION AND TO REVIEW THE FINANCIAL IMPACTS. AT THE END OF THE GRANT PERIOD, A FINAL REPORT IS SUBMITTED BY THE RECIPIENT OUTLINING HOW THE MONEY WAS SPENT AND WHAT WAS ACHIEVED BY THE MISSION Schedule I (Form 990) 2023

Additional Data Return to Form

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Compensation Information

OMB No. 1545-0047

TIN: 04-3348171

Open to Public

Page 2

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

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Employer identification number

	me of the organization NET AID INC Employer ident	ification nu	ımber	
PLAI	04-3348171			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	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.			
	First-class or charter travel Housing allowance or residence for personal use			İ
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			İ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			İ
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	. 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			İ
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			İ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or related organization:	or a		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	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.			
5	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:			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			İ
6	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:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	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
8	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 in Part III .	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section $53.4958-6(c)$?			
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Sched	ule J (Form	990)	2023

— Page 2 —

Schedule J (Form 990) 2023

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 total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		of W-2, 1099-MIS and/or 1099-NEC		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 JAMES R DUCKWORTH CFO	(i)	183,185	1,770	0	372	23,631	208,958	0
	(ii)	0	0	0	0	0	0	
2 FRED OLSSON PRESIDENT, CEO, DIRECTOR	(i)	155,844	5,082	0	139	8,059	169,124	0
	(ii)	0	0	0	0	0	0	0

			İ	İ	İ	I	İ	<u> </u>	1
					•	•		Schedule J (F	orm 990) 2023
			P	age 3					
Schedule J (Form 990) 2023									Page 3
Part III Supplemental Inform					10 16 0	77. 41		119: 1: 6	
Provide the information, explanation, o Return Reference	r descriptions required for Part I, lines	1a, 1	lb, 3, 4a, 4b, 4c, 5		and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
	L				-			Schedule J (F	orm 990) 2023
							`	schedule 3 (F	Jim 990) 2023

Additional Data Return to Form

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TIN: 04-3348171

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

2023

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
PLANET AID INC

Employer identification number
04-3348171

ra	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 do noncash contrib	etermin		S
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		4,703	AVERAGE SALES PRI	CE		
5	Clothing and household goods	Х		35,307,209	AVERAGE SALES PRI	CE		
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC,							
12	or trust interests	-						
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 .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
25	Other ▶ ()							
	Other ▶ ()							
	Other ▶ ()							
	Other ▶ ()							
29	Number of Forms 8283 received by t for which the organization completed				29			
			. ,	•	I	1	Yes	No
30a	During the year, did the organization hold for at least three years from th purposes for the entire holding period	e date of th					163	
b	If "Yes," describe the arrangement in	n Part II.				30a		No
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	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prope	erty for which column (a) is	checked,			

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Cat. No. 51227J

Schedule M (Form 990) (2023)

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) (2023)

Additional Data

Return to Form

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

2023

Open to Public

Name of the organization PLANET AID INC

Employer identification number

04-3348171

Return	Explanation
Reference	
	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, 2023.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

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