

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

2023
Open to Public Inspection

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/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Pediatric Alternative Treatment Care, Housing & Evalu. Services Inc Doing business as PATCHES PPEC Number and street (or P.O. box if mail is not delivered to street address) 335 S. Krome Ave Ste 104 Room/suite City or town, state or province, country, and ZIP or foreign postal code Florida City FL 33034	D Employer identification number 65-1012818 E Telephone number 305-242-8122 G Gross receipts\$ 7,213,270
F Name and address of principal officer: Azona Smith 335 S Krome Ave Ste 104 Florida City FL 33034		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: www.patchespec.org		L Year of formation: 2000 M State of legal domicile: FL
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The mission of PATCHES PPEC is to provide culturally sensitive and compassionate nursing care to children with complex medical needs regardless of the ability to pay.			
	2	Check this box <input type="checkbox"/> 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)	3		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3		
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	115		
	6	Total number of volunteers (estimate if necessary)	15		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,157,084	1,061,978	
	9	Program service revenue (Part VIII, line 2g)	5,919,669	6,096,744	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,519	9,048	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,265	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,078,272	7,204,035	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,961,918	5,070,829	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b	Total fundraising expenses (Part IX, column (D), line 25) 176,946			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,498,605	1,734,321	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,460,523	6,805,150		
19	Revenue less expenses. Subtract line 18 from line 12	617,749	398,885		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,974,389	3,764,304	
	21	Total liabilities (Part X, line 26)	1,676,497	1,067,528	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,297,892	2,696,776	

Part II 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.

Sign Here	Signature of officer Azona Smith Type or print name and title		Date CEO
	Print/Type preparer's name E. Beatriz Brouwer	Preparer's signature E. Beatriz Brouwer	Date 05/15/25
Paid Preparer Use Only	Firm's name Brouwer & Co CPA's	Firm's EIN 26-0352568	Check <input type="checkbox"/> if self-employed PTIN P00642923
	Firm's address 6800 SW 40th St Ste 372 Miami, FL 33155	Phone no. 305-735-3161	

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