Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2019 Open to Publi

Open to Public Inspection

OMB No. 1545-0047

For the 2019 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change Patch Our Planet Inc. 27-5056319 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 941-625-1925 1300 Enterprise Dr Unit A Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Port Charlotte FL 33953-3801 105,810 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Steve Gillis 1300 Enterprise Drive H(b) Are all subordinates included? If "No," attach a list. (see instructions) Port Charlotte FL33953 **X** 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527 Tax-exempt status: patchourplanet.org Website: U H(c) Group exemption number ${f u}$ Year of formation: 2011 X Corporation Trust Association M State of legal domicile: Form of organization: Other ${f u}$ Part I Summarv 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 Current Year 8 Contributions and grants (Part VIII, line 1h) 51,679 105,752 Revenue 9 Program service revenue (Part VIII, line 2g) 58 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 51,679 105,810 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 69,115 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 63,601 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ${f u}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 48,005 21,832 85,433 117,120 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -65,44120,377 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Б 43,997 53,616 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 17,421 6,663 22 Net assets or fund balances. Subtract line 21 from line 20 26,576 46,953 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Steve Gillis Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid Beth A Wilson, EA Beth A Wilson, EA 07/24/20 self-employed P00187460 Preparer Wilson Tax and Accounting 27-3653397 Firm's EIN } Firm's name **Use Only** 1300 Enterprise Dr Ste A 33953-3801 941-625-1925 Port Charlotte, FL May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Pa		Program Service A ule O contains a res	ccomplishments ponse or note to any line	in this Part III		X
1	Briefly describe the organization		,			
S	ee Schedule O					
2	Did the organization undertake	any significant prograr	n services during the year which	n were not listed on the		
						Yes X No
	If "Yes," describe these new s					
3	-	nducting, or make signif	icant changes in how it conduc	ts, any program		
						Yes X No
4	If "Yes," describe these chang		shments for each of its three la	raest program services as	s measured by	
7			ns are required to report the ar			
	the total expenses, and revenue			Ü	•	
	(Code:) (Expenses	\$ \$	61 including grants of \$)	(Revenue \$	58)
Ę.	atch Our Planet	exists to	help churches c	reate long-te	rm orpnan	ministries
			child. We do the obal orphan care			
			for every orpha	~~~		
	• • • • • • • • • • • • • • • • • • • •					
4b	(Code:) (Expenses	\$	including grants of \$)	(Revenue \$	
	r / 7A					
	• • • • • • • • • • • • • • • • • • • •					
4c	(Code:) (Expenses	 3 \$	including grants of \$)	(Revenue \$)
	I/A					
	*			• • • • • • • • • • • • • • • • • • • •		
	• • • • • • • • • • • • • • • • • • • •					
	Other program services (Desc	ribe on Schedulo O \				
+u	(Expenses \$	including g	rants of \$) (Revenue \$)
4e	Total program service expense		80,761	, \		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		х
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	' <i>'</i>		-22
.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>, </u>		
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2019) Patch Our Planet Inc. 27-5056319 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X Х A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X or IV, and Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes_ No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is 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? X 3а If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country ${f u}$ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization sell, exchange, or outcomes stop and required to file Form 8282? 7с X If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders _____ Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Х 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) Patch Our Planet Inc. 27-5056319 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 on Schedule O... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **u None** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ 20

Steve Gillis 1300 Enterprise Drive

Port Charlotte

FL 33953

941-625-1925

orm 990 (2019)	Patch	Our	Planet	Inc.

27-5056319

Page **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the org	•				aniza	ition (com	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Posi check ess pe	more rson i	than o both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Steve Gillis										
	40.00							F0 000		F 202
Executive Director	0.00	X						58,208	0	5,393
(2) Wes Cantrell, JF										
	0.00									•
Director	0.00	X						0	0	0
(3) Timothy Mark	0.00									
51	0.00	37							_	•
Director (4) Ryan Martin	0.00	X						0	0	0
(4) Ryall Marcill	0.00									
Dimagham	0.00	x							_	0
Director (5) Mike Thomas	0.00							0	0	U
(5) MIKE IIIOMAS	0.00									
Dimostom	0.00	x						_	0	0
Director	0.00	Λ						0	0	U
(6)										
(7)										
(1)										
(8)										
(6)										
(9)										
(10)						\Box				
. ,										
(11)										
	l	1	I	i l	I	1 I		I	I	

Form 990 (2019) Patch Our Planet Inc. 27-5056319 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (D) (F) (B) Position Name and title Average Reportable Reportable Estimated amount (do not check more than one hours compensation compensation of other box, unless person is both an per week from the from related compensation officer and a director/trustee) (list any organization organizations from the (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and Individual trustee or director nstitutional ignest compensated inployee related organizations related employee organizations below dotted line) trustee 58,208 5,393 Total from continuation sheets to Part VII, Section A u 58,208 5,393 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated Х employee on line 1a? If "Yes," complete Schedule J for such individual 3 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 Х 4 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 X 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. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization u 0

Pa	rt V			f Revenue edule O cont	ains a	a respor	nse or note	to any line in thi	s Part VIII		П
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts Its	1a	Federated camp	paigns		1a						
irar oun	b	Membership due			1b						
Ą,	С	Fundraising eve			1c						
ar ,	d	Related organiz			1d						
<u>, E</u>	е	Government grants (c			1e						
Sign	f	All other contributions,									
but		and similar amounts no	ot include	ed above	1f		105,752				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions	included	in lines 1a-1f	1g	\$					
<u>a</u> 8	h	Total. Add lines	1a-1f	: 			u	105,752			
							Business Code				
Э	2a	Curriculum						58	58		
Program Service Revenue	b										
n S	С										
Rev	d										
Pro	е										
	f	All other program	m serv	rice revenue							
	g	Total. Add lines					u	58			
	3	Investment inco	•	•	ds, inte	rest, and					
		other similar am	,								
	4	Income from inv		•		•					
	5	Royalties		(i) Real							
	6-	Cross ronto	60	(i) Real		(11)	Personal				
	6a		6a								
	b	Less: rental expenses	6b								
	4	Rental inc. or (loss) Net rental incom	6c	loss)							
	d 7a	Gross amount from	le or ((i) Securities			Other				
		sales of assets	7a	(i) Geografica		(") Guioi				
ø	b	other than inventory Less: cost or other	1 a								
nue	_	basis and sales exps.	7b								
Še	c	Gain or (loss)	7c								
Other Revenue		Net gain or (loss		L		1	u				
Ħ		Gross income from									
U		(not including \$									
		of contributions rep									
		See Part IV, line 18			8a						
	b	Less: direct exp			8b						
		Net income or (events		u				
	9a	Gross income from	n gamin	ng activities.							
		See Part IV, line 19	9		9a						
	b	Less: direct exp	enses		9b						
	С	Net income or (loss) fi	rom gaming act	i <u>vities</u> .		u				
	10a	Gross sales of i		•							
		returns and allow			10a						
		Less: cost of go			10b						
	С	Net income or (I	oss) fr	rom sales of inv	entory						
S							Business Code				
eo Le	11a										
lar	b										
Miscellaneous Revenue	C .										
Σ											
		Total. Add lines						105,810	58	0	0
	14	Total revenue.	oee ii	เอเเนษแบบรั		<u> </u>	u	T02,010	٥٥	U	ı

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must on the contains a resp			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		охроносо	general expenses	схропосо
-	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	63,601	63,601		
6	Compensation not included above to disqualified	,	_		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting	1,770		1,770	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,571	2,571		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	553	553		
17	Travel	6,618	6,618		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings \dots				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	53		53	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	4 01 5	4 01 5		
а	Actual Mileage Reimbursme	4,215	4,215		
b	Insurance	2,830	2,830	000	
С.	Meals	889		889	
d	Licenses & Fees	751	277	751	
e	All other expenses	1,582	373	1,209	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	85,433	80,761	4,672	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 43,897 53,569 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,897 2,850 b Less: accumulated depreciation 10b 100 47 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 43,997 53,616 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 17,421 6,663 of Schedule D 25 17,421 6,663 **Total liabilities.** Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check here $\mathbf{u}|\mathbf{X}|$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 26,576 46,953 Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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46,953

30

31

32

33

26,576

43,997

30

31

32

Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			┵			
1	Total revenue (must equal Part VIII, column (A), line 12)	1)5,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2		35,4 20,3				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		46,9	<u>53</u>			
Pa	art XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990:		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Single Audit Act and OMB Circular A-133?		. 3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					

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