** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343-0047
2023
Open to Public Inspection

ΑF	or the	2023 calendar year, or tax year beginning	and	ending		
	Check if pplicabl	C Name of organization			D Employer identi	fication number
X		PROTECT OUR WINTERS				
	Name chang	Doing business as			20-8474909	9
	Initial return Final return	Number and street (or P.O. box if mail is not de 1919 14TH ST	ivered to street address)	Room/suite 700	E Telephone numb (303)900-40	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	7,253,548.
	Amen	, , , , , , , , , , , , , , , , , , , ,	Ell of foreign poolar oods		H(a) Is this a group	
F	Applic		SPRAGUE		for subordinate	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates	····· — —
<u> </u>	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 ` ′	a list. See instructions
	Nebsi		(moore no.) 10 17 (u)(1)	01 021	H(c) Group exempti	
			sociation Other	1 Year		M State of legal domicile: CO
	art I	Summary		L 1001	or formation,	W Otato of logal dofficino.
	1	Briefly describe the organization's mission or most	significant activities: POW HE	LPS PASSI	ONATE OUTDOOR	
Governance	ı	PEOPLE PROTECT THE PLACES THEY LIVE A				
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ove	I .	Number of voting members of the governing body				12
		Number of independent voting members of the gov				. 11
Se	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)			34
ξį	6	Total number of volunteers (estimate if necessary)			<u>6</u>	12
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		78	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····	7t	
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			6,406,034	
Revenue	1				0	·
ě		Investment income (Part VIII, column (A), lines 3, 4,			-155	·
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		193,306	-
		Total revenue - add lines 8 through 11 (must equal			6,599,185	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		641,560	. 777,217.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	·
S	15	Salaries, other compensation, employee benefits (F			2,397,125	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0	. 0.
×	b	Total fundraising expenses (Part IX, column (D), line	· -			
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			2,933,590	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	18	Total expenses. Add lines 13-17 (must equal Part I	K, column (A), line 25)		5,972,275	
		Revenue less expenses. Subtract line 18 from line	12		626,910	-
Net Assets or				Ве	ginning of Current Year	
sets	20	Total assets (Part X, line 16)			6,010,677	
A	21	Total liabilities (Part X, line 26)			306,290	
		Net assets or fund balances. Subtract line 21 from	line 20		5,704,387	6,130,644.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
true,	, correc	t, and signed by: Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.	
٠.		ERIN SIRIGUE			I Date	
Sigi		Signature of a signat			Date	
Her	е	ERIN SPRAGUE, CEO				
		Type or print name and title		Tr)ata about	DTIN
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		,	BECKY DETTMANN, CPA		L/05/24 self-empl	•
	arer	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN	41-0746749
Use	Only	Firm's address 8390 EAST CRESCENT PARKWAY	•			02) 770 5710
		GREENWOOD VILLAGE, CO 801			Phone no. (3	03) 779-5710
May	the If	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

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Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	POW HELPS PASSIONATE OUTDOOR PEOPLE PROTECT THE PLACES AND LIFESTYLES	
	THEY LOVE FROM CLIMATE CHANGE. WE ARE A COMMUNITY OF ATHLETES,	
	SCIENTISTS, CREATIVES, AND BUSINESS LEADERS ADVANCING NON-PARTISAN	
	POLICIES THAT PROTECT OUR WORLD TODAY AND FOR FUTURE GENERATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4 , 206 , 118. including grants of \$ 777 , 217.) (Revenue \$	119,025.)
4a	(Code:) (Expenses \$4, 206, 118. including grants of \$///, 21/.) (Revenue \$ WE MOBILIZE A POWERFUL AUDIENCE THAT INCLUDES PASSIONATE YOUNG PEOPLE,	
	WELL-KNOWN ATHLETES, AND BUSINESSES. WE EDUCATE, CONNECT, AND ACTIVATE	
	THEM INTO EFFECTIVE CLIMATE ADVOCATES. POW ORGANIZED CLIMATE-FOCUSED	
	EVENTS FOR THE OUTDOOR COMMUNITY, WORKED WITH INDUSTRY PARTNERS TO	
	INTEGRATE CLIMATE CHANGE TOPICS INTO INDUSTRY EVENTS, AND FOUND	
	OPPORTUNITIES FOR ALLIANCE MEMBERS TO SPEAK ON BEHALF OF THE COMMUNITY	
	ON CLIMATE, WE TAUGHT MEMBERS OF OUR ALLIANCE (ATHLETES, CREATIVES,	
	CEOS AND BRAND STAFF) TO BECOME MEGAPHONES FOR CLIMATE CHANGE	
	MESSAGING. WE PREPARED KNOWLEDGEABLE PARTNERS TO HELP GROW OUR BASE AND	
	INSPIRE ACTION ON SPECIFIC ASKS FROM THE OUTDOOR COMMUNITY PERTAINING	
	TO POW'S INITIATIVES. WE TRANSFORMED ATHLETES, INFLUENCERS, AND CEOS	
	INTO EFFECTIVE CLIMATE ADVOCATES.	
4b	(Code:) (Expenses \$)
	N/A	
4c	(Code:) (Expenses \$) (Revenue \$))
	N/A	
	-	
	Other are green and in a (Danariha an Cahada Is O.)	
4d	Other program services (Describe on Schedule O.)	1
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,206,118.)
<u>4e</u>	Total program service expenses 4,206,118.	Form 990 (2023)
		. 5 (2020)

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Form 990 (2023) PROTECT OUR WINTERS Part IV Checklist of Required Schedules

			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	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
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		X
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		
.5	,	19		x
20a	complete Schedule G, Part III	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domoctio government on traitive, column (-y, interit ii res. complete scriedule i. Parts I and II	41		

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Dort IV	7		of Do	iuad	Cabadulaa	
raitiv		ecklist	oi Rec	Juirea	Schedules	(continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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	26		X
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	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dor	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N _C
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	

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Form	990 (2023) PROTECT OUR WINTERS 20-847490	9	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 2a 34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d		70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,,,		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. -	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	mar wodio resultin me imposition of an excise fax under section 4957, 4957 or 49537	/	1	i

Form **990** (2023) 332005 12-21-23

If "Yes," complete Form 6069.

Form 990 (2023) PROTECT OUR WINTERS 20-8474909 Page 6

Part VI 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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
40-	Did the averagination have lead about on hypnohea averaginate 0	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	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		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, CA, CT, FL, KS, KY, MA, MD, ME, MI, MN			
18	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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JENNIFER CHANG - (626)818-7169			
	1919 14TH ST 700 BOULDER CO 80302			

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do		Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARIO MOLINA	40.00									
EXECUTIVE DIRECTOR (THRU 9/23)		Х		Х				224,400.	0.	28,823.
(2) TORREY UDALL	40.00									
INTERIM EXEC. DIR.		Х		Х				149,605.	0.	16,034.
(3) CONSUELO GONZALES	40.00	-								
VP OF DEVELOPMENT	10.00					Х		132,288.	0.	5,292.
(4) LEIGH CAPOZZI	40.00	-						405 605		0.4.060
VP OF MARKETING	40.00					Х		105,697.	0.	24,963.
(5) BENJAMIN GUBITS	40.00	-				,,		115 202	_	4 615
VP OF CAMPAIGNS AND ADVOCACY	1 50					Х		115,383.	0.	4,615.
(6) ERIN SPRAGUE	1.50	x		ļ					0.	0
CHAIR (7) JEREMY JONES	1,50	Λ		Х				0.	٠.	0.
PRESIDENT	1.50	x		х				0.	0.	0
(8) DANIEL STILES	1.00	Λ		^				0.	٠.	0.
SECRETARY	1.00	-		х				0.	0.	0.
(9) CONRAD ANKER	1.00			_				0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(10) LUIS BENITEZ	1.00	21						0.	<u> </u>	
DIRECTOR	1.00	x						0.	0.	0.
(11) PATRICK CRAWFORD	1.00							•	· ·	
DIRECTOR	1.00	х						0.	0.	0.
(12) JESSICA DIGGINS	1.00									
DIRECTOR		х						0.	0.	0.
(13) TOD FRANCIS	1.00									
DIRECTOR		х						0.	0.	0.
(14) PHIL HENDERSON	1.00									
DIRECTOR		х						0.	0.	0.
(15) HILARY HUTCHESON	1.00									
DIRECTOR		х						0.	0.	0.
(16) JIM MORRISON	1.00									
DIRECTOR		х						0.	0.	0.
(17) CHARLOTTE TRACY	1.00									
DIRECTOR		х		L	L			0.	0.	0.
·									•	Form 990 (2022)

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Part VII Section A. Officers, Direct		oloy	ees,			ghes	t C			—			
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not cl		more	than c		Reportable	Reportable			stimat	
	hours per week					s both		compensation	compensation		aı	mount	
	(list any		T			T		from	from related	- 1		other	
	hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS			npensa from th	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	٦		ganiza	
	organizations	truste	al trus		/ee	m per		1099-NEC)	1000 (120)		•	nd rela	
	below	idual	Institutional trustee	-i-	Key employee	est co oyee	ь	,			org	anizat	ions
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
										\dashv			
										\dashv	—		
										\neg			
		1											
										\longrightarrow			
										\longrightarrow			
1b Subtotal					<u> </u>			727,373.		0.		79	727
c Total from continuation sheets t								0.		0.			0.
d Total (add lines 1b and 1c)								727,373.		0.		79	727
2 Total number of individuals (include									000 of reportable				
compensation from the organizati						,		,					į
*												Yes	No
3 Did the organization list any form	er officer, director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedu	ule J for such individual									[3		Х
4 For any individual listed on line 1a													
and related organizations greater	than \$150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a re													
rendered to the organization? If "	Yes," complete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five h										ensat	ion fr	om	
the organization. Report compens		ear e	endin	ig w	ith c	or wi	nın:		ear.			C)	
Name and	(A) business address							(B) Description of so	ervices	С		C) ensatio	n
HIGH CAMP LLC							\dashv	· · · · · · · · · · · · · · · · · · ·					
13009 SOLVANG WAY, TRUCKEE, CA	A 96161						ļ	EVENTS				145	987.
												· · ·	
							_						
							\dashv						
2 Total number of independent	tractoro (in alcadina a lacada a	o+ !!	nita -	1+-	the	no II	امدا	abova) who received	ero than				
2 Total number of independent cont	raciors (including but no	JL III	illec	ı LO	LITOS	e lis	eu	above) who received mo	ne ulali				

Form **990** (2023)

\$100,000 of compensation from the organization

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Form 990 (2023) PROTECT OU.

Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and		6 116 902				
ĕ			similar amounts not included above	1f	6,116,902. 65,249.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$,	6 116 002			
<u>0</u> 8		n	Total. Add lines 1a-1f		B	6,116,902.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>a</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			44,480.			44,480.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i)) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
				ecurities	(ii) Other				
				95,664.					
		b	Less: cost or other basis						
<u>o</u>		-		67,471.					
her Revenue		c		28,193.					
ě			Net gain or (loss)			28,193.			28,193.
푸			Gross income from fundraising events (n						
	0	а		of					
Ò			contributions reported on line 1c). Se	.					
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
		L-	Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming act						
	10	а	Gross sales of inventory, less returns		175 420				
		_	and allowances						
			Less: cost of goods sold		56,414.	110 005	110 005		
_		С	Net income or (loss) from sales of inv	entory		119,025.	119,025.		
<u>s</u>			OFFICE THEORY		Business Code	04 500			04 500
eon Ie	11		OTHER INCOME		900099	21,529.			21,529.
Miscellaneous Revenue		b	EXCHANGE LOSS		900099	-466.			-466.
Sev Sev		С							
Mis		d	All other revenue						
\perp		е	Total. Add lines 11a-11d			21,063.			
	12		Total revenue. See instructions	<u></u>		6,329,663.	119,025.	0.	93,736.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8k	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	226,567.	226,567.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22	170,000.	170,000.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	380,650.	380,650.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	432,942.	308,254.	71,869.	52,81
6 (Compensation not included above to disqualified				
p	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	1,907,260.	1,170,906.	348,543.	387,811
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	81,182.	50,209.	14,772.	16,201
	Other employee benefits	111,841.	66,563.	20,797.	24,481
1 0 F	Payroll taxes	190,090.	119,757.	34,216.	36,117
	Fees for services (nonemployees):				
a N	Management				
	_egal	31,762.	13,210.	14,092.	4,460
	Accounting	91,836.	38,196.	40,745.	12,895
	_obbying	50,099.	36,954.	7,006.	6,139
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	64.0 0.00	202 545	250 240	=0.00
	column (A), amount, list line 11g expenses on Sch O.)	619,079.	289,547.	250,312.	79,220
	Advertising and promotion	50,764.	48,802.	490.	1,472
	Office expenses	140,221.	93,451. 533,190.	21,361.	25,409
	nformation technology	649,926.	533,190.	61,304.	55,432
	Royalties	E0 020	27 100	10 625	11 21
	Occupancy	59,028.	37,188.	10,625.	11,215
	Travel	159,144.	65,951.	93,193.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	511,202.	510,055.	65.	1,082
	Conferences, conventions, and meetings	311,202.	310,033.	05.	1,002
	nterest				
	Payments to affiliates	5,105.	3,216.	919.	970
		11,438.	7,206.	2,059.	2,173
	Dither expenses. Itemize expenses not covered	,,	,,===•	_,,	
a I	above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	EVENTS EXPENSES	48,276.	36,246.		12,030
b -		•	,		•
c					
d -					
-	All other expenses				
	Fotal functional expenses. Add lines 1 through 24e	5,928,412.	4,206,118.	992,368.	729,926
	Joint costs. Complete this line only if the organization		-	·	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)
Part X Balance Sheet

Part A		Check if Schedule O contains a response or	note to an	y line in this Part X		<u></u>	
		, ====			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			5,629,211.	1	1,974,235.
2	2	Savings and temporary cash investments			0.	2	3,962,812.
3		Pledges and grants receivable, net			104,950.	3	130,781.
4		Accounts receivable, net			1,915.	4	1,150.
5		Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial c	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
6	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
<u>ဖ</u> ြ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use			116,159.	8	108,470
9 ¥	9	Prepaid expenses and deferred charges			33,117.	9	72,897.
10)a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	121,956.			
	b	Less: accumulated depreciation	10b	115,720.	11,341.	10c	6,236.
11	1	Investments - publicly traded securities			0.	11	10,348.
12	2	Investments - other securities. See Part IV, lir	ne 11			12	
13	3	Investments - program-related. See Part IV, li	ne 11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			113,984.	15	65,953
16	3	Total assets. Add lines 1 through 15 (must e	equal line 3	33)	6,010,677.	16	6,332,882
17		Accounts payable and accrued expenses $\ \dots$			235,016.	17	202,238
18	3	Grants payable				18	
19	9	Deferred revenue	40,000.	19			
20		Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
ဖ္မ 22	2	Loans and other payables to any current or for	ormer offic	er, director,			
≝∣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
- 23		Secured mortgages and notes payable to un				23	
24	4	Unsecured notes and loans payable to unrela	ated third p	parties		24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			31,274.	25	0,
26					306,290.	26	202,238.
ر د		Organizations that follow FASB ASC 958, or	check her	e X			
<u>ة</u>		and complete lines 27, 28, 32, and 33.			F F00 427		F 000 063
<u>E</u> 27					5,599,437.	27	5,999,863.
<u>m</u> 28		Net assets with donor restrictions			104,950.	28	130,781.
<u> </u>		Organizations that do not follow FASB AS	C 958, che	eck here			
卢		and complete lines 29 through 33.					
န္ 29		Capital stock or trust principal, or current fun				29	
8 30		Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances 25 8 82 30 31 35 32 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35		Retained earnings, endowment, accumulated			F 704 207	31	C 120 C
_		Total net assets or fund balances			5,704,387.	32	6,130,644.
33	3	Total liabilities and net assets/fund balances			6,010,677.	33	6,332,882.

Form 990 (2023) PROTECT OUR WINTERS 20-8474909 Page **12**

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5 ,	928,	412.
3				401,2	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				387.
5	Net unrealized gains (losses) on investments	5		25,	006.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6	130,	644.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	$oxed{oxed}$
	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:				
	X 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?			X	$ldsymbol{f eta}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

LULU

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

PROTECT OUR WINTERS 20-8474909 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

PROTECT OUR WINTERS 20 - 8474909Schedule A (Form 990) 2023 Page 2

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

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2,926,710.	5,695,918.	4,398,890.	6,406,034.	6,116,902.	25,544,454.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	145,443.	160,699.	177,815.	316,867.	175,439.	976,263.
2	Gross receipts from activities that				,		
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,072,153.	5,856,617.	4,576,705.	6,722,901.	6,292,341.	26,520,717.
	Amounts included on lines 1, 2, and				503,690.		2 152 702
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	259,147.	683,476.	96,475.	303,690.	1,611,004.	3,153,792.
	amount on line 13 for the year	259,147.	683,476.	96,475.	503,690.	1,611,004.	3,153,792.
	Add lines 7a and 7b	205,117.	000,170.	30,173.	303,030.	1,011,001.	23,366,925.
	Public support. (Subtract line 7c from line 6.)						23,300,323.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	3,072,153.	5,856,617.	4,576,705.	6,722,901.	6,292,341.	26,520,717.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	, ,	688.	796.	, ,	44,480.	45,964.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		688.	796.		44,480.	45,964.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			210,127.	2,990.	21,063.	234,180.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,072,153.	5,857,305.	4,787,628.	6,725,891.	6,357,884.	26,800,861.
	First 5 years. If the Form 990 is for the	e organization's fir			ear as a section 50		on,
		. 0 1 D					
	ction C. Computation of Publi						
	Public support percentage for 2023 (li		•	olumn (f))		15	87.19 %
	Public support percentage from 2022					16	89.97 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	123 (line 10c, colum	nn (f), divided by lin	e 13, column (f))		17	.17 %
18						18	.00 %
19a	33 1/3% support tests - 2023. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023 PROTECT OUR WINTERS 20-8474909 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	3b		
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ı uı	Continued)			
	<u> </u>		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	J		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	J		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>:</u>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	a I		

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 Schedule A (Form 990) 2023
 PROTECT OUR WINTERS
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Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus		·		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see	
	instructions).	, ,	5 5	,	

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - pro	5					
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
c	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i_	Carryover from 2018 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2019						
b	Excess from 2020						
С	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023 332028 12-21-23

Part VI

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

	20-8474909				
Organization type (check	c one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation					
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
X For an organizat	ion filing Form 000, 000 F7, as 000 DF that received, during the year, contributions totaling	of COO or more (in money or			
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one			
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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•			
For Paperwork Reduction A	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Haine, audi 655, and £if + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Nume, address, and 2n + 4	\$	Person X Payroll Noncash Complete Part II for annualsh contributions.)
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for concash contributions.)
(a)	(b)	(c) Total contributions	(d)
10	Name, address, and ZIP + 4	\$\$((Person X Payroll Noncash Complete Part II for loncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Name, audiess, and ZIF + 4	\$	Person X Payroll Noncash Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 14	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 16	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 17	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18	Humo, add 655, and Zir T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ivalite, audi ess, and EIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Tullio, and coo, and all TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 24,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	### Total contributions 38,530.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 32	Name, address, and ZIP + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	\$ \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	INGILIC, GUULESS, GILU ZIF + 4	\$ \$9,031.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 38	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4	* 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	name, audi 655, and £IF + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Name, address, and ZiF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 45	Name, address, and ZIP + 4	Total contributions \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
46	Name, address, and ZIP + 4	\$ \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	Name, audiess, and Zif + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions \$\$ \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	Trumo, addi 655, and £ii + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$5,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 56	Name, address, and ZIP + 4	\$\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	Traine, and coo, and Ell 1 1	\$\$ 9,995.	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	Total contributions \$ 5,260.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59_	Name, audiess, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	Nume, audi 633, and Eif TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	Name, address, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ 5,175.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	Nume, audi 635, and £if + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 68	Name, address, and ZIP + 4	\$\$ 39,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	ivalite, audi ess, aliu ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	Name, address, and Zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 75	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
76	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Name, audiess, and Zif + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
82 82	Name, address, and ZIP + 4	\$\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$	Person X Payroll

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
85		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	Name, address, and ZIF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
88 88	Name, address, and ZIP + 4	Total contributions \$\$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	Hame, audi 655, and £if + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	- Hame, dad ees, and zin T T	\$\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	Total contributions \$ 17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	raine, audiess, and EIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	Name, address, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$\$ 8,523.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 100	Name, address, and ZIP + 4	\$ \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	Tuino, addi coo, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 104	Name, address, and ZIP + 4	Total contributions \$\$ 5,260.	Person X Payroll
(a)	(b)	(c)	(d)
No. 105	Name, address, and ZIP + 4	Total contributions \$ 5,130.	Person X Payroll
(a)	(b)	(c)	(d)
No. 106	Name, address, and ZIP + 4	Total contributions \$\$ 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 107	Name, address, and ZIP + 4	Total contributions \$\$ 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 108	Name, address, and ZIP + 4	# Total contributions 50,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		- \$ 106,613. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		- - \$\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	Name, audress, and Zir + 4	\$\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		- - \$\$823.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		- - \$\$10,529.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	Name, audiess, and ZiF + +	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	Hame, address, and Zir + 4	\$\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 118	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 119	Name, address, and ZIP + 4	Total contributions \$\$ \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$10,133.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		- \$\$8,902.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	Name, audiess, and Zir + 4	\$\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		- _ \$52,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		- \$\$15,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		- - \$\$55,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 130	Name, address, and ZIP + 4	- \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		- - \$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		- - \$\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$118,310.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$69,150.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 136	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	Name, address, and Zir + +	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146	Hume, address, and zir + 4	\$\$19,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 148	Name, address, and ZIP + 4	Total contributions \$ 5,260.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	raine, audi 655, and £IF + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	Name, audiess, and ZiF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	Hame, address, and Zir + 4	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 154	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155	Haine, audiess, and ZIF + +	\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 158	Name, address, and ZIP + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
160	Name, address, and ZIP + 4	### Total contributions \$ \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	INGING, AUG ESS, AND ZIF TH	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	Tullio, dudi 655, dilu Eli TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 166	Name, address, and ZIP + 4	Total contributions \$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172	Name, address, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	Name, address, and ZIF + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177	Hallo, add 655, alla ell TT	\$\$ 5,018.	Person X Payroll
(a)	(b)	(c)	(d)
No. 178	Name, address, and ZIP + 4	Total contributions \$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 179	Name, audi ess, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180	Humo, avai 655, and Air T T	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
181_		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
182		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
183		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	- Nume, address, and En 1 7	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for pancash contributions)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	EVENT SUPPLIES		
28	EVENT SOFFILES		
		\$1,030.	04/22/23
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
	EVENT SUPPLIES		
57			
		\$ 3,995.	10/03/23
		, , ,	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of nonedair property given	(See instructions.)	Date received
	EVENT SUPPLIES		
63			
		\$ 14,950.	02/01/23
		\$14,950.	
(a) No.	(1-)	(c)	(41)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of Horicasti property given	(See instructions.)	Date received
	EVENT SUPPLIES		
75	TANKI BOLLBIED		
		\$ 15,000.	12/31/23
		\$15,000.	
(a)	<i>(</i> 1)	(c)	(1)
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
- aiti			
125	EVENT SUPPLIES		
135			
		5.000	00/01/02
		\$5,000.	09/01/23
(a)		(c)	_
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
	35 SHARES OF CATERPILLAR STOCK		
153	<u>- </u>		
	<u>- </u>		
		\$	12/31/23

Name of organization

Employer identification number

PROTECT OUR WINTERS

20-8474909

Partii	Noticasti Property (see instructions). Use duplicate copies of Part	ii it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	EVENT SUPPLIES	_	
174		_	
		\$\$	09/01/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
183	EVENT SUPPLIES	_	
103		—	
		\$8,028.	09/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		—	
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _	
		\$	

Page 3

Schedule B (Form 990) (2023)

Name of organization Page 4

varrie or or	rganization			Employer identification number
PROTECT	OUR WINTERS Exclusively religious, charitable, etc., contribution		: F04/-\/7\ (0\ (40\ H	20-8474909
Part III	from any one contributor. Complete columns (a) the	nrough (e) and the following line entry.	For organizations	· · · · · · · · · · · · · · · · · · ·
	completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or les ace is needed.	ss for the year. (Enter this info.	once.) $\Psi_{\underline{\hspace{1cm}}}$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, and	d ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
		(e) Transfer of gift		
	Transferee's name, address, and	i ZIP + 4	Relationship of tra	ansferor to transferee
Ī				
(a) No.			<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
}		(e) Transfer of gift		
	Transferee's name, address, and		Polationship of tra	ansferor to transferee
	mansieree's name, address, and		nelationship of tra	disteror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			_	
}		(e) Transfer of gift		
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Name of organization **Employer identification number** PROTECT OUR WINTERS 20-8474909 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$\,_\\$ 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

	rt II-A Complete if the org	PROTECT OUR	K MINII	ent under coetion	501/o\/3\ and file		otion under
Fai	section 501(h)).	janization is	S EXCII	ipt under section		ed Form 5700 (ele	Ction under
A (ation belongs to	o an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and shar	re of excess lo	bbying e	expenditures).			
B (Check if the filing organiza	ation checked b	oox A ar	d "limited control" pro	visions apply.	.	
		its on Lobbyin ditures" mean		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influ	uence public o	pinion (c	rassroots lobbving)		92,891.	
	Total lobbying expenditures to influ			(P		4,292.	
	Total lobbying expenditures (add li	· ·				97,183.	
	Other exempt purpose expenditure					5,101,303.	
е	Total exempt purpose expenditure					5,198,486.	
f	Lobbying nontaxable amount. Ente	er the amount	from the			409,924.	
	If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
	not over \$500,000,		20% of t	the amount on line 1e.			
	over \$500,000 but not over \$1,000	0,000,	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
	over \$1,000,000 but not over \$1,5	00,000,	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000 over \$1	000,000,	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
	over \$17,000,000,		\$1,000,0	000.			
g	Grassroots nontaxable amount (en	nter 25% of line	1f)			102,481.	
h	Subtract line 1g from line 1a. If zer	ro or less, ente	r -0			0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter	-0			0.	
j	If there is an amount other than ze	ero on either lin	e 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
	reporting section 4911 tax for this	year?					Yes No
	(Some organizations t	hat made a se	ction 50	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all c	of the five columns be	low.
		Lobbyin	g Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 202	0	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount	259	9,736.	324,759.	448,614.	409,924.	1,443,033.
b	Lobbying ceiling amount (150% of line 2a, column(e))						2,164,550.
c	Total lobbying expenditures	1!	5,992.	5,577.	28,838.	97,183.	147,590.
d	Grassroots nontaxable amount	64	1,934.	81,190.	112,154.	102,481.	360,759.
е	Grassroots ceiling amount (150% of line 2d, column (e))						541,139.
		1			i e e e e e e e e e e e e e e e e e e e	i	

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

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

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		,,	o)
ot the i	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
ŀ	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a \	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		05.00	tion	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 1 (0)(3)	, or se	Stion	
art					
art				Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
1 \				Yes	Ne
1 \ 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5)	2 3), or se	ction	
1 \ 2 [3 ['art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No" OR (I), or seeb) Part	ction	
1 \2 [3 [7] 2 art 1 [2 [8]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (I), or seeb) Part	ction	
1 \2 [3 [7] 2 art 1 [2 5	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
11 \\22 [33 [art]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or see b) Part	ction	
11 \ 22 [2art 11 [22 { 6	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part	ction	
1 \ \22 \ [\ \23 \ [\ \24 \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	3, is
1 \ \ 22 \ [\ 33 \ [\ 24 \ 1 \ 3 \ 4 \ 1 \ 1 \ 3 \ 4 \ 1 \ 1 \ 3 \ 4 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part	ction	
1 \\2 [3] 2 art 1 [2] 6 6 6 7 7 7 7 7 7 7 7 7 7	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political properties.	e prior year? n 501(c)(5) 'No" OR (I	2 3), or seeb) Part	ction	
11 \\22 \[\frac{1}{2}\] 11 \[\frac{1}{2}\] 22 \[\frac{1}{2}\] 3 \[\frac{1}{2}\] 4 \[\frac{1}{2}\] 6 \[\frac{1}{2}\]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Employer identification number

Name of the organization

PROTECT OUR WINTERS 20 - 8474909

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other account of the same of	No No e last
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. 1 A Total number of conservation easements 2 C Number of conservation easements 3 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	No No
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. 1 A Total number of conservation easements 2 C Number of conservation easements 3 Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	No No e last
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. Total number of conservation easements Total number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	No No e last
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	No No e last
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	No No e last
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	e last
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1	e last
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Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	e last
Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. Held at the End of the End of the Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	e last
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year. Held at the End of th	
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b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
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3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
year	
· ————	
4 Number of states where property subject to conservation easement is located	
- Hamber of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	No No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	ar
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	∟ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X \$\$	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X \$	
- ,	

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	t III Organizations Maintaining Col		t, Histo	orical Tre	asures, or	Other S	Similar As	sets (con		age Z
3	Using the organization's acquisition, accession							-	.iiiaca)	_
_	collection items (check all that apply).	,	-,	,						
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	m				
b	Scholarly research	e			9- 9					
c	Preservation for future generations	_								
4	Provide a description of the organization's colle	ections and explain	n how th	ev further th	ne organizatio	n's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or re									
•	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrange								 r	
	reported an amount on Form 990, Part			9				,, -		
	Is the organization an agent, trustee, custodian	. or other intermed	diary for	contribution	s or other ass	sets not inc	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII an									
-	roo, oxplain are arraingement in rail arrain air	а сотпристо ито то						Amou	nt	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Forr							Yes		No
	If "Yes," explain the arrangement in Part XIII. Cl					•	•]
	t V Endowment Funds Complete if the								·- L	
		(a) Current year		rior year	(c) Two year		Three years	back (e) Fo	ur years	hack
10	Beginning of year balance	(-, · · ·) · ·	(-,-	·····)	(-, ,	(,	(-,		
b										
0	Contributions Net investment earnings, gains, and losses									
ا										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		. /: 1 -		\\					
2	Provide the estimated percentage of the current	•	•	i, column (a))) neid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%	l I 100 0/								
0-	The percentages on lines 2a, 2b, and 2c should	•			and and and a tack and	6 11				
Зa	Are there endowment funds not in the possess	on of the organiza	ation tha	are neid ar	ia administere	ed for the			Yes	No
	organization by:							0-4	_	140
								3a(i		
	(ii) Related organizations?								4	
	If "Yes" on line 3a(ii), are the related organization							<u>3b</u>		
4 Par	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipment		wment n	unas.						
ı aı	Complete if the organization answered ") Dart IV	lina 11a S	ee Form 990	Dart Y lin	o 10			
	·	1			1			(-I) D -	-1	
	Description of property	(a) Cost or o			or other (other)	` '	umulated eciation	(a) Bo	ok valu	е
		· ` `	nent)	Dasis	(Otrier)	черге	Ciation			
	Land									
	Buildings									
	Leasehold improvements				2 176		1 777			300
	Equipment				2,176.		1,777.	+		399.
	Other				119,780.		113,943.	•		837.
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part	X. line 10	Oc. column	(B))			1	ь,	236.

		end-of-year market value
(-,	(-,	
(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	+	
	+	
on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
Description		(b) Book value
. (B))		
on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	
		(b) Book value
	(b) Book value on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or

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20-8474909

Par	t XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1	6,433,836.
1					0,433,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا	25,006.		
a	Net unrealized gains (losses) on investments		78,701.	-	
b	Donated services and use of facilities		70,701.	-	
C	Recoveries of prior year grants Other (Describe in Part XIII.)			-	
d	Other (Describe in Part XIII.) Add lines 2a through 2d			00	103,707.
e				2e 3	6,330,129.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	0,000,110.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a			-466.	-	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			10	-466.
				4c 5	6,329,663.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, t XII Reconciliation of Expenses per Audited Financial Sta) atements With F	xnenses ner F	_	0,323,003.
ı aı			Apenises per i	ictuiii	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lir			1	6,007,579.
1				1	0,007,373.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا	78,701.		
a	Donated services and use of facilities		70,701.	-	
b	Prior year adjustments			-	
С.	Other losses		466.	-	
d	Other (Describe in Part XIII.)				70 167
е	Add lines 2a through 2d			2e	79,167.
3	Subtract line 2e from line 1			3	5,928,412.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			٥
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information	8.)		5	5,928,412.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b.		•	, Part X, III	ie 2, Part AI,
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
EXCH	ANGE LOSS	-466.			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
EXCH	ANGE LOSS	466.			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** PROTECT OUR WINTERS 20-8474909 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTMAKING N/A 195,490. EAST ASIA AND THE PACIFIC 0 0 GRANTMAKING N/A 10,000. NORTH AMERICA 0 0 GRANTMAKING N/A 160,160. CENTRAL AMERICA AND THE CARIBBEAN 0 GRANTMAKING N/A 15,000. 0 NORTH AMERICA 0 0 CONTRIBUTIONS RECEIVED N/A 0. 0 0 380,650. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 380,650. and 3b)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &	INTERNATIONAL CHAPTER					
		GREENLAND)	SUPPORT	15,490.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING						
			INTERNATIONAL CHAPTER					
			SUPPORT	115,000.	WIRE TRANSFER	0.	N/A	N/A
				,				
		EUROPE (INCLUDING						
			INTERNATIONAL CHAPTER					
		GREENLAND)	SUPPORT	65,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE	INTERNATIONAL CHAPTER					
		PACIFIC	SUPPORT	10,000.	WIRE TRANSFER	0.	N/A	N/A
			INTERNATIONAL CHAPTER					
			SUPPORT	160 160	WIRE TRANSFER	0	N/A	N/A
				200,200				
		CENTRAL AMERICA						
		AND THE CARIBBEAN	GRANTMAKING	15,000.	WIRE TRANSFER	0.	N/A	N/A

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		

3 Enter total number of other organizations or entities

Schedule	F (Form 990) 2023 P	ROTECT OUR WINTERS	5		2	20-8474909		Page 3
		ce to Individuals Outsid	e the United Sta	ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
	Part III can be duplicated if a	dditional space is neede	d.					
(a) Ty	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

PROTECT OUR WINTERS 20-8474909 Page 4

Part	V Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see the Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund (see the Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
	Foreign Partnerships (see the Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	
	the Instructions for Form 5713; don't file with Form 990)	Yes X No

Schedule F (Form 990) 2023

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
PROTECT OUR WINTERS MAKES GRANTS TO OTHER INTERNATIONAL POW ORGANIZATIONS
AND STAYS IN CONTACT WITH THEM TO MONITOR THAT THE MONEY IS SPENT AS
INTENDED WHEN GRANTED.
PART I, LINE 3:
THE ORGANIZATION USED THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR
EXPENDITURES IN PART I COLUMN (F) AND PART II COLUMN (E) AND (G).

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number						
PROTECT OUR WI	20-8474909						
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				-		on X Yes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TETON GRAVITY RESEARCH 1260 NORTH WEST STREET PO BOX 1346 WILSON, WY 83014	46-0895622		150,000.	0.	N/A	N/A	FILM GRANT "CHASING WASHBURN"
LAKE ELDORA RACING TEAM ASSOCIATION - 1750-1 30TH ST UNIT 431 - BOULDER, CO 80301	84-0707228	501(C)(3)	10,000.	0.	N/A	N/A	FUNDRAISER - POW WITH ATC
2 Enter total number of section 501(c)(3) ar	nd government ord	anizations listed in the	I e line 1 table				1.
3 Enter total number of other organizations	•						1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

PROTECT OUR WINTERS 20-8474909 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance ADVENTURE ALLIANCE GRANT 0.N/A N/A 162,000. FILM GRANT 8,000. 0.N/A N/A Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION HAS AN ADVOCACY AND ALLIANCE GRANT REVIEW TEAM WHO SELECTS THE GRANT WINNERS. THERE ARE GRANT AGREEMENTS DRAFTED AND EXECUTED WHEN FINALIZED.

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Name of the organization

PROTECT OUR WINTERS

Part I Questions Regarding Compensation

Employer identification number
20-8474909

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIO MOLINA	(i)	135,320.	0.	89,080.	5,429.	23,394.	253,223.	0,
EXECUTIVE DIRECTOR (THRU 9/23)	(ii)	0.	0.	0.	0.	0.	0,	0,
(2) TORREY UDALL	(i)	142,102.	6,063.	1,440.	5,984.	10,050.	165,639.	0.
INTERIM EXEC. DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
MARIO MOLINA RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$76,440. THIS
PAYMENT WAS INCLUDED IN THE 2023 W-2 WAGES.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	PROTECT OUR WINTER	.8				20-8	47490	9	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	g	(d) Method of d noncash contrib	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	10.348	. STOC	K VALUE AT I	ONATI	ON	
10	Securities - Closely held stock			,					
11	Securities - Olosely field stock Securities - Partnership, LLC, or								
••	• 1								
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -								
13									
44	Historic structures Qualified conservation contribution - Other								
14	***								
15	Real estate - Residential								
16	Real estate - Commercial				-				
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies				-				
21	Taxidermy				-				
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (OTHER SUPPLIES)	Х	8	54,901	. FAIR	MARKET VALU	E		
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 8283, Part V, Donee Acknowledgement						0		
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28,	that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be use	d for				
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31									Х
32a	Does the organization hire or use third parties of						31		
	contributions?		•	, ,			32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is ch	ecked.				
-	describe in Part II.	(-)), E E 010)	(2)	,				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PROTECT OUR WINTERS	20-8474909					
FORM 990, PART VI, SECTION A, LINE 8B:						
THERE ARE NO COMMITTEES THAT HAVE BEEN GRANTED AUTHORITY TO ACT ON BEHALF						
OF THE BOARD.						
FORM 990, PART VI, SECTION B, LINE 11B:						
THE FORM 990 WAS PREPARED BY THE ORGANIZATION'S INDEPENDENT CPA WITH						
INFORMATION PROVIDED BY MANAGEMENT. FORM 990 IS PROVIDED ELECTRONICALLY TO						
EACH BOARD MEMBER FOR THEIR REVIEW PRIOR TO FILING.						
FORM 990, PART VI, SECTION B, LINE 12C:						
BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY						
ANNUALLY AND DISCLOSE ANY POTENTIAL CONFLICTS TO THE BOARD AND BOARD						
SECRETARY.						
IF A RESPONSIBLE PERSON IS AWARE THAT THE CORPORATION IS ABOUT TO ENTER						
INTO ANY TRANSACTION OR MAKE ANY DECISION INVOLVING A CONFLICT OF INTEREST,						
(A "CONFLICTING INTEREST TRANSACTION"), SUCH PERSON SHALL: (I) IMMEDIATELY						
INFORM THOSE CHARGED WITH APPROVING THE CONFLICTING INTEREST TRANSACTION ON						
BEHALF OF THE CORPORATION OF THE INTEREST OR POSITION OF SUCH PERSON OR ANY						
PARTY RELATED TO SUCH PERSON; (II) AID THE PERSONS CHARGED WITH MAKING THE						
DECISION BY DISCLOSING ANY MATERIAL FACTS WITHIN THE RESPONSIBLE PERSON'S						
KNOWLEDGE THAT BEAR ON THE ADVISABILITY OF THE CORPORATION ENTERING INTO						
THE CONFLICTING INTEREST TRANSACTION; AND (III) NOT BE ENTITLED TO VOTE ON						
THE DECISION TO ENTER INTO SUCH TRANSACTION. THESE DELIBERATIONS AND						
DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES.						

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

Name of the organization PROTECT OUR WINTERS		Employer identification number
		20 04/4505
FORM 990, PART VI, SECTION B, LINE 15A:		
THE BOARD AND THE EXECUTIVE DIRECTOR'S DIRECT REPORTS SUBMIT	A PERFORMANCE	
REVIEW OF THE EXECUTIVE REPORT, THE BOARD ALSO REVIEWS EXECUT	IVE DIRECTOR'S	
COMPENSATION. THESE ARE REVIEWED ANNUALLY WITH THE CHAIR OF T	HE BOARD OF	
DIRECTORS. THE CHAIR IS INDEPENDENT, CONSIDERS PERFORMANCE RE	VIEWS AND	
COMPARABLE SALARY DATA, DOCUMENTS HER MEETING WITH THE EXECUT	IVE DIRECTOR.	
THIS PROCESS WAS LAST COMPLETED IN 2023.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF	FORM 990:	
AK,AL,CA,CT,FL,KS,KY,MA,MD,ME,MI,MN,NC,NH,NJ,NM,NV,NY,OH,OK,O	R,PA,RI,SC,UT	
VA,WA,WI,WV		
FORM 990, PART VI, SECTION C, LINE 19:		
THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE	ORGANIZATION'S	_
WEBSITE. ALL OTHER DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	289,547.	
MANAGEMENT AND GENERAL EXPENSES	250,312.	
FUNDRAISING EXPENSES	79,220.	
TOTAL EXPENSES	619,079.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	619,079.	
FORM 990, PART XII, LINE 2C:		_
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACC	OUNTANT	_
HAS NOT CHANGED FROM THE PRIOR YEAR.		