Form 990-EZ

Short Form

BONNiES

OMB No. 1545-0047

2021

Open to Public

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection A For the 2021 calendar year, or tax year beginning 2021, and ending B Check if applicable: . 20 C Name of organization 21 D Employer identification number Address change THE PLASTIC OCEAN PROJECT INC 46-1251038 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 4709-1 COLLEGE ACRES RD Final return/terminated 1-910-616-6766 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption **WILMINGTON, NC 28403** Application pending Number ► ? G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ H Check ▶ if the organization is not Website: ▶ WWW.PLASTICOCEANPROJECT.ORG J Tax-exempt status (check only one) — 501(c)(3) 501(c) (required to attach Schedule B) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). K Form of organization: Corporation ☐ Trust ☐ Association 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 Other (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 151,113 Check if the organization used Schedule O to respond to any question in this Part I . . V Contributions, gifts, grants, and similar amounts received . ´ 1 Program service revenue including government fees and contracts 151,104 2 2 ?1 3 3 4 4 9 Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 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) . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . 7c 8 8 9 9 Grants and similar amounts paid (list in Schedule O) 151,113 10 10 6,000 11 Benefits paid to or for members 11 12 Expenses Salaries, other compensation, and employee benefits 24 12 50,815 13 Professional fees and other payments to independent contractors 23 . 13 28,341 14 14 11,922 15 15 16 Other expenses (describe in Schedule O) 1,386 16 67,427 17 17 Excess or (deficit) for the year (subtract line 17 from line 9) 165,891 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with -14,778 19 19 20 Other changes in net assets or fund balances (explain in Schedule O) 118,614 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

103,836

?"

	Form 9	90-EZ (20	021)					Page 2
?:	Par	t II	Balance Sheets (see the instructions f	or Part II)			In	, age Z
			Check if the organization used Schedule	O to respond to a	ny question in this	Part II		D/
			o and acceptance	O to respond to a	ny question in this	(A) Beginning of year	(B) End of year	
	22	Cash,	savings, and investments		-		_	
	23	Land	and buildings			162,30	-	
	24		assets (describe in Schedule O)			20.00	23	
	25	Total	assets			90,98	_	
	26		liabilities (describe in Schedule O)			253,29	_	
	27	Net a	ssets or fund balances (line 27 - 4 - 1)			134,68	_	
?1	Part	1111	ssets or fund balances (line 27 of column	(B) must agree wit	h line 21)	118,61	4 27	103,836
			Statement of Program Service Accom	plishments (see th	ne instructions for F	Part III)		_
	Mhat	in the c	Check if the organization used Schedule	O to respond to a	ny question in this	Part III []]	Expenses
	vvnat	is the c	organization's primary exempt purpose?	EDUCATION, RESEA	ARCH AND OUTREA	CH		equired for section 11(c)(3) and 501(c)(4)
	Desc	ribe the	organization's program service accomplis	shments for each o	of its three largest p	rogram services.		ganizations; optional for
					e services provided	the number of	ot	hers.)
	P 0.00	2110 0011	cited, and other relevant information for ea	ICh program title				
?1	28	PRESE	NTATIONS THROUGHOUT THE WORLD EXPL	AINING HARMFUL E	FFECTS OF PLASTIC	C IN OUR		
		UCEAN	IS AND WATERWAYS. MANY OF THESE PRES	SENTATIONS ARE T	HROUGH ARTWORK	OF COLLEGE		-
		STUDE	N IS AND YOUNGER CHILDREN.					
	?1	(Grants		includes foreign gra	ants, check here .	▶ □	28	a 44,777
	29	RESEA	RCHING PLASTIC DEBRIS FOUND IN OUR O	CEANS AND ON THE	BEACHES AND THE	MAKEUP OF		
		THESE	PARTICLES					
		(Grants	\$\$) If this amount	includes foreign gra	ants check here	▶ [7]	29	a 91,213
	30	THROL	IGH OUTREACH, EDUCATE THE POPULATION) If this amount includes foreign grants, check here . I OUTREACH, EDUCATE THE POPULATION ON HOW TO REDUCE THE ONE TIME I			20	71,213
		PLAST	ICS.			3E 01		
								= =
		(Grants	\$\$) If this amount	includes foreign are		20	20.051	
	31	(Grants \$) If this amount includes foreign grants, check here Other program services (describe in Schedule O)					30	a 29,851
		(Grants \$) If this amount includes foreign grants, check here						_
	32			hrough 31a)	ants, check here .	· · · • U	31	
	Par	Total program service expenses (add lines 28a through 31a)						2 165,841
			Check if the organization used Schedule	O to respond to a	ny guestion in thic			
	10000 11111		CONTOCOLO	O to respond to a		rantiv	÷	<u> </u>
			?1	(b) Average compensation hours per week devoted to position compensation compensati	(c) Reportable compensation	(d) Health benefits,		
			(a) Name and title		(Forms W-2/1099-MISC/	benefit plans, and		Estimated amount of
					1099-NEC) (if not paid, enter -0-)	deferred compensation	on	other compensation
	LIND	SEY MC	COV		(mot paid, cittor -c-)			
		SIDENT		2	19 - 19 - 1 1 1 1		and"	
	_		TELEONE		0		0	0
		PRESID		- 5	li e			
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	EXEC	UTIVE	DIRECTOR		18,750		0	0
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			and any one organization of the second of th					

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in th	ne	age 3
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in th	is Pan		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35a				
ь	If "Vee" to line 350 has the executation filed a 5 and 74, among others)?	35a		
C	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? If "Yes," complete Schedule C, Part III	35b 35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓ ?
37a	F-4	0 12 24		N. A. A. C.
b		37b		V
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? .	38a		√ ?
ь	, and the state of		NE LA	
39	Section 501(c)(7) organizations. Enter:			
а	The second continuous of the c			
b	The state of the public doc of clab facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
Ь	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? If "Yes," complete Schedule L, Part I	40b		V 2
С	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	3.00 h	/
41	List the states with which a copy of this return is filed ▶ NORTH CAROLINA			
42a	The organization's books are in care of ▶ BONNIE MONTELEONE -EXEC.DIRECTOR Telephone no. ▶	910-61	6-6766	
	Located at ► 4709-1 COLLEGE ARCES RD, WILMINTON, NC ZIP + 4 ►	28403		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Τ	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country ▶		1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V
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? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Toa		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		

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									Vaal	N	
46	Did	the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of	or in opposi	tion [1	Yes	No	
Part '		Tes, (OMplete Schedule C	Part I		<u></u>		46		~	
		organization:	s Univ					_			
	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	ריח						•	·i	Yes	No	
47	vea	the organization engage in lobbying r? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) electio	n in effe	ct during the	tax				
48		rest semplete conledule C, Fall			100 100 100			47		~	
49a	Did	ne organization a school as described in the organization make any transfers to (es." was the related organization a	o an exempt page abo)? If "Yes," complete s	Schedule	E	.	48		~	
b		so, was the related organization a se	CTION 52 / Organizatio	n2				49a	-		
Complete this table for the organization's five highest compensated employees (other than officers, directors, the organization)							s. and	d kev			
-	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								,		
		a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contribution benefit pla	aith benefits, ons to employee ns, and deferred pensation	(e) Est		amou		
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			2			1					
						e e e e e e e e e e e e e e e e e e e					
						allow the					
					and Age	Leave of the second					
51	Con	al number of other employees paid ov nplete this table for the organization' 0,000 of compensation from the organ	s five highest compa	protect independent	contracto	ors who each	n recei	ived	more	than	
	(a) Name and business address of each independent contractor			(b) Type of service (c) Compensation							
					,	(o) compensation					
				1							
							9.55				
٠ ٠	Tata	I more than a final and a fina		1		1					
52	Did Did	I number of other independent contra	ctors each receiving	over \$100,000	-			A) [8]			
	com	the organization complete Schedu pleted Schedule A	le A? Note: All se	ction 501(c)(3) orga	nizations	must attac	h a				
Jnder per	nalties	s of periury I declare that I have examined this	eturn, including accompany	/ing schedules and etate				Yes		No	
rue, corre	ect, ar	nd complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	nts, and to as any kno	the best of my k wledge.	nowledg	ge and	belief,	it is	
Sign		I fueio & Mat	ellone	X2/17/2022							
dere I	?;	V Table May Late	ne, Vice President			Date	0.0-				
	_	Type or print name and title	one, Vice Pr	esident							
Paid		Print/Type preparer's name	Preparer's signature	Da	te						
repa	rer	PAUL LORENZO-TREASURER	Pail Za		2 -4-2:	Check C	_l if l	PTIN			
Jse O	nly	Firm's name ► NOT APPLICABLE	OT APPLICABLE			Sell-empl	oyed				
		Firm's address ▶				Firm's EIN ▶ Phone no.	607	7-753-	0430		
iay lile	IHS	discuss this return with the preparer	shown above? See in	nstructions			200	Yes		No	