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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

A F	or the	2009 calen	dar yea		-01-2009 and ending 12-31-2009	9	• B. F!	Alf - Al
			ease	C Name of organization PLANET AID INC			D Employer idei	ntification number
☐ Ad	dress cl	nange	e IRS oel or	Doing Business As			04-334817: E Telephone nu	
∏ Na	me cha	ange pri	int or pe. See	Doing business As				
┌ In	ıtıal retu	ırn Sp	ecific		oox if mail is not delivered to street addre	ss) Room/suite	(508) 893-0	
Гте	mınate	ed tio	struc- ons.	ONE CROSS STREET			G Gross receipts \$	5 36,368,234
┌ An	nended	return		City or town, state or country	, and ZIP + 4		1	
┌ Ap	plication	n pending		HOLLISTON, MA 01746				
			F Nan	ne and address of principa	lofficer	H(a) Is th	■ is a group return	for
			Fred OI				ates?	⊤Yes √ No
				ROSS STREET STON,MA 01746		H/h) Are a	II affiliatos includo	ed? Yes No
						I	II affiliates include	(see instructions)
I Ta	ax-exen	npt status 🔽	501(c))(3) ◄ (insert no)	(a)(1) or		up exemption nur	
J W	/ebsit	e:► WWW P	PLANET	AID ORG				
<u></u>	m of or	rangation 🔽	Corporat	tion Trust Association C	Othor No.	I Voor of fo	ormation 1997 M	State of legal domicile MA
	ni oi oi irt I			lion Trust Association C	other F	L rear or ic	ormation 1997 M	State of legal domicile MA
			•	e organization's mission o	r most significant activities			
		PROTECTI	ONOF	NATURAL HABITAT BY	COLLECTING AND RECYCLING			
ų.				AL WASTE FACILITIES A , TEACHER TRAINING, A	ND SUPPORTING INTERNATION ND DEVELOPMENT	IAL AID PRO	GRAMS IN THE	AREAS OF HEALTH,
Ě		IIIV EDGE	ATION	, TEACHER TRAINING, A	ND DEVELOT FIENT			
Ĕ								
Governance								
	2		,		ntinued its operations or disposed			
Activities &	3		=		body (Part VI, line 1a)			6
Ĕ	4				e governing body (Part VI, line 1b)		5
ŧ	5			nployees (Part V, line 2a)			5	384
đ,	6			olunteers (estimate if nece			6	1
					Part VIII, column (C), line 12 .	•		28,649
	b	Net unrelat	ted busi	ness taxable income from	Form 990-T, line 34		7Ь	- 57 5
						Pric	or Year	Current Year
a)	8				1)		25,910,691	25,317,182
ìЦ	9				3)		14,546,015	10,654,488
Rayenue	10				lines 3, 4, and 7d)		51,673	34,791
	11		•	, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e)		56,743	353,822
	12				st equal Part VIII, column (A), line	e	40,565,122	36,360,283
	13				olumn (A), lines 1-3)		16,379,147	14,267,566
	14	Benefits p	aid to o	or for members (Part IX, co	lumn (A), line 4)			0
	15	Salaries, o	otherco	ompensation, employee be	nefits (Part IX, column (A), lines 5	5-		_
8		10)					7,559,056	7,895,292
Expenses	16a	Profession	nal fund	raising fees (Part IX, colu	mn (A), line 11e)			0
Ä	b	Total fundra	iising exp	enses (Part IX, column (D), line	25) • 4,080,070			
	17	Otherexp	enses ((Part IX, column (A), lines	11a-11d, 11f-24f)		15,641,969	13,792,625
	18	-			ual Part IX, column (A), line 25)		39,580,172	35,955,483
	19	Revenue I	ess exp	penses Subtract line 18 fr	om line 12		984,950	404,800
80						_	g of Current	End of Year
Net Assets or Fund Balances	20	Total	ate /Da-	rt X, line 16)		,	fear 14,875,767	12 451 205
AS.	21						11,388,038	12,451,205 8,558,676
25. 25.	22		-	d balances Subtract line 2			3,487,729	3,892,529
	rt III				20		3,407,723	3,032,323
		_			nined this return, including accompanying	schedules and s	statements, and to th	ne best of my knowledge
					on of preparer (other than officer) is base			
C:	_							_
Sig:		****** Signature	e of office	<u> </u>		2010- Date	-06-18	
	•	[Jato		
				al Manager le and title				
		<u> </u>			Date	Check If	Preparer's identify	ving number
n-: '		Preparer's signature) JEFFRI	EY CICOLINI CPA	5	self-	Preparer's identify (see instructions)	
Paid						empolyed 🕨 🦵		
•	arer's	Firm's name if self-emplo		ALEXANDER ARONSON FINI	VING & CO PC		EIN Þ	
use	Only	address, and		21 EAST MAIN STREET				
		<u> </u>		WESTBORO, MA 01581			Phone no 🕨 (50	08) 366-9100
Мау	the IR	RS discuss th	hıs retu	·	above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Support and implement development projects worldwide including but not limited to schools, clinics, mini banking, farming and small scale industry. Serve victims of hunger, war, and natural disasters. Conduct programs to protect the Natural Habitat of the Earth. Serve the general public, establish educational facilities for the training of personnel and volunteers. Produce and distribute informative materials to the public containing basic knowledge as well as specific information about the above-mentioned activities.

4e	Total program service expe	nses ► \$	29,382,23	2		
	(Expenses \$	ınclu	ding grants of	f \$) (Revenue \$)
4d	Other program services (D	escribe in Sche	dule O)			
		project experience	ın Áfrıca Planet		non-profit management 2 young education programs in cooperation	
4c	(Code) (Expenses \$	264,535	ıncludıng grants of \$) (Revenue \$)
	space and reusing already manuf	factured clothing and one pound of clothe	l other textile sa es saves on avei	ives millions of gallons of w	om Maine to California Collecting ater and reduces the use of fertiliz 9, Planet Aid saved 360 million po	er and pesticides (in cotton
4b	(Code) (Expenses \$	14,484,287	ıncludıng grants of \$	95,653) (Revenue \$	208,590)
та	In 2009 Planet Aid continued with programs in 16 countries Botswa aid and community development farming Malawi Organization and Organization and training of smal South Africa HIV/AIDS education community development Zimbab and food aid India Training of community development, malariand orphans Brazil Child aid and	n its support to orgaina Support for peologic, computer equipmed training of small-subscale farmers, eduland prevention, chiwe Support for peolounteers, communical program, organiza community develogica.	nizations and corple with HIV and the Guinea Bissal cale farmers, edication of primarild aid and commonle with HIV and the Guine and training the Guinean HIV Belize C	mmunities in Southern Africa AIDS orphans, child aid and a A program helping farme ucation of primary school te y school teachers, HIV/AIDS nunity development Zambia d AIDS orphans, child aid an , HIV/AIDS prevention, envi of small scale farmers, HIV hild aid and community dev	a, Asia and Latin America Planet A community development, compires move from subsistence farming fachers, HIV/AIDS education and prevention, child a Support for people with HIV and d community development, vocal ronmental programs China Trainity and prevention, sizelopment Ecuador Child aid and all training Nambia HIV/AIDS educations.	and supported a total of 39 uter equipment DR Congo Child towards commercial, surplus arevention Mozambique and and cummunity development AIDS orphans, child aid and clonal training, training of farmering of volunteers, child aid, upport for people with HIV/aids community development Laos
4a	(Code) (Expenses \$	14,633,410	ıncludıng grants of \$	14,171,913) (Revenue \$	10,605,703)
4	Describe the exempt purpos Section 501(c)(3) and 501(allocations to others, the to	c)(4) organizatio	ns and section	on 4947(a)(1) trusts a	re required to report the am	
	If "Yes," describe these cha	nges on Schedul	e O			
3	Did the organization cease of services?	onducting, or ma	ake sıgnıfıcar	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these new	services on Sch	nedule O			
	the prior Form 990 or 990-E	Z?				┌ Yes ┌ No

Part IV	Chec	klist	of	Red	ıuire	b	Sch	ed	ule	2 9
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IR	S Filings and	Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in 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?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►MZ, MI See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	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			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

holliston, MA 01746 (508) 893-0644

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
3	other officer, director, trustee, or key employee?	2		N o
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was	3		No
4	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		Yes	N-
100	Does the organization have local chapters, branches, or affiliates?	10a	res	No No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	IVA		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	ı		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►MA, CA, CT, DC, DE, IA, KS, MD, M NE, NH, NJ, NY, OH, RI, VA, VT, W TX			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Thomas Meehan one cross street	e orga	nızatıor	n -

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Commend Comm	Check this box if the organization did h	T Compens	ate any	Cull	ent c	,, 10	illiel o	mee	, unector, trustee c	or key employee	
Neek		A verage hours		tion (ched		II		Reportable compensation	Reportable compensation	Estimated amount of other
President & Divisional M 40 00			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
Treasurer 1 00 X X 0 0 0 David Hastings 1 00 X 0 0 0 0 Mikael Norling 1 00 X X X 0 0 0 Chairman 1 00 X X 0 0 0 0 Clifford Reeves 1 00 X 0 0 0 0 0 Eva Nielson 1 00 X 0 0 0 0 0 Director 1 00 X 0 0 0 0 0 Fred Olsson 40 00 X 0 0 0 0 0 Tom Meehan 40 00 X 0 0 0 0 0	President & Divisional M	40 00	х		х				96,908	0	0
Director 1 00 X X 0 0 0 Mikael Norling Chairman 1 00 X X X 0 0 0 Clifford Reeves Director 1 00 X 0 0 0 0 0 Eva Nielson Director 1 00 X 0 0 0 0 0 Fred Olsson Clerk & General Manager 40 00 X X 93,375 0 0 Tom Meehan 40 00 X X 104 424 0 0	Treasurer	1 00	х		х				0	0	0
Chairman 1 00 X X 0 0 0 Clifford Reeves Director 1 00 X 0		1 00	х						0	0	0
Director 1 00 X 0 0 0 Eva Nielson Director 1 00 X 0 0 0 0 Fred Olsson Clerk & General Manager 40 00 X X 93,375 0 0 Tom Meehan 40 00 X X 104 424 0 0	Chairman	1 00	Х		Х				0	0	0
Director 1 00 X 0 0 0 Fred Olsson 40 00 X 93,375 0 0 Clerk & General Manager 40 00 X 0 0 0 Tom Meehan 40 00 X 0 0 0 0		1 00	х						0	0	0
Clerk & General Manager 40 00 A 93,375 0 0 Tom Meehan 40 00 Y 104,424 0 0	Director	1 00	х						0	0	0
	Clerk & General Manager	40 00			х				93,375	0	0
		40 00			х				104,424	0	0

1b Total .									 -	294,707	0	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JP Transports 826 E Hortter Street Philadelphia, PA 19119	Transportation provider	153,455
Admilson V Delilo 22 MARGIN STREET Lawrence, MA 01841	Transportation provider	120,747
Dawn M Simons RR3 Box 3160 Saylorsburg, PA 18353	Transportation provider	107,514
Divalda Jardim Lopes Jr 66 Sylvan Dr Dover, NH 03820	Transportation provider	100,697
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►4) who received more than	

Page 8

Form 99		•	f. D					Page 9
Part	/111	Statement of	от кечепие		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts T	1a	Federated cam	paigns 1a					
g E E	Ь	Membership du	es 1b					
ts, aπ	C	Fundraising eve						
<u></u>	d	Related organizations 1d Government grants (contributions) 1e						
ons sin	e •	_	ons, gifts, grants, and 1f	25,317,182				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
Cont	h	lines 1a-1f \$ _ Total. Add lines	5,309,640 s 1a-1f	▶	25,317,182			
<u> </u>				Business Code				
ven	2a	FEES AND CONTRA		624,200	10,625,839	10,625,839		
<u>æ</u>	Ь	Sales of Inventory		448,000	28,649		28,649	
¥IC.	C							
Š	d							
Program Service Revenue	e f	All other progra	am service revenue					
ું. •	•							
	g 3		s 2a-2f		10,654,488			
			ome (including dividend ar amounts)	· · · · · · · · · · · · · · · · · · ·	27,290			27,290
	4		stment of tax-exempt bond p	-				
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther 15,452				
	ь	Less cost or other basis and sales expenses		7,951				
	c	Gain or (loss)		7,501				
	d		ss)		7,501			7,501
Ju e	8a	Gross income f events (not inc \$	rom fundraising luding					
Other Revenue		of contributions	s reported on line 1c) ne 18					
her	ь	Less directex	penses b					
ŏ	С		(loss) from fundraising e	events 🕨				
	9a		rom gaming activities ne 19 a					
	b c		penses b	utias b -				
	-	Gross sales of returns and allo	ınventory, less	vicies				
	ь		a oods sold b					
	С		ı loss) from sales of ınve)	ntory ►				
		Mıscellaneou		Business Code				
	l _	Other Revenue		900,099	180,416	180,416		
	b	FOREIGN CUR		900,099	145,232	145,232		
	c	LEASE INCOM		532,000	28,174	28,174		
	d	All other reven	L					
		Total. Add lines			353,822			
	12	Total revenue.	See Instructions	. •	36,360,283	10,979,661	28,649	34,791

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
			(B), (C), and	(D).	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	95,653	95,653					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	14,171,913	14,171,913					
4	Benefits paid to or for members			1				
5	Compensation of current officers, directors, trustees, and key employees	292,884	24,494	268,390				
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	6,188,771	4,410,325	489,210	1,289,236			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits	817,250	562,247	91,339	163,664			
10	Payroll taxes	596,387	408,306	69,366	118,715			
11	Fees for services (non-employees)							
а	Management							
b	Legal	232,623	17,711	214,912				
c	Accounting	136,518	27,721	108,797				
d	Lobbying	30,209	30,209					
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	366,057	160,332	33,504	172,221			
12	Advertising and promotion	14,265	14,265					
13	Office expenses	523,750	436,656	75,290	11,804			
14	Information technology							
15	Royalties							
16	Occupancy	1,272,744	1,197,838	60,464	14,442			
17	Travel	161,022	146,076	11,651	3,295			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	275,838	72,322	34,004	169,512			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	945,700	83,552	108,365	753,783			
23	Insurance	169,474	169,474					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	Clothing Collection and	6,011,540	4,833,811		1,177,729			
Ь	Sales Commissions	1,207,382	1,207,382					
С	Shipping and Bailing	1,064,809	1,064,809					
d	Membership fees	927,854		927,854				
e	Repairs and Maintenance	440,637	239,916		200,721			
f	All other expenses	12,203	7,220	35	4,948			
25	Total functional expenses. Add lines 1 through 24f	35,955,483	29,382,232	2,493,181	4,080,070			
26	Joint costs. Check here ► ☐ If following SOP 98-2	, ==,=2=	, ==,===	, -,	, ,			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			2,903,101	1	4,237,507		
	2	Savings and temporary cash investments			431,605		56,534		
	3	Pledges and grants receivable, net	•		101,000	3			
	4	Accounts receivable, net	•		5,163,084		2,694,693		
	5	Receivables from current and former officers, directors, trustees	· kav	amployees and	5,100,001	- 	2,001,000		
		highest compensated employees Complete Part II of	, KE y	employees, and					
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and					
		Schedule L				6			
ssets	7	Notes and loans receivable, net	lotes and loans receivable, net						
8	8	Inventories for sale or use		830,854	8	381,430			
₹	9	Prepaid expenses and deferred charges			265,010	9	383,233		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	8,904,309					
	ь	Less accumulated depreciation	10b	4,336,920	5,140,517	10c	4,567,389		
	11	Investments—publicly traded securities				11			
	12	Investments—other securities See Part IV, line 11		12					
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			141,596	15	130,419		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,875,767	16	12,451,205		
	17	Accounts payable and accrued expenses .	1,538,159	17	1,116,340				
	18	Grants payable		18					
	19	Deferred revenue			6,412,006	19	5,374,419		
	20	Tax-exempt bond liabilities				20			
<u> ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third parties			748,739	23	319,812		
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities Complete Part X of Schedule D			2,689,134	25	1,748,105		
	26	Total liabilities. Add lines 17 through 25			11,388,038	26	8,558,676		
Ŋ		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27					
9		through 29, and lines 33 and 34.							
Fund Balance	27	Unrestricted net assets			3,487,729		3,892,529		
ä	28	Temporarily restricted net assets				28			
Ē	29	Permanently restricted net assets			29				
Ŧ		Organizations that do not follow SFAS 117, check here ► an	d com	plete					
ō		lines 30 through 34.				_			
Assets	30	Capital stock or trust principal, or current funds				30			
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	nas		2 497 700	32	2 902 520		
Net	33	Total labelities and set seems (find belones			3,487,729		3,892,529		
	34	Total liabilities and net assets/fund balances	14,875,767	34	12,451,205				

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

PLANET AID INC 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	(Complete only if yo	ou checked the	box on line 5,	, or 8 of Part 1	1.)			
	ection A. Public Support endar year (orfiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,906,76	1 2,895,552	7,491,689			5,309,640	63,508,584
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit							
4	to the organization without charge Total. Add lines 1 through 3	1,906,76	1 2,895,552	7,491,689	25,904,942	25	,309,640	63,508,584
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							63,508,584
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	1,906,761	19,095	7,491,689	25,904,942	25,	,309,640	63,508,584
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	10	19,095	64,456	29,927		27,290	140,778
9	Net income from unrelated business activities, whether or not the business is regularly carried on			2,179			-575	1,604
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	7,511	23,761	139,579	56,743		353,822	581,416
L1	Total support (Add lines 7 through 10)							64,232,382
L2	Gross receipts from related activit	ies, etc (See ins	tructions)			12		74,575,716
L3 	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul			, thırd, fourth, or f	fifth tax year as a	501(c)(3) organız	ation, ▶┌
14	Public Support Percentage for 200			11 column (f))		14		98 870 %
L 5	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15		99 680 %
L6a	33 1/3% support test—2009. If the				line 14 is 33 1/3%	or more	, check th	his box
	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported.							
ь	organization 10%-facts-and-circumstances test	—2008. If the ord	janization did not o	:heck a box on lir	ne 13, 16a, 16b. o	r 17a an	d line	>
	15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	nization meets thation meets the "	ne "facts and circu facts and circums	mstances" test, cances" test The	check this box and organization qual	d stop he ifies as a	e re. a publicly	► □
18	Private Foundation If the organizations	tion did not checl	k a box on line 13,	16a, 16b, 17a o	r 1 / b, check this	box and s	3 e e	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493173007050

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

Open to Public Inspection

If the organization answe	ered "Yes," to Form	990, Part IV, Line 3,	or Form 990-EZ, F	Part VI, line 46 (Political	Campaign Activities),
then					

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Sec	ction 527 organizations. Complete	e Part I-A only						
lf the	e organization answered "Ye	s," to Form 990, Part IV, Line 4, or	Form 990-EZ, Pai	rt VI, line 47 (Lobb	ying /	4ctivi	ties), then	ì
 Sec 	ction 501(c)(3) organizations that	t have filed Form 5768 (election under s	section 501(h)) Co	mplete Part II-A Do	not co	mplete	Part II-B	
		t have NOT filed Form 5768 (election ur						
lf the	e organization answered "Ye	s," to Form 990, Part IV, Line 5 (Pro	oxy Tax) or Form	990-EZ, line 35a (ı	regard	ding լ	proxy tax).	, then
Sec	etion 501(c)(4), (5), or (6) organi	zations Complete Part III						
	me of the organization			Employe	ar iden	tıfıcat	tion numbe	r
PLAI	NET AID INC			04-334	0171			
Dari	T-A Complete if the or	ganization is exempt under s	section 501(c)			ora	anizatio	
. G.	complete if the or	gamzation is exempt under s	Section Sol(c)	or is a section	1 327	<u> </u>	<u>u 1112 u 110 i</u>	
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign activ	ities in Part IV				
2	Political expenditures			ı	-	\$		
3	V olunteer hours							
Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)	(3).				
1	Enter the amount of any excise	e tax incurred by the organization und	er section 4955		-	\$		
2	Enter the amount of any excise	e tax incurred by organization manage	rs under section	4955	>	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720	O for this year?				☐ Yes	┌ No
4a	Was a correction made?						☐ Yes	☐ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c)	except section	n 501	L(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for sec	tion 527 exempt	function activities	•	\$		
2	Enter the amount of the filing o	rganization's funds contributed to oth	ier organizations f	or section 527				
	exempt funtion activities				•	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	nd on Form 1120	-POL, line 17b	-	\$		
4	Did the filing organization file F	Form 1120-POL for this year?					┌ Yes	
5	were made For each organizate contributions received that we	nd employer identification number (EI ion listed, enter the amount paid from re promptly and directly delivered to a littee (PAC) If additional space is ne	the filing organiza separate politica	ation's funds Also e al organization, suc	entert	he am	nount of pol	litical
	(a) Name	(b) Address	(c) EIN	(d) A mount paid	from	(e)	A mount of	political

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	art II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1									
f	Lobbying nontaxable amount Enter the amount f									
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 The lobbying nontaxable amount is: 20% of the amount on line 1e									
	Over \$500,000 but not over \$1,000,000	0								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$			00						
	Over \$17,000,000 \$1,000,000									
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

	•	· ·	
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 5768	<u>; </u>
	(election under	section 501(h)).	

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		30,209
j	Total lines 1c through 1i		•	30,209
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5), o	r section

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	Lynch & Associates, 1127 11th Street, Suite 610, Sacramento, CA 95814, was hired to assist Planet Aid in lobbying against Assembly Bill AB 2610 in the California State Assembly The bill outlined unreasonable requirements for the use of unattended collection boxes

1

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DLN: 93493173007050

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	Il Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.			Inspec	tion
	me of the organiz	zation		Emp	loyer identific	ation numb	er
PLA	NET AID INC			04-3	3348171		
Pa			dvised Funds or Other Similar F			s. Comple	te if the
	organiz	ation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		b) Funds and		
	Total number at	t and of year	(a) Donor advised funds	,	b) Fullus allu	other accou	11115
,		ributions to (during year)					
3		ts from (during year)					
Į.	Aggregate value						
5	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	or advi	sed	☐ Yes	
5	used only for ch	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	•		☐ Yes	┌ No
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part I	V, line 7.	
2	Preservation Preservation Complete lines	onservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year		ertifie	d historic stru	•	ea
					Held at th	e End of the	Year
а	Total number o	f conservation easements		2a			
b	Total acreage r	estricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
3		servation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organizatior	n during	
1	Number of state	es where property subject to conserva	ation easement is located ►				
5		nzation have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand	dling of	violations, an	√ Yes	┌ No
5			pecting and enforcing conservation easem				
,			ng, and enforcing conservation easements		; the year 🟲 \$		
3	170(h)(4)(B)(ı)	and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec			☐ Yes	☐ No
•	balance sheet,	-	onservation easements in its revenue and the footnote to the organization's financial nents	•			
ar			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Otl	ner Similar	Assets.	
La	art, historical ti	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch ın fu			e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i s			•	
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	uded in Form 990, Part X			► \$		
2	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items	or finan			
а	Revenues inclu	ided in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cai ire</u>	asu	res, or U	ine	r Similiar Ass	ets (c	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing th	at are	e a sıgnıfıca	nt u	se of its collection	n	
а	Public exhibition		d	Γ	Loan or	exch	hange progra	ams			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ further	the o	organization'	s ex	empt purpose ın		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Part	Part IV, line 9, or reported an an						n answered	I "Y	es" to Form 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributi	ons c	or other asse	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ıng ta	able		Г		A		
_									A mo	unt	
c d	Beginning balance							1c 1d			
e e	Additions during the year Distributions during the year						F	1a 1e			
f	<u> </u>							ıe 1f			
	Ending balance	000 Bart V III	. 212				<u> </u>	-1		. V	
	Did the organization include an amount on Fo		e ∠1 '						ı	Yes	No
ь Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n anc	wor	ad "Voc"	' to '	Form 000	Dar	t IV line 10		
Fal	Endowment Funds. Complete	(a)Current Year		Prior '			o Years Back			e) Four Y	ears Back
1a	Beginning of year balance					. ,		,		,	
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	%									
b	Permanent endowment 🕨 %										
c	Term endowment ► %										
	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat a	re held a	and a	dmınıstered	for	the		
	organization by								[a (1)	Yes	No
	(i) unrelated organizations			•				٠	3a(i)	+	
	(ii) related organizations				ule R?	•		• •	3b	<u>' </u>	<u> </u>
	Describe in Part XIV the intended uses of th	•				•		•			
	VI Investments—Land, Buildings	-				0. Pa	art X, line :	10.			
	<u> </u>	, ,			Cost or of		(b)Cost or ot		(c) Accumulated	(1) 5	
	Description of investment				is (investm		basis (othei		depreciation	(d) Bo	ook value
1 a L	and										
b B	Buildings										
c L	easehold improvements						10,	900	182		10,718
d E	quipment						762,	980	620,666		142,314
e 0)ther				_		8,130,	429	3,716,072	I	4,414,357
	. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>						<u> </u>				

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X. col.(B) line	15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	, , , , , .
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Capital Lease obligations	(, line 25. (b) A mount 1,649,747	

-61	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	36,360,283
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,955,483
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	404,800
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	(
10		10	404,800
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	36,946,965
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	-	30,540,503
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С.	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d	_	
е	Add lines 2a through 2d	2e	586,682
3	Subtract line 2e from line 1	3	36,360,283
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	36,360,283
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial	1	36,542,165
2	statements	+	
	Donated services and use of facilities		
a L			
Ь	,		
C	Other losses		
d	Other (Describe in Part XIV)	_	506.603
e	Add lines 2a through 2d	2e	586,682
3	Subtract line 2e from line 1	3	35,955,483
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV)		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4c	35,955,483

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		Uncertainty in Income Taxes The Organization adopted the standards for Accounting for Uncertainty in Income Taxes which require the Organization to report any uncertain tax positions, related interest and penalties, and to adjust its financial statements for the impact thereof As of December 31, 2009, the Organization determined that it had no tax positions that did not meet the "more likely than not" threshold of being sustained by the applicable tax authority. The Organization files income tax and information returns in the United States (Federal) and Massachusetts (state) jurisdictions. These returns are generally subject to examination by tax authorities for the last three years.

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DLN: 93493173007050

OMB No 1545-0047

SCHEDULE F (Form 990)

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

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

	al Revenue Service					Inspection
Nan	ne of the organization				Employer ide	entification number
PLA	NET AID INC				04-334817	1
P		ormation on Ac 990, Part IV, Iır		de the United States	s. Complete if the orgai	
1	For grantmakers. Do assistance, the gran	oes the organizates' eligibility fo	ation maintain r or the grants or	assistance, and the se	the amount of the grant lection criteria used to a	ward
2	•				ne use of grant funds outsid	. F Yes F No de the
3		IIse Schedule F-1	(Form 990) if add	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	for region
	3-SAHARAN AFRICA LAWI	1	367	PROGRAM SERVICES	ORGANIZATION AND TRAINING OF SMALL- SCALE FARMERS, EDUCATION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION	4,026,281
	3-SAHARAN AFRICA ZAMBIQUE	1	523	PROGRAM SERVICES	ORGANIZATION AND TRAINING OF SMALL- SCALE FARMERS, EDUCATION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION	6,178,083
	3-SAHARAN AFRICA IBABWE		8	PROGRAM SERVICES	FOOD AID IN SUPPORT OF PEOPLE WITH HIV AND AIDS, ORPHANS AND THEIR CAREGIVERS	152,411

10,356,775

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DEVELOPMENTAL AID	2,970,711	WIRE TRANSFER	45,672	CLOTHING AND COMPUTERS AT COST	COST
		CENTRAL AMERICA & CARRIBEAN	DEVELOPMENTAL AID	246,754	WIRE TRANSFER	0		
		SOUTH ASIA	DEVELOPMENTAL AID	93,060	WIRE TRANSFER	0		
		EAST ASIA	DEVELOPMENTAL AID	165,381	WIRE TRANSFER	0		
		SOUTH AMERICA	DEVELOPMENTAL AID	758,324	WIRE TRANSFER	0		
								_
			sted above that are ree					16
3 Enter total n	umber of other	organizations or er	itities				. ▶	16

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.						
Identifier	ReturnReference	Explanation				
Procedure for Monitoring Grants		Schedule F, Part I, Line 2 THE GOVERNING BOARD REVIEWS				
Outside the U S		ALL APPLICATIONS AND MAINTAINS RECORDS				
Method Used to Acccount for		Schedule F, Part I, Line 3 ACCRUAL				
Expenditures						
Schedule F, Part IV	O ther Information	PART I, LINE 2 PLANET AID USES SEVERAL METHODS TO MONITOR GRANTS MADE OUTSIDE THE US INCLUDING RECEIVING PERIODIC REPORTS, receiving INDEPENDENT AUDITS from licensed independent auditors AND MAKING ONSITE VISITS				

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Schedule I

(Form 990)

DLN: 93493173007050 OMB No 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

Open to Public **Inspection**

Department of the Treasury ► Attach to Form 990 Internal Revenue Service

	ne of the organization						Employer identifica	ition number
PLA	NET AID INC						04-3348171	
P	art I General Infor	mation on Grant	s and Assistance					
1 2	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the grants	or assistance?					✓ Yes
Pa	Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance

Schedule I	(Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information. Com	plete this part to provide the inforn	ation required in Part I, line 2, and a	ny other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Planet Aid uses several methods to monitor grants made in the U.S. including receiving periodic verbal reports and making onsite visits

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493173007050

OMB No 1545-0047

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

	f the organization					Employer identification	number
PLANET A	AID INC					04-3348171	
Part I	Excess Benefit Tran	sactions (sect	on 501(c)(3) a	and section 501 (
							10b
1	(a) Name of disqu	ialified person		(b) Descri	ption of tran	saction	(c) Corrected
							Yes No
	•	-	_	r disqualified person	s during the	yearunder \$ \$	
3 Ent	ter the amount of tax, if any,	on line 2, above,	reımbursed by th	ne organization		> \$	
Part I). Part IV. line 26. d	or Form 990	-E7. Part V. line 38a	
	oomplote it the organiz			<u> </u>		(f)	
(a) Nam	ne of interested person and	or from the	(c)O riginal	(1)5	(e) In		g) Written
		f tax imposed on the organization manals and or from Interested Person (b) Loan to person and or from the (c) Originary organization? principal a To From Interested person (b) Relationsh (c) Relationsh	rıncıpal amount	(d)Balance due	default?	by board or ag	greement?
		To From		•	Yes No	Yes No '	Yes No
			.	ı		1 1	
otal . Part II	Grants or Assistan	ce Benefitting	F \$	Persons			
art II	Complete if the organ	nization answer	ed "Yes" on Fo	rm 990, Part IV,	lıne 27.		
	(a) Name of interested perso	(b) R6		een interested perso	on.	mount of grant or type	of assistance
,	(a) Name of milerested perso	711	and the or	ganızatıon	(C)/-	mount of grant of type	Ji assistance
Part I							
	Complete if the organ			rm 990, Part IV,	line 28a, 2	.8b, or 28c.	
		hetweer		(c) A mount of			(e) Sharing of organization's
(a) Name of interested person	1		transaction	(d) Des	scription of transaction	revenues?
		orga	nızatıon				Yes No
11KA EL	NORLING	BOARD M	EMBER	927,85		fee based on formula to	No
						ble nonprofit hip organization where	
						o a director	
1IKA EL	NORLING	BOARD M	EMBER	273,33		to programs to another	
					charıtabl	e organization where he	

ıs also a dırector

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

	ne of the organization ET AID INC				Employer identificat	ion nu	mber	
PLAIN	LI AID INC				04-3348171			
Pā	rt I Types of Property				01 00 10 17 1			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	.,						
	goods	X		25,309,640	AVERAGE SALES F	RICE		
6	Cars and other vehicles							
	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl		=		29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	ed to be used			
	for exempt purposes for the enti					30a		No
Ŀ	If "Yes," describe the arrangeme	ent in Part :	II					
31	Does the organization have a gif					31		N o
32a	Does the organization hire or us			to solicit, process, or sell	non-cash			
	contributions?					32a		Νo
Ŀ	If "Yes," describe in Part II							1
33	If the organization did not report	revenues	in column (c) for a type of p	roperty for which column (a	a) is checked,			ĺ

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

As Filed Data -

DLN: 93493173007050

OMB No 1545-0047

B NO 1545-004

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization
PLANET AID INC

04-3348171

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The organization's governing body reads the form 990 and asks management and the independent accountants any questions they may have
Form 990, Part VI, Section B, line 12c		Full disclosure, by notice in writing, is made by the interested parties to the full Board of Directors in all conflicts of interest. Each board member, officer, staff member, and volunteer signs and dates the policy at the beginning of her/his term of service or employment. Failure to sign does not nullify the policy. The policy and disclosure form is filed annually by all specified parties.
Form 990, Part VI, Section B, line 15		An independent sub-set of the full board makes an annual review of annual performance, budget availability and available competitive compensation information to determine executive compensation
Form 990, Part VI, Section C, line 19		Tax returns are available on the Organization's website and third-party websites. Financial Statements are available in the annual report, which is on the Organization's website. All governing documents, as well as the tax return and financial statements are available upon request.
Form 990, Part XI, Line 2C		THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND REVIEW of THE FINANCIAL STATEMENTS, AS WELL AS THE SELECTION OF AN INDEPENDENT AUDITOR

Additional Data

Software ID:

Software Version:

EIN: 04-3348171

Name: PLANET AID INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Clothing Collection and	6,011,540	4,833,811		1,177,729
Sales Commissions	1,207,382	1,207,382		
Shipping and Bailing	1,064,809	1,064,809		
Membership fees	927,854		927,854	
Repairs and Maintenance	440,637	239,916		200,721