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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the :	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				
B Che	eck ıf a	pplicable	C Name of organization PLANET AID INC		D Empl	oyer	identification number
Add		_	Doing Business As		04-3	348	171
☐ Nar	ne cha	nge	Dolling Education As		E Telep	hone	number
Init	ıal retu	rn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(508) 89	3-0644
┌ Ter	mınate	d	ONE CROSS STREET				
┌ Am	ended	return	City or town, state or country, and ZIP + 4		G Gross	recei	ots \$ 35,924,258
┌ App	lication	n pending	HOLLISTON, MA 01746				
			F Name and address of principal officer	H(a) 1- +		CCC1	ıates?
			FRED OLSSON	ii(a) istnisa	group return	for ami	lates / Yes / No
			ONE CROSS STREET HOLLISTON, MA 01746	H(b) Are all a	affiliates in	cluded	Yes □ No
			11022131011,1114				t (see instructions)
I Ta:	x-exem	npt status	▼ 501(c)(3)	H(c) Group	exempt	ion n	umber 🟲
1 W	ehsit <i>e</i>	>• b •- \∧/\∧/	W PLANETAID ORG				
				<u> </u>			
			✓ Corporation	L Year of for	nation 19	97	M State of legal domicile MA
Ра	rt I		mary				
Governance		PROTEC RELIEVI	escribe the organization's mission or most significant activities TION OF NATURAL HABITAT BY COLLECTING AND RECYCLING 51 ING LOCAL WASTE FACILITIES AND SUPPORTING INTERNATIONAL JCATION, TEACHER TRAINING, AND DEVELOPMENT	,			
¥e							
	2 (Check th	is box দ if the organization discontinued its operations or disposed of	more than 25	5% of its	net	assets
жб 60	3	Number	of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$. $$			3	6
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b)		ļ	4	5
Ä.	5	Total nui	mber of individuals employed in calendar year 2010 (Part V, line 2a) .		ļ	5	430
ă	6	Total nui	mber of volunteers (estimate if necessary)			6	0
			related business revenue from Part VIII, column (C), line 12			7a	49,924
	ь	Net unre	lated business taxable income from Form 990-T, line 34			7b	-16,827
			butions and grants (Part VIII, line 1h)		Year		Current Year
a	8		182	27,458,861			
Revenue	9	_	m service revenue (Part VIII, line 2g)		10,654,4		8,048,658
₽ĕ	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		34,	-	19,170
_	11 12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		353,8	822	388,719
	12		evenue—add mies 5 tinough 11 (must equal Fait V111, column (A), me		36,360,	283	35,915,408
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		14,267,	566	11,823,832
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0	0
es.	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-		7.005		0.622.242
Ψ. Ψ		10)			7,895,2	_	9,623,243
Expenses	16a		sional fundraising fees (Part IX, column (A), line 11e)			0	0
ភ	ь		ndraising expenses (Part IX, column (D), line 25) •4,536,121				
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		13,792,6	-	13,911,327
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		35,955,4		35,358,402
<u></u>	19	Keven	ue less expenses Subtract line 18 from line 12	Beginning	404,8	$\overline{}$	557,006
တက္ ကျကား					or Curre ear		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		12,451,	205	10,167,545
A B	21	Total I	nabilities (Part X, line 26)		8,558,6	676	5,718,010
žZ	22	Net as	sets or fund balances Subtract line 21 from line 20		3,892,	529	4,449,535
Pai	t II	Sign	ature Block	_			_
know	ledge a ledge.	**** Signa	ture of officer	is based on a	II informa		
пеге	=		OLSSON GENERAL MANAGER or print name and title				
		<u> </u>	<u> </u>	1.	heck if sel	f_	T
		Print/Type preparer's	name JEFFREY CICOLINI CPA JEFFREY CICOLINI CPA		mployed	_	PTIN
Paid		Fırm's nar	ne Alexander Aronson finning & CO PC				Firm's EIN
Prepa		Fırm's add	Iress • 21 EAST MAIN STREET				Phone no (508) 366-
Use (וווכ		WESTBORO, MA 01581				9100

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

Form	990 (2010)			Page 2
Par		ram Service Accomplishments Itains a response to any question in this	Part III	৮
1	Briefly describe the organization	on's mission		
BANI PRO (FAC) THE	KING, FARMING AND SMALL S GRAMS TO PROTECT THE NAT ILITIES FOR THE TRAINING O	OPMENT PROJECTS WORLDWIDE INC CALE INDUSTRY SERVE VICTIMS OF URAL HABITAT OF THE EARTH SERV F PERSONNEL AND VOLUNTEERS PR KNOWLEDGE AS WELL AS SPECIFIC I	F HUNGER, WAR, AND NATURAL DI /E THE GENERAL PUBLIC, ESTABL :ODUCE AND DISTRIBUTE INFORN	SASTERS CONDUCT ISH EDUCATIONAL MATIVE MATERIALS TO
2	the prior Form 990 or 990-EZ?	any significant program services during		┌ Yes ┌ No
	If "Yes," describe these new se	rvices on Schedule O		
3	services?			┌ Yes ┌ No
	If "Yes," describe these change			
4	Section 501(c)(3) and 501(c)(chievements for each of the organizatio 4) organizations and section 4947(a)(1 expenses, and revenue, if any, for each) trusts are required to report the am	
4a	(Code) (Exp	enses \$ 12,029,089 including grant	ts of \$ 11,721,892) (Revenue \$	8,090,699)
	SUPPORTED A TOTAL OF 48 PROGRADEVELOPMENT DR CONGO SUPPOR' VOCATIONAL TRAINING, SUPPORT FOR SMALL-SCALE FARMERS, EDUCATION SMALL-SCALE FARMERS, EDUCATION WORLD UNIVERSITY SOUTH AFRICA HIV AND AIDS ORPHANS, CHILD AID, COMMUNITY DEVELOPMENT, VOCATI SUBSISTENCE FARMING TOWARD COPRIMARY EDUCATION FOR WORKING AND TRAINING OF SMALL SCALE FAR	TH ITS SUPPORT TO ORGANIZATIONS AND COMM MS IN 14 COUNTRIES BOTSWANA SUPPORT FO FOR PEOPLE WITH HIV AND AIDS ORPHANS, STOR PEOPLE WITH THE AND MALARIA, AND TRAINING OF PRIMARY SCHOOL TEACHERS, HIV/AIDS EDUING FRIMARY SCHOOL TEACHERS, HIV/AIDS EDUING AND COMMUNITY DEVELOPMENT ZIMBABWE SUR ONAL TRAINING, ORGANIZATION AND TRAINING OMMERCIAL SURPLUS FARMING INDIA TRAINING CHILDREN CHINA TRAINING OF VOLUNTEERS, MERS AND SUPPORT FOR PEOPLE WITH TB BRAZOR CHILD AID AND COMMUNITY DEVELOPMENT ATION AND PREVENTION	R PEOPLE WITH HIV AND AIDS ORPHANS, CH "AFF DEVELOPMENT AND COMMUNITY DEVEL IG OF SMALL-SCALE FARMERS MALAWI ORG, JCATION AND PREVENTION MOZAMBIQUE O JCATION AND PREVENTION, VOCATIONAL TR. DAID AND COMMUNITY DEVELOPMENT ZAMBI PPORT FOR PEOPLE WITH HIV AND AIDS ORI OF SMALL-SCALE FARMING, A PROGRAM HEI GOF VOLUNTEERS, COMMUNITY DEVELOPME CHILD AID, COMMUNITY DEVELOPMENT, MA ZIL CHILD AID AND COMMUNITY DEVELOPME	IILD AID AND COMMUNITY OPMENTGUINEA BISSAU ANIZATION AND TRAINING OF RGANIZATION AND TRAINING OF AINING, AND SUPPORT FOR ONE IA SUPPORT FOR PEOPLE WITH PHANS, CHILD AID AND LPING FARMERS MOVE FROM NT, HIV/AIDS PREVENTION, AND ALARIA PROGRAM, ORGANIZATION ENT BELIZE CHILD AID AND
4Ь	PLANET AID COLLECTED AND PROCE CLOTHES SAVES LANDFILL SPACE AN THE USE OF FERTILIZER AND PESTIC	enses \$ 15,404,647 including grant SSED 51,000 TONS OF USED CLOTHES, SHOES A D REUSING ALREADY MANUFACTURED CLOTHING CIDES (IN COTTON PRODUCTION) RECYCLING C IN POUNDS OF CO2 THROUGH ITS RECYCLING E	ND TEXTILE IN STATES FROM MAINE TO CALL G AND OTHER TEXTILE SAVES MILLIONS OF G PR REUSING ONE POUND OF CLOTHES SAVES	ALLONS OF WATER AND REDUCES ON AVERAGE 3 6 LBS OF CO2 IN
4c	, , , ,	enses \$ 45,503 including grant)
		IN NON-PROFIT WORK INCLUDING 3 MONTHS ON WITH PUBLIC AND PRIVATE SCHOOLS	F PROJECT EXPERIENCE IN AFRICA PLANET	AID CONDUCTS RECYCLING AND
4d	Other program services (Des	,) (D a) +	•
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expense	es► \$ 27,479,239		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? 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? If "Yes," complete Schedule D, Part III 2	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 quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII 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	Yes	
Ь	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, Parts I and IV	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, 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 assistance to individuals located outside the U S ? 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? <i>If</i> "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? <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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		Νο
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		Νο
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-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? <i>If</i> "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		Νο
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		Νο
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			
		28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		Νο
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		Νο
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		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Effect the number reported in Box 3 of Form 1996. Enter-0- if not applicable. Better the number of Forms W-26 included in line 1.6 Enter-0- if not applicable. Did the organization cereity with backup withholding rules for resportable payments to venders and reportable graming (gambing) withings to prize witness. Enter the number of ampleyaes reported on Form W-1, Transmitted Wage and Tax recovery 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Check if Schedule O contains a response to any question in this Part V			
be interest the number of Forms W-26 included in line 1a enter-0- if not applicable Did the organization comply with backup withholding rales for reportable payments to veneror and reportable gamen (gambling) withing stip prize winners. Jan 20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Yes	No
Enter the number of Forms W-2G includes in line 1a. Enter-0- if not applicable 1b 0 0 0 0 0 0 0 0 0	1				
to this the organization comply with backup withholding rules for reportable payments to venders and reportable gaming (samtling) winnings to prize winners? It comes the number of employees reported on Form W-3, Transmittel of Mage and Tax Scalement, filled for the cateridar year ending out to within the year overrife by the payments to venders and reportable of the cateridar year ending out to within the year overrife by the payments that returns? Note, if the sum of lines 2 and 2 as greater than 250, you may be required to e-file (see instructions) Did the organization have surrelated business gross income of \$1,000 or more during the year? If they, have it filed a form 990-T for this year? If for, provide an explanation in Schedule O. If they, enter the name of the foreign country PMZ-HI. See instructions for him in requirements for from TD F90-221, Report of foreign Bank and Financial Accounts. Was the organization in party to a prohibited tax shalter transaction at any time during the tax year? So Did an taxaels party notify the organization in TD F90-221, Report of foreign Bank and Financial Accounts. Was the organization have annual gross receipts that are normally greater than \$100,000 and old the organization of prime requirements for from TD F90-221, Report of foreign Bank and Financial Accounts. So Did an taxaels party notify the organization in Tom 6866-T? Does the organization have annual gross receipts that are normally greater than \$100,000 and old the organization have an included with every exclude the area of the party of the party of the organization have an including the party of the organization received a contribution of under the party of the organization received a contribution of under the party of the organization received a contribution of under section of \$50,000 and old the organization received a contribution of under section of the party of the while the organization received a contribution of under strictly, to pay premiums on a personal benefit contract? The organiza	b				
gamming (sambling) winnings to prise winner? Let better the number of emblowers reported on Form W-3, Transmittal of Viago and Tax Statements filed for the called by year and end on the winning of the common of the form of the called by year and end of the common of		1b 0			
ester the number of employees reported on Form W-3, Transmoster of Wage and the Za	С		1c		
tectum		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note, if the sum of lines 12 and 23 is greater than 250, you may be required to e-file. (see instructions) but the organization near wheeld assumes greats on summor of \$1,000 or more during the value of the year? 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, security? 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, security? At any time during the calendar year, did the organization have an interest in, or a signature or other manical accounts are foreign country. At any time during the calendar year, did the organization have an interest in or a signature or other financial Accounts account? At any time of the organization of the foreign country. Was the organization for filling requirements for form TO F 90-22.1, Report of foreign bank and Financial Accounts 200 and 300 and 300 and 300 any toxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55 In the Ordanization of the organization that it was or is a party to a prohibited tax shelter transaction? 56 If fires' to line ba or \$b\$, did the organization that it was or is a party to a prohibited tax shelter transaction? 56 If fires' to line ba or \$b\$, did the organization that it was or is a party to a porty to a possible of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that may receive dedictable organization and party for goods and party organization received a dedictable contributions under section \$170(c). To get the organization receive a payment in excess of \$75 made party as a contribution and party for goods and section \$100 and \$100					
Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Ves 1f Yes, This is the did Form 900-7 for this year 1f You, provide an explanation in Schedule 0. 3b Yes 3c Ye	b		1		
Due the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0. At any time during the calendar year, did the organization have an interest in, or a signature or other authority organization as could be a foreign country to extend a bank account, and current account in a foreign country to carbon a bank account, and current financial Accounts (account). If "Yes," enter the name of the foreign country ▶ MZ, MI See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts (was the organization aparty to a prohibited tax shelter transaction and the transaction at any time during the tax year? So Did any taxable party notify the organization file Form 886-T? 15"Yes," to line Sa or 56, did the organization file Form 886-T? So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions orgits were not tax deductible? Organization shall may receive deductible contributions under section 170(c). Did the organization receive a peyment in excess of \$75 made party is as contribution and party for goods and services provided to the payer? If "Yes," did the organization netwify the denot of the value of the goods or services provided? To both the organization receive a peyment in excess of \$75 made party is as contribution and party for goods and services provided to the payer? If "Yes," did the organization receive a peyment in excess of \$75 made party is as contribution and party is a contribution of contribution and party is a contribution of contribution and party is a party is a party is a party in the party is a party in the party is a party		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
year? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, if historical account in a foreign country (such as a bank account, securities account, or other financial accounts? If I Year's inter the name of the foreign country (such as a bank account, securities account, or other financial accounts? Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? If I Year's line as a risk, did the organization that it was or is a party to a prohibited tax shelter transaction? If I Year's line as a risk, did the organization that it was or is a party to a prohibited tax shelter transaction? If I Year's line as a risk, did the organization that it was or is a party to a prohibited tax shelter transaction? If I Year's line as a risk, did the organization file are organization that were not tax deductable? Organizations as or sb, did the organization file are organization as a specification an express statement that such contributions orgins were not tax deductable? If I Year's line that may receive deductable contributions under section 170(c). If I Year's did the organization more were a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor. If I Year's diverted to the payor. If I Year's individual to the organization notify the donor of the value of the goods or services provided? If I Year's individual to the organization notify the donor of the value of the goods or services provided? If I Year's individual to the organization notify the donor of the value of the payor to make a contribution of the value of the goods or services provided? If I Year's individual to have a specification and payor to the organization sell, exchange, or otherwise dispose of famplible personal property for which it was required to the form \$2.82 filed during the year. If I Year's individual to have a payor to the value of the goods or services provided? If I					
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a hand-cale account in a foreign country (such as a bank account, securities account, or other financial accounts). If Y'ea, 's local the name of the foreign country (such as a bank account, securities account, or other financial accounts). If Y'ea, 's local the name of the foreign country MEZ MI See instructions for filing requirements for Form TO F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Sa N Did any taxable party notify the organization file form 8886-77			3a	Yes	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 16	b		3b	Yes	
Account?					
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a Did the organization make any taxable distributions under section 4966?			8		
b Did the organization make a distribution to a donor, donor advisor, or related person?	а		9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders)	Section 501(c)(7) organizations. Enter			
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a Gross income from members or shareholders	ı				
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c Enter the amount of reserves on hand	b				
13c	_	III which the organization is incensed to issue qualified fleatin plans	1		
a Did the organization receive any payments for indoor tanning services during the tax year? 14a N	-]		
	la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

Part VI 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.

check if schedule o contains a response to any question in this rate vi i i i i i i i i i i i i i	Check if Schedule O	contains a response to any question in this Part VI										. 区
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Se	ction A. Governing Body and Management			
			Yes	No
4 -				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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? .	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			10
	governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Ке	evenue Code.)		W	NI.
10-	December our mention have local charters burnels and file to 2	10a	Yes	No
	Does the organization have local chapters, branches, or affiliates?	IUa		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
ь	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	_		
	,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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			
		- , · · ·	, ,	,

- 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
- 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

(508) 893-0644

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 THOMAS MEEHAN ONE CROSS STREET HOLLISTON, MA 01746

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz	•	lated or	ganı	zatio	nco	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t				II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ESTER NELTRUP PRESIDENT & CEO	40 00	х		Х				94,333	0	0
(2) JYTTE MARTINUSSEN TREASURER	1 00	х		Х				0	0	0
(3) MIKAEL NORLING CHAIRMAN	1 00	х		х				0	0	0
(4) CLIFFORD REEVES DIRECTOR	1 00	х						0	0	0
(5) EVA NIELSON DIRECTOR	1 00	х						0	0	0
(6) ALFRED BESA DIRECTOR	1 00	х						0	0	0
(7) FRED OLSSON CLERK & COO	40 00			х				94,738	0	0
(8) THOMAS MEEHAN CFO	40 00			х				109,746	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	1	(tion that a	•		II		(D) Reportable compensation	(E) Reportable compensation		(F) Estima mount o	ated fother	
			per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t rganizati relati organiza	the on and ed
1b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>						
С	Total from continuation sheet						F							
d	Total (add lines 1b and 1c) .						•	►	298,817	0			0	
2	Total number of individuals (ind \$100,000 in reportable compe	-				ted	above) who	received more tha	n				
												Yes	No	
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So										3		Νο	
4	For any individual listed on line organization and related organi individual	zations greater t	han \$15	50,00	002 j	f "Y	es," co	mple			4		No	

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>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? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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
KERSTEIN COREN LICHTENSTEIN LLP 60 WALNUT STREET WELLESLEY, MA 02481	LEGAL	286,079
M AVILA ENTERPRISES 127 63RD ST APT 5 NEW YORK, NJ 07093	TRANSPORTATION PROVDER	267,265
VINCENT BIANCO 960 E 61ST ST LOS ANGELES, CA 90001	TRANSPORTATION PROVDER	144,116
JP TRANSPORTS 826 E HORTTER ST PHILADELPHIA, PA 19119	TRANSPORTATION PROVDER	136,901
BOWMAN ENTERPRISES LLC 84 BOWMAN RD ALTON, NH 03809	TRANSPORTATION PROVDER	129,257
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►8) who received more than	

Part V	0 (2010) III Statement of Revenue			P	age 9
	The statement of Revenue	f	(B) Related or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 27,432, h Total. Add lines 1a-1f	27,458,861			
Program Service Revenue		2000 7,998,734 7 2000 49,924 8,048,658	7,998,734	49,924	
	Investment income (including dividends, interest and other similar amounts)	24,720			24,720
enne	from sales of assets other than inventory b Less cost or other basis and sales expenses	3,300 3,850 5,550 -5,550			-5,550
Other Revenue	of contributions reported on line 1c) See Part IV, line 18				
	returns and allowances . a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Co	0099 295,709 0099 93,010	295,709 93,010		
	e Total. Add lines 11a-11d	388,719 35,915,408	3,387,453	49,924 orm 990 (2	

990 (2010)				Page 10
			(D)	
ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	101.940	·	general expenses	Скрепаса
Grants and other assistance to individuals in the U.S. See Part IV, line 22	101/310	202,010		
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	11,721,892	11,721,892		
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees	310,050	19,990	290,060	
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	7,420,380	4,900,215	877,181	1,642,984
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
Other employee benefits	1,137,887	727,424	167,285	243,178
Payroll taxes	754,926	480,760	113,603	160,563
Fees for services (non-employees) Management				
Legal	396,473	53,000	343,473	
Accounting	139,213		139,213	
Lobbying	30,820	30,820		
	·			
-	670.156	357.397	190.186	122,573
			· · ·	,
	•		 	20,060
·	,	,	,	,
	1,470,700	1.388.090	60,464	22,146
				13,373
Payments of travel or entertainment expenses for any federal, state, or local public officials	230, 130	1,3,300	15,757	13,373
Conferences, conventions, and meetings				
Interest	203,397	12,537	21,651	169,209
Payments to affiliates				
Depreciation, depletion, and amortization	994,174	96,131	120,117	777,926
Insurance	205,484	205,484		
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
CLOTHING COLLECTION AND	5,430,747	4,348,685		1,082,062
SHIPPING AND BAILING	1,074,141	1,074,141		
SALES COMMISSIONS	927,213	927,213		
MEMBERSHIP FEES	767,515		767,515	
REPAIRS AND MAINTENANCE	591,216	309,169		282,047
All other expenses	102,677	101,454	1,223	
Total functional expenses. Add lines 1 through 24f	35,358,402	27,479,239	3,343,042	4,536,121
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				, -,
	Section 501(c)(3) and 501(c)(4) organizations must be the reparatizations must complete column (A) but are not required to a column (a) but are not required to a column (b) but are not required to a column (c) but are not required t	Section 501(c)(3) and 501(c)(4) organizations must complete column (a) but are not required to complete column (b), by and 10b of Part VIII. For include amounts reported on lines 6by, by 8b, and 10b of Part VIII. For ants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 21 For antifying 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. Compensation in cluided above, to disqualified persons (as defined under section 4958 (f)(11)) and persons described in section 4958 (f)(11) and persons described in section 4958 (f)(11) and persons described in section 4958 (f)(3)(8) Other salaries and wages Pension plan contributions (include section 401(k) and section 40.3(b) employer contributions (include section 40.1(k) employer contributions (include section 40.1(k) employer (include section 40.	Section \$01(c)(2) and \$01(c)(4) organizations must complete columns (k) (k) (C), and an include amounts reported on lines 6b, 6b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U S See Part IV, line 21 Grants and other assistance to governments and organizations in the U S See Part IV, line 22 Grants and other assistance to governments, organizations and individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 2 11,721,892 11,721,8	It is the reganizations must complete column (A) but are not required to complete column (B), (C), and (D), and (D)

Part X Balance Sheet (A) (B) Beginning of year End of year 615,778 233,471 1 1 3,678,263 2 1.245.377 2 3 3 2,694,693 4 2,640,613 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 381,430 353,266 Prepaid expenses and deferred charges 383,233 9 428,203 10a Land, buildings, and equipment cost or other basis Complete 10.429.539 10a Part VI of Schedule D 10b 5.292.699 ь Less accumulated depreciation 4.567.389 10c 5.136.840 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 130,419 15 129,775 15 16 12,451,205 16 10,167,545 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,116,340 17 1.503.030 17 Accounts payable and accrued expenses . 18 18 5,374,419 19 19 2.195.041 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 319.812 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 1,748,105 25 2,019,939 Other liabilities Complete Part X of Schedule D 26 8.558.676 26 5,718,010 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 3.892.529 4,449,535 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 3,892,529 33 4,449,535 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 12.451.205 10,167,545

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2		· · ·	358,408
3	Revenue less expenses Subtract line 2 from line 1	3		,	557,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		3,8	392,529
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,4	149,535
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				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 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 on a separate basis, consolidated basis, or both	ssued			
	▼ 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?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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. See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Inspection

Name of the organization PLANET AID INC

Employer identification number

04-3348171

3 4	_	A nospi	tai or a coo					470/13/4	\ / A \ / !** \			
4 1		٠. المصمم		perative hospital ser	_					/4\/A\/::\ F		
				n organization operat ty, and state	ea in conjui	iction with	a nospital de	scribed in s e	ection 170(b)	(I)(A)(III). E	nter the	
5 Г	_			erated for the benefit		e or univers	sity owned or	operated by	a governmer	ntal unit desc	rıbed ın	
	_			A)(iv). (Complete Pa	-							
6	_			local government or	_							
7 h	~	describ	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 Г	_			described in section	-	A)(vi) (Co	omplete Part	π,				
9 T	_			at normally receives					ihutions mei	mhershin fee	s and arc	155
,		_		ities related to its ex	• •				•	•		,,,,
				oss investment incor								
			_					•		tax) Holli bu	isillesses	
. Г	_			anization after June								
LO	_			janized and operated						.		
.1				janized and operated y supported organiza								
			-	y supported organiza bes the type of suppo				-		see section 5	09(a)(3)	. Check
		_	Type I	b Type II			II - Function			d Type	e III - O t	her
е Г	_			ox, I certify that the	organizatioi	n is not cor	trolled direct	ly or indirec	tly by one or	more disqual	ıfıed pers	ons
		otherth	an foundati	on managers and oth	er than one	or more p	ublicly suppor	ted organiza	ations describ	oed in section	n 509(a)(1) or
_			509(a)(2)									
f		check t		received a written de	termination	i from the I	RS that it is a	i lype 1, ly	pe II or Type	III supporti	ng organi:	zation,
g				006, has the organi	zation acce	nted any di	ft or contribut	tion from an	v of the			,
9			g persons?	ooo, nas the organi		prod dily gi	it of contribu	cion nom un	, 01 1110			
		(i) a pe	rson who dii	rectly or indirectly co	ontrols, eith	ier alone or	together with	n persons de	scribed in (ii)	Yes	No
		and (III)	below, the	governing body of the	e the suppo	rted organı	zation?			11 g	(i)	
		(ii) a fa	mily membe	er of a person describ	ed in (i) ab	ove?				11g	(ii)	
		(iii) a 3	5% control	led entity of a persor	described	ın (ı) or (ıı)	above?			11g	(iii)	
h				ng information about								•
				(iii)	(iv)						
				Type of	Is th		(v	-	(vi	-		
NI.	(i)		(::)	organization	organıza	tion in	Did you n organiza	•	Is t organiza		(,	vii)
	ame ppor		(ii) EIN	(described on lines 1-9 above	col (ı) lıs		col (i)		col (i) or		I ∧ mount	
orga			LIN	or IRC section	your gov	_	supp		ın the	-	sup	port
3				(see	docum	ent?						
				instructions))	Yes	No	Yes	No	Yes	No		
						†						
otal												

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

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

	under Part III. II un	e organizacion	Talls to quality	under the tests	iistea below, pi	ease co	ilipiete i	Part III.)
	ection A. Public Support endar year (or fiscal year beginning							
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	t 2,895,5!	7,491,689	25,904,942	25,309,640	27	7,458,861	89,060,684
	include any "unusual		, ,				· ·	
_	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without							
_	charge	2,895,5	52 7,491,689	25,904,942	25,309,640	2-	7,458,861	89,060,684
4	Total. Add lines 1 through 3	2,093,3	7,491,009	23,904,942	23,309,040		,430,001	69,000,004
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							89,060,684
	from line 4 ection B. Total Support							
	endar year (or fiscal year							
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	2,895,552	7,491,689	25,904,942	25,309,640	27	,458,861	89,060,684
8	Gross income from interest,							
	dividends, payments received							
	on securities loans, rents,	19,095	64,456	29,927	27,290		24,720	165,488
	royalties and income from							
_	similar sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly		2,179		-575		-16,827	-15,223
	carried on							
10	Other income Do not include							
	gaın or loss from the sale of	23,761	139,579	56,743	353,822		388,719	962,624
	capital assets (Explain in Part			,			,	,
	IV)							
11	Total support (Add lines 7 through 10)							90,173,573
12	Gross receipts from related activit	ies.etc (See in	structions)			12		63,233,350
13	First Five Years If the Form 990 is	,	•	t third fourth or t	fifth tax waar as a		2 \ organia	
	check this box and stop here	for the organiza	tion's mat, second	i, tillia, loartii, or i	ilitii tax yeal as a	301(0)(3) organiz	▶ □
	•							·
S	ection C. Computation of Pu							
14	Public Support Percentage for 201	0 (line 6 column	ı (f) dıvıded by lıne	11 column (f))		14		98 770 %
15	Public Support Percentage for 200	9 Schedule A, P	art II, lıne 14			15		98 870 %
16a	33 1/3% support test—2010. If the	e organization di	d not check the bo	x on line 13, and	line 14 is 33 1/3%	6 or more	, check t	hıs box
	and stop here. The organization qu	•						▶ ▽
b	33 1/3% support test—2009. If the	=			sa, and line 15 is	3 3 1/3%	or more,	. -
4 7-	box and stop here. The organization	•		-	12 16 16	الحييما	. 1 /	▶
1/a	10%-facts-and-circumstances test is 10% or more, and if the organiza		-					
	in Part IV how the organization me							ed
	organization		J. Janiotances	1301 And Organiz	quannes as	a publici	, - 4 p p o i i	.eu ▶厂
Ь	10%-facts-and-circumstances test	—2009. If the or	ganızatıon dıd not	check a box on lir	ne 13, 16a, 16b,	or 17a ar	id line	,
	15 is 10% or more, and if the orga	nızatıon meets t	he "facts and circi	umstances" test,	check this box an	d stop h e	ere.	
	Explain in Part IV how the organiza	ation meets the '	'facts and circums	tances" test The	organization qua	lifies as a	a publicly	
	supported organization	Annual de la company	de a la companyo de	46-461-45		L		► □
18	Private Foundation If the organiza	tion did not chec	Kabox on line 13	, 16a, 16b, 17a o	r 1 / b, check this	pox and	see	▶ □
	ınstructions							F-1

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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

DLN: 93493180005211

OMB No 1545-0047

Open to Public Inspection

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.

Political Campaign and Lobbying Activities

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-FZ, Part VI, line 47 (Lobbying Activities), then

Se Se f th	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Dorection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, linection 501(c)(4), (5), or (6) organizations Complete Part III	ot co Do	omplet not co	e Part II-B mplete Part	II-A
Na		rıde	ntıfıca	ition numbe	r
	04-3348				
ar	t I-A Complete if the organization is exempt under section 501(c) or is a section	<u>527</u>	7 org	<u>janizatio</u>	<u>n.</u>
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV				
2	Political expenditures		\$		
3	V olunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 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 organization is exempt under section 501(c) except section	50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	F	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	F	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	F	\$		
4	Did the filing organization file Form 1120-POL for this year?		* -	┌ Yes	┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing organization amount of political contributions received that were promptly and directly delivered to a separate political	on's	funds	Also ente	rthe

(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-

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
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 d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(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?		No	
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		30,820
j	Total lines 1c through 1i			30,820
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
EXPLANATION OF OTHER LOBBYING 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

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

DLN: 93493180005211

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

Iciliai i Nevellue Gelvice	F Attach to Folili 990. F 3	see separace mscruccions	>.	TIIOP	
Name of the organization PLANET AID INC			Emple	oyer identification nur	nber
PLANET AID INC			04-3	348171	
	ining Donor Advised Fu Yes" to Form 990, Part IV				lete if the
organization anowered		Donor advised funds	(1	b) Funds and other acc	ounts
. Total number at end of year					
Aggregate contributions to (during	year)				
Aggregate grants from (during year)				
Aggregate value at end of year					
Did the organization inform all dono funds are the organization's proper		_		sed Ye	s No
Did the organization inform all gran used only for charitable purposes a conferring impermissible private be	and not for the benefit of the d		•		s 「No
Part II Conservation Easeme	nts. Complete if the orga	inization answered "Ye	es" to Form	990, Part IV, line 7	<u>'. </u>
Preservation of land for public Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organice easement on the last day of the tax	zation held a qualified conser	Preservation	of a certified		
-				Held at the End of t	he Year
a Total number of conservation ease			2a		
b Total acreage restricted by conser			2b		
c Number of conservation easements		` '	2c		
d Number of conservation easements	s included in (c) acquired afte	r 8/17/06	2d		
Number of conservation easements the taxable year -	-			e organization during	
Number of states where property so					
Does the organization have a writte enforcement of the conservation ea		ic monitoring, inspection,	, handling of v	violations, and Ye	s ┌ No
Staff and volunteer hours devoted t	2,	-			
A mount of expenses incurred in mo		_	_	the year 🖛 \$	
Does each conservation easement 170(h)(4)(B)(i) and 170(h)(4)(B)(ii	1)?			·	s ┌ No
In Part XIV, describe how the orga balance sheet, and include, if applic the organization's accounting for co	cable, the text of the footnote		•	,	
	ining Collections of Art ition answered "Yes" to Fo			er Similar Assets	5.
If the organization elected, as perm art, historical treasures, or other si provide, in Part XIV, the text of the	ımılar assets held for publıc e	xhibition, education or re	search in fur		
b If the organization elected, as perm historical treasures, or other similal provide the following amounts relat	ar assets held for public exhib				
(i) Revenues included in Form 990	, Part VIII, line 1			► \$	
(ii) Assets included in Form 990, P	'art X			- \$	
If the organization received or held following amounts required to be re	works of art, historical treasi		ets for financ		
a Revenues included in Form 990. Pa	art VIII ling 1			b - ¢	

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	records, check an	y of th	ne foll	owing t	hat ar	e a significa	int u	se of its co	llection	ו	
а	Public exhibition		d	Γ	Loan	orexcl	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w the	/ furthe	r the o	organization	's ex	cempt purpo	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 990),	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions c	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	/ing ta	able		Г			A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						-	1f				
	J	vrm 990 Bart V I	0 717				L	Δ.			Yes	┌ No
	Did the organization include an amount on Fo		e 21'							1	162	1 140
ь Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n and	wor	d "Vo	c" +^ I	Form 000	Dan	t IV line	10		
Fal	Endowment Funds. Complete	(a)Current Year		Prior '			o Years Back		Three Years B)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	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment											
С	Term endowment ▶											
	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	anda	dministered	d for	the			
	organization by	_							•		Yes	No
	(i) unrelated organizations							•		3a(i)		
	(ii) related organizations							•		3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•	[3b		<u> </u>
4 Pari						00 D:	art V June	10				
rai	Till Vestillents—Land, Buildings	, and Equipme	<u> 111. 3</u>						(=) (==================================	المحمدا		
	Description of investment				Cost or (Invest		(b) Cost or o basis (othe		(c) Accumu depreciat		(d) Bo	ook value
	and		•									
	Buildings		•									
c L	easehold improvements		•				63	,906		8,427		55,479
d E	quipment		•				835	,088	7	32,538		102,550
d E	quipment	<u> </u>	· -				835 9,530	•		32,538 51,734		102,550 4,978,811 5,136,840

Investments—Other Securities. See	Form 990, Part X, line 1:		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(-,	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
Part VIII Investments—Program Related. See	Torin 990, Part X, line		d of volvetion
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of chia o	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, lin	e 15.		(b) Book value
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	ne 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount	, , , , , 	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount	, , , , , , 	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CAPITAL LEASE OBLIGATIONS	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.) , line 25. (b) A mount	, , , , , , 	(b) Book value

	its	TREE Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ĿО
35,915,408	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
35,358,402	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
557,006	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
	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
0	9	Total adjustments (net) Add lines 4 - 8	9
557,006	10		10
		Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
36,483,275	1	Total revenue, gains, and other support per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part VIII, line 12	- 2
		Net unrealized gains on investments	- а
		Donated services and use of facilities	ь
		Recoveries of prior year grants	c
		Other (Describe in Part XIV)	d
567,867	2e	Add lines 2a through 2d	e
35,915,408	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV) 4b	ь
0	4c	Add lines 4a and 4b	с
35,915,408	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
ırn	per	Reconciliation of Expenses per Audited Financial Statements With Expenses	Par
35,926,269		Total expenses and losses per audited financial	1
	1	statements	_
		A mounts included on line 1 but not on Form 990, Part IX, line 25	2
		Donated services and use of facilities	a
		Prior year adjustments	Ь
		Other losses	C
	_	Other (Describe in Part XIV)	d
567,867	2e	Add lines 2a through 2d	е
35,358,402	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part IX, line 25, but not on line 1:	4
		Investment expenses not included on Form 990, Part VIII, line 7b 4a	a
		Other (Describe in Part XIV)	Ь
0	4c	Add lines 4a and 4b	С
35,358,402	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

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

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

DLN: 93493180005211

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

PLANET AID INC

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

04-3348171

Part I	General Informa	tion on A	Activities	Outside the	United States.	Complete if the	e organization	answered
	"Yes" to Form 990,	Part IV,	lıne 14b.					

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the

(a) Regen (b) Number of offices in the region	3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
MALAWI TRAINING OF SMALL SCALE FARMERS, EDUCATION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND AND PREVENTION SUB-SAHARAN AFRICA MO ZAMBIQUE 1 750 PROGRAM SERVICES ORGANIZATION AND TRAINING OF SMALL SCALE FARMERS, EDUCATION OF FRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION AND PREVENTION 3a Sub-total b Total from continuation sheets to Part I 0 1,035 7,006,779			offices in the	employees or agents in region or independent contractors	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	expenditures for region/investments in region
SUB-SAHARAN AFRICA MOZAMBIQUE 1 750 PROGRAM SERVICES ORANIZATION AND TRAINING OF SMALL SCALE FARMERS. SUB-CALTION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION AND PREVENTION 3 SUB-SAHARAN AFRICA MOZAMBIQUE 2,746,223 TRAINING OF SMALL SCALE FARMERS. SUB-CALTION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION 1 TO PREVENTION 3 SUB-SAHARAN AFRICA 1 750 PROGRAM SERVICES OF PRIMARY SCHOOL TRAINING OF SMALL SCALE FARMERS. SUB-CALTION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION 1 TO PROGRAM SERVICES OF SCALE FARMERS. SUB-CALTION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION AND PREVENTION 2 Total from continuation sheets to Part I 0 TOTAL (Formally Continuation sheets to Part I			1	285		TRAINING OF SMALL- SCALE FARMERS, EDUCATION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION	4,260,556
b Total from continuation sheets to Part I 0			1	750	PROGRAM SERVICES	ORGANIZATION AND TRAINING OF SMALL- SCALE FARMERS, EDUCATION OF PRIMARY SCHOOL TEACHERS AND HIV/AIDS EDUCATION	2,746,223
b Total from continuation sheets to Part I 0	,						
b Total from continuation sheets to Part I 0							_
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0	,						
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0	,						_
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0							
b Total from continuation sheets to Part I 0	,						
b Total from continuation sheets to Part I 0							
to Part I 0 7,006,779				1,035			
				0			0
			Act Notice	·	for Form 000	No 50082W Schedi	7,006,779 ule F (Form 990) 2010

Pa	Part IV,	line 15, for an	ssistance to Orgar y recipient who rece I space is needed.	nizations or Entitions or Entitions (1)	es Outside the Un 000. Check this box	ited States. Comp if no one recipient	plete if the organizat received more than	ion answered "Yes i \$5,000	s" to Form 990, ► 🔽
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	3,456,930	WIRE TRANSFER	134,435	CLOTHING AND COMPUTERS AT COST	COST
			CENTRAL AMERICA & CARRIBEAN	AID		WIRE TRANSFER	0		
			SOUTH ASIA	DEVELOPMENTAL AID	·	WIRE TRANSFER	0		
			EAST ASIA	DEVELOPMENTAL AID	·	WIRE TRANSFER	0		
			SOUTH AMERICA	DEVELOPMENTAL AID	703,768	WIRE TRANSFER	0		
2				ted above that are r e or counsel has pro					16
3	Enter total nu	mber of other	organizations or en	tities				•	16

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>			1	
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					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	▽	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional

information.		moducacións, required in rure 1, inic 2, una uny udalitorial
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE GOVERNING BOARD REVIEWS ALL APPLICATIONS AND MAINTAINS RECORDS
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL
OTHER INFORMATION	SCHEDULE F, PART V	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 ACCOUNTANTS AND MAKING ON-SITE VISITS

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DLN: 93493180005211

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion

					Employer identification	on number
					04-3348171	
on Grants and	Assistance				-	
ird the grants or ass	stance?			the grants or assista	nce, and 	▽ Yes ┌
21 for any recipie	ent that received m	nore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	
(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)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
		1				
	ecords to substantial and the grants or assion's procedures for sistance to Gov 21 for any recipions space is needed.	sistance to Governments and Or 21 for any recipient that received m space is needed. (b) EIN (c) IRC Code section	coords to substantiate the amount of the grants or assistance, the grants or assistance?	coords to substantiate the amount of the grants or assistance, the grantees' eligibility for and the grants or assistance?	cords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and the grants or assistance?	cords to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ard the grants or assistance?

Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations . .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	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. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	,	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
IN THE U S		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M

(Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization **Employer identification number** PLANET AID INC

Pa	rt I Types of Property				04-3348171			
	Types or respectly	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts		ontribut	ion
1	Art-Works of art			±9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	Х		46,283	AVERAGE SALES P	RICE		
5	Clothing and household	V		27.226.227				
good		X		27,386,297	AVERAGE SALES P	RICE		
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
10	Securities—Closely held							
11	stock							
	LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	O ther ►()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received by				100			
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackr	nowledgement	29	ı	I	
20-	D				1 20 16-1-1		Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	a to be used			
	for exempt purposes for the entire					30a		No
ь 31	If "Yes," describe the arrangement Does the organization have a gift a			roway of any non-standard	contributions?	31		Νo
		·		•			 	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

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) 2010

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As Filed Data -

DLN: 93493180005211

Employer identification number

04-3348171

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury
Internal Revenue Service

PLANET AID INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

ldentifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	, , ,	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

Identifier	Return Reference	Explanation
		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

ldentifier	Return Reference	Explanation
	PART XII, 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