

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-0047

2019

Department of the Treasury
 Internal Revenue Service

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending ,

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	Plant-based Prevention Of Disease, Inc. P. O. Box 286 Asheville, NC 28802	47-1328220
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		828-225-8805
<input type="checkbox"/> Final return/terminated		F Group Exemption Number
<input checked="" type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.p-pod.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **153,283.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	77,394.
	2 Program service revenue including government fees and contracts	2	72,413.
	3 Membership dues and assessments	3	
	4 Investment income	4	278.
	5 a Gross amount from sale of assets other than inventory	a	
	5 b Less: cost or other basis and sales expenses	5 b	
	5 c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events:		
	6 a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	6 b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	
6 c Less: direct expenses from gaming and fundraising events	6 c		
6 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7 a Gross sales of inventory, less returns and allowances	7 a	3,198.	
7 b Less: cost of goods sold	7 b	1,807.	
7 c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c	1,391.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	151,476.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	31,720.
	13 Professional fees and other payments to independent contractors	13	11,948.
	14 Occupancy, rent, utilities, and maintenance	14	19,463.
	15 Printing, publications, postage, and shipping	15	483.
	16 Other expenses (describe in Schedule O) See Schedule O	16	55,476.
17 Total expenses. Add lines 10 through 16. ▶	17	119,090.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	32,386.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,727.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	45,113.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69,024.	44,379.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	9,262.	40,637.
25 Total assets	78,286.	85,016.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	65,559.	39,903.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,727.	45,113.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? <u>See Schedule O</u>		Expenses	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 <u>See Schedule O</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a		110,455.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a		
32 Total program service expenses (add lines 28a through 31a)	32		110,455.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Bob LeRoy, MS EdM RDN</u> President/Treas	32	23,490.	0.	0.
<u>Mladen Golubic, MD PhD</u> CME MedicalDir.	1	0.	0.	0.
<u>Micaela Karlsen, PhD MSPH</u> Director	0.5	0.	0.	0.
<u>Parul Kharod, MS RDN LDN</u> Director	1.5	0.	0.	0.
<u>Milton Mills, MD</u> Director	0.5	500.	0.	0.
<u>Kathy Pollard, MS</u> Secretary	1.5	0.	0.	0.
<u>Monique Richard, MS RDN LDN</u> OutgoingDirectr	0.5	0.	0.	0.
<u>Matt Ruscigno, MPH RDN</u> Vice President	1.5	0.	0.	0.
<u>Caroline Trapp, DNP ANP-BC CDE</u> Nurse Planner	1	0.	0.	0.
<u>Sheri Orlekoski, RN BS HCSA CR</u> Director	1	0.	0.	0.
<u>Robert Breakey, MD</u> Director	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. See Sch O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Bob LeRoy Telephone no. 828-225-8805
Located at 55 Grove St., #4 Asheville NC ZIP + 4 28801

42b 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?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. []

47 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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No X

b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: None.

f Total number of other employees paid over \$100,000. []

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: None.

d Total number of other independent contractors each receiving over \$100,000. []

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. [X] Yes [] No

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.

Sign Here: Signature of officer (Bob LeRoy), Date (9/29/21), Type or print name and title (President/Treas)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature (Self-Prepared), Date, Check [] if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. [] Yes [] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Plant-based Prevention Of Disease, Inc.	Employer identification number 47-1328220
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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 in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)			22,666.	47,138.	77,394.	147,198.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.			36,065.	69,798.	75,611.	181,474.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	0.	0.	58,731.	116,936.	153,005.	328,672.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						328,672.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	0.	0.	58,731.	116,936.	153,005.	328,672.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			5.	10.	278.	293.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b.	0.	0.	5.	10.	278.	293.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	58,736.	116,946.	153,283.	328,965.

14 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 2019 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2019. 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. ▶

b 33-1/3% support tests—2018. 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. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Schedule B**(Form 990, 990-EZ, or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Name of the organization

Plant-based Prevention Of Disease, Inc.

Employer identification number

47-1328220

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990-PF

 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Plant-based Prevention Of Disease, Inc.	Employer identification number 47-1328220
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anonymou ----- unknown ----- Durham, NC 27713 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Nalith Inc. ----- 231 Helsel Heights ----- Duncansville, PA 16635 -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VegFund, Inc. ----- P.O. Box 65558 ----- Washington, DC 20035-5558 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Plant-based Prevention Of Disease, Inc.

Employer identification number

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) B. LeRoy	board offi			ToBeReimb'	X		530	1324	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Plant-based Prevention Of Disease, Inc.

Employer identification number

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Form 990-EZ - Explanation of Amended Return

The organization's accounting is on accrual basis, and the greatest burden of accounting adjustments for this falls upon the donations/grants revenue area. For 2019, an aggregate of multiple accrual accounting adjustments was calculated with regard to donations/grants revenue, having an overall net effect of <crediting> <\$49,908> to the net fund balances. However, the <cr> <\$49,908> was inadvertently left in the Form 990-EZ instrument as a direct adjustment to net fund balances, as opposed to breaking this out into the separate <credit> or debit effects upon income and balance sheet accounts affected. This error is corrected via this amendment.

The changes now implemented accordingly are as follows:

\$49,908 DR = remove direct adjustment to net fund balances

<\$25,000> <CR> = Contributions/Gifts/Grants Revenue, for 10/18 deferred unrestricted donation

<\$16,667> <CR> = Contributions/Gifts/Grants Revenue, for restricted portion of 9/18 deferred grant

<\$8,333> <CR> = Contributions/Gifts/Grants Revenue, for unrestricted portion of 9/18 deferred grant

<\$3,000> <CR> = Contributions/Gifts/Grants Revenue, for 11/18 deferred grant for 2019 use only

\$7,000 DR = Contributions/Gifts/Grants Revenue, reclassifying to Deferred Revenue the \$3,000 spring 2019 and \$4,000 autumn 2019 grants, from a Schedule B donor, limited to 2020 use only

<\$3,000> <CR> = Deferred Revenue, recording the spring 2019 grant noted above that was not originally reflected in Deferred Revenue

<\$411> <CR> = Contributions/Gifts/Grants Revenue, for 12/18 deferred donation for

Name of the organization

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Form 990-EZ - Explanation of Amended Return (continued)

2019-onward use only (\$300 of which for scholarship program)

<\$150> <CR> = Contributions/Gifts/Grants Revenue, for 8/18 deferred donation for

2019-onward use only for scholarship program

<\$145> <CR> = Contributions/Gifts/Grants Revenue, for unrestricted donation

<\$100> <CR> = Contributions/Gifts/Grants Revenue, for unrestricted donation

<\$50> <CR> = Contributions/Gifts/Grants Revenue, for 12/18 deferred unrestricted donation

<\$30> <CR> = Contributions/Gifts/Grants Revenue, for 12/18 deferred unrestricted donation

<\$22> <CR> = Contributions/Gifts/Grants Revenue, for arithmetic correction

TOTAL debits and <credits> = \$0

**Form 990-EZ, Part I, Line 16
Other Expenses**

Advertising and Promotion.....	\$	3,217.
Catering&Speaker/AttendeeMeals.....		31,640.
CreditCardProcessingCosts.....		1,275.
Event/HospitalitySuppsNonResale.....		798.
Information Technology.....		4,480.
Insurance.....		677.
Interest.....		8.
ReconcilAdjustms&CashOvr/Short.....		18.
Travel.....		13,363.
	Total \$	<u>55,476.</u>

**Form 990-EZ, Part II, Line 24
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges.....	\$ 9,262.	\$ 40,637.
Total	<u>\$ 9,262.</u>	<u>\$ 40,637.</u>

**Form 990-EZ, Part II, Line 26
Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 1,989.	\$ 18,423.
Deferred Revenue.....	63,040.	20,156.
Payable to Officers, Directors, Etc.....	530.	1,324.
Total	<u>\$ 65,559.</u>	<u>\$ 39,903.</u>

Name of the organization

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Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Plant-based Prevention Of Disease, Inc., known as "P-POD", is incorporated as a North Carolina nonprofit corporation dedicated strictly to educational purposes, and recognized by the Internal Revenue Service as a tax-exempt Section 501(c)(3) organization. P-POD serves the general public as well as providing accredited continuing education to practitioners and students in health-related professions. The annual national P-POD Conference is devoted to the advancement of public health in the U.S., via an evidence-based investigation of how society's major chronic diseases, such as cardiovascular disease, cancer and diabetes, may largely be prevented, and in many cases treated, via lifestyle changes among individuals and in communities. The P-POD Conferences draw upon the scientific research literature and clinical experience in human nutrition, to identify protective mechanisms and health benefits that may be provided via plant-based dietary choices and allied lifestyle measures. P-POD also supports the work of health care practitioners by exploring how nutritional advisement may effectively be integrated into clinical medical practice, using strategies for sustainable behavior change among patients and community members. P-POD accepts no funding or influence from commercial sources, and is committed to maintaining affordable event admission fees so that a broad, diverse spectrum of attendees may participate.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Our Section 501(c)(3) recognized educational nonprofit Plant-based Prevention Of Disease, Inc. (P-POD) produces an annual national conference each May, focused upon the health professions while welcoming the public, and exploring evidence-based nutrition in the prevention and even treatment of cardiovascular disease, cancer, diabetes and other chronic diseases. Our 2019 event in Raleigh NC, continuing a theme of "The FUTURE of Healthcare Begins with NUTRITION", brought

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Plant-based Prevention Of Disease, Inc.

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Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

together about 280 individuals, including paid registrants, speakers, other board members, regular staff, volunteers and scholarship recipients. 17 hours of continuing education credits were awarded to physicians, osteopaths, nurse practitioners, physician assistants, registered nurses, registered dietitians, physical therapists, acupuncturists, pharmacists, psychologists, certified health educators, certified health coaches and candidates for the Diplomate credentialing examination administered by the American Board of Lifestyle Medicine. We do emphasize strongly the relevance of the whole team of health care practitioners in addressing and influencing the lifestyles and chronic disease incidence of the public.

We continued to develop and champion the attributes of our conference that make us quite unique, such as our nonprofit's refusal to accept any funding, sponsorship or influence at all from commercial sources, and our maintaining more affordable registration prices than would be found for nearly all accredited professional conferences in the U.S. Via the latter we have intended that a broad diverse spectrum of grassroots attendees and community-level health promoters may participate, and we have now sought to expand this accessibility by launching a scholarship program. Shortly before the 2019 conference, we raised some initial dedicated donations from 7 individuals and groups, and supported attendance by 8 scholarship recipients, while setting aside remaining funds toward continuing and gradually expanding the well-received program for 2020 onward.

Our presenters, who are distinguished researchers, clinicians and educators, always reflect diversity demographically and a wide range of backgrounds, professional disciplines and perspectives. Our 28 speakers for 2019 were

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Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

headlined by a triple keynote session for the 3rd annual Denis Burkitt, MD Memorial Lecture, 3 presentations on Women's Health and Chronic Disease Risk, and Reproductive Health, by Reed Mangels, PhD RDN, Amanda E. McKinney, MD CPE FACLM FACOG and Linda Carney, MD. Their content spanned cardiovascular disease, osteoporosis, Alzheimer's Disease and dementias, cancer, PMS, diabetes, depression, dysfunctional uterine bleeding, infertility and pregnancy outcomes.

Our Distinguished Researcher Series was likewise represented by a triple cohort of speakers spanning extensive subject matter: David J. A. Jenkins, MD PhD DSc on "The Need to Swap Animal Proteins for Plant Proteins, for Health and the Environment", Hana Kahleova, MD PhD on "Resetting Your Body Clock and Boosting Your Metabolism with Plant-based Nutrition", especially pertinent to metabolic determinants of diabetes risk, and Lawrence H. Kushi, ScD on "Can What You Eat Influence Your Risk and Prognosis of Cancer?".

Our Annual Clinicians' Round Table reconfigured itself around a core priority of most practitioners attending the conference, via the topic of "A Family Practice Physician, Cardiologist, Registered Nurse and Registered Dietitian Discuss Together How They Each Have Re-dedicated Themselves to Hands-on Facilitating of Lifestyle Behavior Change". Personal perspectives on day-by-day clinical efforts against preventable (or reversible) chronic disease were provided interactively by Denise Dysard, RN BSN, Brian Asbill, MD FACC, Parul Kharod, MS RDN LDN (all from nearby in North Carolina) and Ana M. Negrón, MD.

The conference finale was an inspiring screening of the film "Code Blue -- Redefining the Practice of Medicine", about the journey of our frequent speaker Saray Stancic, MD FACLM from infectious disease specialist physician to disabled

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Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

multiple sclerosis patient through nutrition and exercise based recovery to becoming an evidence-based lifestyle medicine practitioner and visionary. The power of prevention, the possibilities for chronic disease reversal, and the need for establishment of nutrition and lifestyle medicine as components of medical school curriculum, were thoroughly explored in the film, and in subsequent discussion with its producers and principals.

We always turn some attention toward how we in our professional practices and our activism can promote a better and more equitable society, partly through our P-POD Annual Public Policy Round Table, which considered "How to Navigate Successfully a Progressive and Evidence-Based Nutrition Message in a Challenging Food Policy Environment". It examined historical counterproductive effects of many federal food policies, and conflicts of interest encountered in policy creation, while illustrating possibilities for action and constructive change at national, state and local levels, with particular attention to policy accomplishments within the Navajo (Diné) Nation. This was presented by Amy Lanou, PhD, Gloria Ann Begay, MAE and Susan Levin, MS RDN CSSD. Another presentation by our board member Milton Mills, MD covered in depth "The Impact of Historical Racial and Ethnic Bias on the Health Profiles of Minority Communities".

The sustainability component of the presentation by keynoter David J. A. Jenkins, MD PhD DSc was echoed by board member Kathy Pollard, MS who offered "The Sustainability Factor - Do Healthcare Professionals Have a Responsibility to Promote Sustainable Plant-Based Dietary Patterns that Protect the Planet?". We have tried to observe some degree of environmental awareness in reducing avoidable waste in the physical production of the event, and accordingly the first-ever t-shirts celebrating our nonprofit were introduced at our 2019 conference, having

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Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

been printed in a small solar-powered studio using only water-based acrylic ink, water, and heat.... avoiding oil-based or plastic-derived inks and subsequent chemical press washes, toxic spray adhesives, VOCs and other chemicals. The shirt material utilized was a 100% recycled cotton-poly blend derived from garment industry scraps and recycled water bottles. The shirts did sell out immediately. We also continued for a third year to offer an option for extremely affordable walking-distance campus housing, a rare opportunity for a professional conference, and one which spares the energy-consumption burdens of commuting while further enhancing opportunities for interaction and cross-pollination within the conference "community".

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No