** 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
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<u>A 1</u>	-or un	and and and a second	enaing		
B a	Check if pplicab	c Name of organization		D Employer identified	cation number
	Addre	PROTECT OUR DEFENDERS FOUNDATION			
	Name Chang			45-40449	97
	Initial		Room/suite	E Telephone number	-
	Final	950 N WASHINGTON STREFT	234	703-639-	
	termir			G Gross receipts \$	202,576.
	Amen return			H(a) Is this a group re	
	Applic			for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
11	Fax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions
٦١	Nebsi			H(c) Group exemption	
ĸ	orm o	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2011 N	I State of legal domicile: CA
Pa	art I	Summary		·	
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
uce					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7
/itie	6	Total number of volunteers (estimate if necessary)			0
çti	7 a			7a	0.
_<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		330,552.	189,163.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,417.	13,413.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		334,969.	202,576.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		298,186.	208,327.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 17,3	68.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		138,781.	194,370.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		436,967.	402,697.
	19	Revenue less expenses. Subtract line 18 from line 12		-101,998.	-200,121.
Net Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,128,711.	929,769.
tAs	21	Total liabilities (Part X, line 26)		5,266.	6,217.
ER.	22	Net assets or fund balances. Subtract line 21 from line 20		1,123,445.	923,552.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	

Sign	Signature of officer				Date			
-	NANCY PARRISH, CHAIR AND	CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check X PTIN			
Paid					self-employed P00892740			
Preparer	Firm's name J D HOLLIS, LLC				Firm's EIN 88-3159608			
Use Only	Firm's address 14104 CHELMSFORD	RD						
	ROCKVILLE, MD 208	532017			Phone no. 301 - 807 - 9077			
May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23		Form 990 (2023)			

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Par	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the
L	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 249,970. including grants of \$) (Revenue \$) LEGAL SERVICES PROGRAM (SEE SCHEDULE O)
	THE FOUNDATIONS PRO-BONO NETWORK OF ATTORNEYS PROVIDES FREE LEGAL SERVICES TO SURVIVORS OF SEXUAL ASSAULT AND HARASSMENT.
4b	(Code:) (Expenses \$110,308. including grants of \$) (Revenue \$) ADVOCACY, POLICY AND RESEARCH PROGRAMS (SEE SCHEDULE O)
4b	
4b	ADVOCACY, POLICY AND RESEARCH PROGRAMS (SEE SCHEDULE O) THE FOUNDATION ENGAGES IN PROJECTS TO EDUCATE THE PUBLIC, POLICY MAKERS, MILITARY, OPINION LEADERS, AND SURVIVORS ABOUT THE CULTURE OF MISOGYNY, EPIDEMIC OF MILITARY SEXUAL VIOLENCE AND VICTIM RETALIATION
4b	ADVOCACY, POLICY AND RESEARCH PROGRAMS (SEE SCHEDULE O) THE FOUNDATION ENGAGES IN PROJECTS TO EDUCATE THE PUBLIC, POLICY MAKERS, MILITARY, OPINION LEADERS, AND SURVIVORS ABOUT THE CULTURE OF MISOGYNY, EPIDEMIC OF MILITARY SEXUAL VIOLENCE AND VICTIM RETALIATION
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Form 990 (2					FOUNDATION
Part IV	Ch	ecklist of Required Sch	edules	5	

			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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 13	
D		11b		х
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	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	110		
	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				
	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		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of	04		х
33000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	990	A (2023)
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			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		X
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		X
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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? If			
	"Yes," complete Schedule L, Part IV	28a		x
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? If			
	"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			
	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			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		x
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	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		
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Part V Statements Regarding Other IRS Filings and Tax Compliance continued Yes No. 2a Enter the number of employee records on Form V3, Transmittal of Wage and Tax Statements. 2a Enter the number of employee records of new data of the required foderal employment tax returns? 2a Extended tay are anding with or within the year covered by this return 2a 2a <th>Form</th> <th>990 (2023) PROTECT OUR DEFENDERS FOUNDATION</th> <th>45-4044</th> <th>997</th> <th>P</th> <th>age 5</th>	Form	990 (2023) PROTECT OUR DEFENDERS FOUNDATION	45-4044	997	P	age 5
2a Enter the number of employees reported on Form W3. Transmittal of Wags and Tax Statements. 2a 7 b If at least one is reported on line 2a, dd the organization life all required federal employment tax returns? 2a X b If the least one is reported on line 2a, dd the organization life all required federal employment tax returns? 2a X b If Yes, 'Instit lifed a from SBP for this year? (M to organization have an human tine or sectionation or the schooldy over a francial account p storing country (wer, a francial account p storing) country (wer, a francial account p country (was or la part) to a prohibit tax short was or sa part to a prohibit tax short tax section tax y time during the tax year? 4a X b If Yes, 'Instit life a for organization hit an internet in, or a signitation tax and the star year? 5a X b D d any taxamil gross recepts that are normally greater than \$100,000, and dd the organization solution an promoted tax shorter transaction? 5a X b If Yes, 'India the organization hit an trans that renormally greater than \$100,000, and dd the organization solution are organization have an interval or solutions or services provide? 5a X b If Yes, 'India the organization have an inter accounty greater than \$100,000, and dd the organization solution are organization navel as a contribution or quring that year? 5a X b If Yes, 'India the organization navel as a contribution or qurindia that tha trea more organization navel as prov	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Interface of the calendary space anding with or within the year covered by this return 2a 7 X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a X 4a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other aution ty over, a transcription of the gross outry. 4a X 3b X 4b if "Ves," return harme of the forgin country. 4a X X 3b X 5b if "Ves," return harme of the forgin country. 5a X X 5b X 5b dary toxable party notify the organization for fire 0000 memore during the tax year? 5a X X 6b dary toxable party notify the organization fire 0000 memore during the tax year? 5a X X 7b Did any toxable party notify the organization subter secols that are normally greater than \$100,000, and did the organization secols at secols that are normally greater than \$200,000, and did the organization secols at spreater than \$200,000, and did the organization secols at spreater than \$200,000, and did the organization secols at spreater than \$200,000, and did the organization secols at spreater than \$200,000, and did the organization secols at spreater than \$200,000, and did the or					Yes	No
b It least one is reported on line 2a, dt the organization tit all required tedral employment tax returns? gb X dt Did the organization have unrelated business gross income of \$1,000 or more during the year? gb X dt Nt any time during the calendar year, dt the organization have an interest in, or a signature or othe authordy over, a financial account is othering occurity (such as a bank account; seconics as other financial accounts (EBAR). gb X bt Tress, 'enter the name of the foreign country ' was or is a party to a prohibited tax shelter transaction at any time during the tax year? ga X bt Did ary taxaning dress excepts that are origin all that it was or is a party to a prohibited tax shelter transaction? gb X bt Did ary taxaning dress excepts that are origin all that it was or is a party to a prohibited tax shelter transaction? gb X bt Did ary taxaning dress excepts that are origin all that it was or is a party to a prohibited tax shelter transaction? gb X bt Did ary taxaning dress excepts that are origin all that it was or is a party to a prohibited tax shelter transaction? gb X bt Tress, idd the organization hat are ouring dress excepts that are ouring dress exc	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
b It etast one is reported on line 2a, did the organization file all required federal employment tax returns? 2a X a Did the organization have unrelated business groups commed of 10,000 mmo during the year? 3a X a At any time during the calenders business groups and the year? 3a X a At any time during the calenders business groups and the year? 3a X b If "res," rest the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5a X 5a Wat the organization have an interaction at any time during the tax year? 5a X 5b Did any taxotic party notify the organization have an interaction at any time during the tax year? 5a X 5a Did any taxotic party notify the organization have an interval to a prohibited tax abelet transaction? 5a X 5b Did any taxotic parts that are normaly greater than \$10,000, and did the organization self. 5a X 5b If "Vs': to line 6 ar 6b, did the organization have that are normaly greater than \$10,000, and did the organization self. 5a X 6b If "Vs': to line 6 ar 6b, did the organization have that are normaly greater than \$10,000, and did the organization self. 7a 7a 7a		filed for the calendar year ending with or within the year covered by this return	2a 7			
b If "Yes," has it filed a form 990-T for this yea? Yes," how so in the standard second in a conjunction of a signature or other authority over, a transcist account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? 5a X 5a Was the organization have an enterteen at was or is a park to a prohibited at scheler transaction at any time during the tax year? 5a X 5a Did any tasked park notify the organization that two or is a park to a prohibited at scheler transaction? 5a X c If "Yes" to line Sa or 5b, did the organization that was or is a park to a prohibited at scheler transaction? 5a X 6 Does the organization have manual gross necely that are normally greater than \$100,000, and did the organization neckde with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 7 Organization task, and park, as a contribution or ander section 170(c). 5b X 1 If "Nes," indicate the number of Forms 8282 filed during the year? 7a X 7 Did the organization necelwes a contribution or advised fund maintained by the sponsoring organization neave exess busines holding at any time during the year? 7a 7a	b		ıs?	2b	Х	
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If "Yes," complete Form 6069.				17		
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PROTECT OUR DEFENDERS FOUNDATION

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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.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	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 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
~	persons other than the governing body?		·		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				10		
a	The governing body?		0		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				00		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Re				3		
	tion 21 Choices for required by the internal Re	venue	<u>000e.)</u>			Yes	N
0-	Did the organization have local chapters, branches, or affiliates?			1	10a	162	X
					10a		23
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the i	orm?	11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				37	
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
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 approva	l by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	X	
b	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 arrangen	nent wi	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'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 <u>CA</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 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 Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest p	olicy, and	financ	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 boo	ks and	l records				
	ACOUNTING & MANAGEMENT SERVICES, LLC - (202) 796-78						
	1200 G STREET, NW, SUITE 800, WASHINGTON, DC 20005)					
_						990	

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.

• 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DON CHRISTENSEN	45.00			0	Ť	1 0	ш.			
PRESIDENT		x						29,168.	0.	0.
(2) NANCY PARRISH	25.00									
CHAIR & CEO		Х		Х				0.	Ο.	0.
(3) DAVIS WEINSTOCK, II	2.00									
CO-CHAIR		Х		х				0.	Ο.	0.
(4) PAULA COUGHLIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOSH CONNOLLY	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) BROCK LEACH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RONALD GAULT	0.20									
DIRECTOR		Х						0.	0.	0.
(8) KYLEANNE HUNTER	0.50									
DIRECTOR		Х						0.	0.	0.
(9) LILLI REY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) RUSSEL MILLER	1.00									
SECRETARY-GENERAL COUNSEL		Х		Х				0.	0.	0.
(11) MARY COOLEY	0.25									
DIRECTOR		Х						0.	0.	0.
(12) TERRI ODOM	0.20									_
DIRECTOR		Х						0.	0.	0.
(13) DARCHELLE MITCHELL	0.20									_
DIRECTOR		Х						0.	0.	0.
(14) BRIGETTE MCCOY	0.20									_
DIRECTOR		Х						0.	0.	0.
(15) JENNIFER ELMORE	25.00									
VICE CHAIR		Х		Х				0.	0.	0.
(16) CORETTA GRAY	0.20							_	•	•
DIRECTOR		X				<u> </u>		0.	0.	0.
		•								
										- 000 (1999)

332007 12-21-23

Form 990 (2023)

8

	n 990 (2023) PROTECT OUR DEFENDERS FOUNDATION 45-4)449	997	Pa	age 8	
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								s (continued)					
	hours per box, unless person is both an compensation compensati								Reportable compensation	I	(F) Estimated amount of			
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	other compensation from the organization and related organizations		e ion ed
	Subtotal								29,168.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 29,168.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	listeo	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual								•	[3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual	-		4		X
	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax ye		ensat			
(A) (B) Name and business address NONE Description of services										C	(C omper	;) nsatioi	<u>ו</u>	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	thos 0		ed	above) who received mo	ore than				
													000	

Form **990** (2023)

			2023) PROTECT OUR	DEFENDE	ERS I	FOUNDATION	1	45-4044	997 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respon	se or note to a	any line i		(B)	(C)	(D)
						(A) Total revenue	Related or exempt		Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
An G		с	Fundraising events 1c						
Gift Jar		d	Related organizations 1d						
ns, Simi			Government grants (contributions) 1e		_				
er S		f	All other contributions, gifts, grants, and	100 16	c 2				
Oth		~	similar amounts not included above If Noncash contributions included in lines 1a-1f Ig \$	189,16	0.5.				
on and		-	Total. Add lines 1a-1f			189,163.			
0.0				Business C		10571001			
Ð	2	а							
e vic		b							
Se		с							
ram Seve		d							
Program Service Revenue		e		_					
₽			All other program service revenue						
	3		Total. Add lines 2a-2f Investment income (including dividends, int		·····				
	5		other similar amounts)			13,413.			13,413.
	4		Income from investment of tax-exempt bon		····· -				
	5		Royalties	-					
			(i) Real	(ii) Perso	onal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b		_				
			Rental income or (loss)		_				
			Net rental income or (loss) Gross amount from sales of (i) Securities	es (ii) Othe					
	'	a	assets other than inventory 7a						
		b	Less: cost or other basis						
е			and sales expenses 7b						
enue		с	Gain or (loss) 7c						
Å		d	Net gain or (loss)	<u></u>					
Other	8	а	Gross income from fundraising events (not						
ò			including \$ of						
			contributions reported on line 1c). See Part IV, line 18	8a					
		b		8b					
			Net income or (loss) from fundraising event						
			Gross income from gaming activities. See						
				9a					
			······································	9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns	10-					
		h	····· F	10a 10b					
			Net income or (loss) from sales of inventory						
				Business C					
Miscellaneous Revenue	11	а							
scellaneo <u>Revenue</u>		b		_					
cell Seve		с		_					
Mis			All other revenue						
			Total. Add lines 11a-11d			202,576.	0.	0.	13,413.
33200	12		Total revenue. See instructions			202,570.	<u> </u>		Form 990 (2023)

	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			, ()	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	191,605.	167,334.	14,563.	9,708.
7 0	Other salaries and wages	,0UJ•	101,334.	,J0J•	، ١٠٥٠ و ٦
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,978.	1,728.	150.	100.
9	Payroll taxes	14,744.	12,876.	1,121.	747.
11	Fees for services (nonemployees):		1270701		, 1, 1
a	Management				
b	Legal				
c	Accounting	18,020.	13,222.	4,031.	767.
d	Lobbying		,	,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	114,213.	114,213.		
12	Advertising and promotion				
13	Office expenses	3,225.	75.	694.	2,456.
14	Information technology				
15	Royalties				
16	Occupancy	16,248.	14,190.	1,235.	823.
17	Travel	3,608.	2,187.		1,421.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 400	1 0 4 2	100	70
22	Depreciation, depletion, and amortization	1,423. 3,778.	1,243.	<u> 108.</u> 850.	<u>72</u> . 47.
23	Insurance	5,778.	2,881.	.020	4/.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	7,253.	7,253.		
a ⊾	ANNUAL REPORT	5,250.	5,250.		
b	WEBSITE	4,542.	4,542.		
с с	SUPPLIES	4,527.	4,113.	414.	
d	All other expenses SEE SCH O	12,283.	9,171.	1,885.	1,227.
	Total functional expenses. Add lines 1 through 24e	402,697.	360,278.	25,051.	17,368
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	102,001.		23,0310	±,,,500
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

Form 990 (2023)
Part X Balance Sheet

PROTECT	OUR	DEFENDERS	FOUNDATION
	0010		TOORDHITON

45-4044997 Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year Er 1 Cash - non-interest-bearing 79,033.1 1 2 Savings and temporary cash investments 1,013,687.2 2 3 Piedges and grants receivable, net 1,7120.0.3 3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 4,748.9 9 10a 4,657. 1,423.10c 1 11 Investments - publicly traded securities 1,479.11 12 12 Investments - publicly traded securities 1,128,711.16 15 13 Investments - publicly traded securities 12 12 14 Intangible assets 14 <t< th=""><th>(B) d of year 19,583. 872,099. 30,905. 75. 5,400. 0. 1,707.</th></t<>	(B) d of year 19,583. 872,099. 30,905. 75. 5,400. 0. 1,707.
Beginning of year Err 1 Cash - non-interest-bearing 79,033.1 2 Savings and temporary cash investments 1,013,687.2 3 Pledges and grants receivable, net 1,013,687.2 4 Accounts receivable, net 1,141.4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(11), and persons described in section 4958(c)(3)(5) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 4,748.9 10a 4,657. 2 11 Investments - publicly traded securities 1,479.11 12 Investments - publicly traded securities 1,479.11 13 Investments - publicly traded securities 1,128,711.1 16 Total assets 11 17 Accounts payable and accrued expenses 5,266.17 18 Grants payable 18 19 20 21 20 21 21 Locounts payable and accrued expenses 5,266.17	19,583. 872,099. 30,905. 75. 5,400.
2 Savings and temporary cash investments 1,013,687.2 3 Pledges and grants receivable, net 27,200.3 4 Accounts receivable, net 1,141.4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 4,748.9 10a 4,657. 1,423.10c 11 Investments - publicly traded securities 1,479.11 12 Investments - publicly traded securities 1,479.11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 1,128,711.1 16 Total assets. See Part IV, line 11 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,128,711.1 17 Accounts payable and accrued expenses 2,266.17 <	872,099. 30,905. 75. 5,400.
3 Pledges and grants receivable, net 27, 200. 3 4 Accounts receivable, net 1,141. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 4, 748. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4, 657. 1, 423. 10c 11 Investments - publicly traded securities 1, 479. 11 12 12 Investments - publicly traded securities 1, 479. 11 13 Investments - publicly traded securities 14 14 Intagible assets 14 15 Other assets. See Part IV, line 11 13 14 Intagible assets 14 15 Total assets. Add lines 1 through 15 (must equal line 33) 1, 128, 711. 16 17 Account	30,905. 75. 5,400.
3 Pledges and grants receivable, net 27,200.3 4 Accounts receivable, net 1,141.4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 4, 748.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4, 657. 11 Investments - publicly traded securities 1, 479.11 12 11 Investments - publicly traded securities 1, 479.11 13 12 Investments - publicly traded securities 1, 128.711.1 16 14 Intagible assets 11, 128.711.1 16 15 Intersets. See Part IV, line 11 15 14 16 Total assets. See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 128, 711.1	75. 5,400. 0.
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17 Accounts payable and accrued expenses 5,266.17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	929,769.
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	6,217.
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
initial controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24	
23 Secured montgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties	
23 Secured montgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties 24	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 25	
26 Total liabilities. Add lines 17 through 25	6,217.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
E 27 Net assets without donor restrictions 1,123,445. 27	923,552.
28 Net assets with donor restrictions 28	
P Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
8 31 Retained earnings, endowment, accumulated income, or other funds 31	
32 Total net assets or fund balances 1,123,445. 32	923,552.
2 33 Total liabilities and net assets/fund balances 1,128,711.33	929,769.

Form **990** (2023)

	1 990 (2023) PROTECT OUR DEFENDERS FOUNDATION	45-4	4044997	Pag	_{je} 12			
Pa	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		2,52 2,69				
2								
3	Revenue less expenses. Subtract line 2 from line 1	3	-200	<u> </u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,123					
5	Net unrealized gains (losses) on investments	5		22	28.			
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	923	, <u>5</u> 5	<u>52.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				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		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	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?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nar	ne of t	the organization				-			identification number				
				FENDERS FOUN					5-4044997				
	rt I	Reason for Public (ee instruction	S.					
	organ	ization is not a private found											
1		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).)											
2													
3	\square	A hospital or a cooperative						(:::) Enter	the beenitel's name				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
-		city, and state:											
5													
6		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	X	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											
'	21			nitial part of its support if	on a gove	ennentai		ie general j					
8		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	\square	An agricultural research org				ed in coniu	inction with a	land-arant	college				
5		or university or a non-land-											
		university:	grant conege of agric			name, eny	, and state of	the conege					
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from				
		activities related to its exen	• • • •					-	•				
		income and unrelated busir											
		See section 509(a)(2). (Co		. ,			, ,						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section &	509(a)(2).	See section &	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting				
	_	organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	-				•		-				
		control or management o			ame perso	ns that co	ntrol or manao	ge the supp	ported				
		organization(s). You mus	•										
c		☐ Type III functionally inte						ly integrate	ed with,				
		its supported organization		•	-		-						
c		Type III non-functionally						-					
		that is not functionally int			•		-	an attentiv	/eness				
		requirement (see instruct	,	• •	,								
e		Check this box if the orga functionally integrated, or					турет, турет	n, rype m					
f	Ente	er the number of supported of	·····	, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.							
		vide the following information		d organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tota	al								1				

Schedule A (Form 990) 2023 Part II Support Sch

PROTECT OUR DEFENDERS FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	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.")	427,013.	491,651.	424,946.	330,552.	189,163.	1863325.	
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	427,013.	401 CE1	424 046	220 552	100 162	1062225	
	Total. Add lines 1 through 3	427,013.	491,651.	424,946.	330,552.	189,163.	1863325.	
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)						106 500	
~							<u>406,522.</u> 1456803.	
	Public support. Subtract line 5 from line 4.						1430003.	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	427,013.	491,651.	424,946.	330,552.	189,163.	1863325.	
	Gross income from interest,	12//015.	491,0010	121,510.	550,552.	105,105.	10055251	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	11,727.	3,859.	2,957.	4,417.	13,413.	36,373.	
9	Net income from unrelated business			2,20,1				
Ŭ	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						1899698.	
	Gross receipts from related activities,	etc. (see instructio	ons)			12		
	First 5 years. If the Form 990 is for th					01(c)(3)		
	organization, check this box and stop	0						
Sec	ction C. Computation of Publi							
	Public support percentage for 2023 (I			column (f))		14	76.69 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	77.25 %	
	33 1/3% support test - 2023. If the					ore, check this bo	k and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circu		-					
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a			
	Schedule A (Form 990) 2023							

PROTECT OUR DEFENDERS FOUNDATION 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities						
6	furnished by a governmental unit to the organization without charge						
	Amounts included on lines 1, 2, and						
	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 amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly aperiad on						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					
_	check this box and stop here		•				
	ction C. Computation of Publi						
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Invest					16	%
						47	
	Investment income percentage for 20					17	%
	Investment income percentage from a 33 1/3% support tests - 2023. If the				o 15 is more than 6		lina 17 is not
196	more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2022. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			,, encentu			dule A (Form 990) 2023
			16			20.00	

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PROTECT OUR DEFENDERS FOUNDATION

1

Yes No

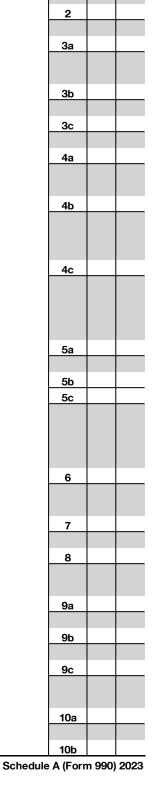
Part IV Supporting Organizations

(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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17

PROTECT OUR DEFENDERS FOUNDATION Schedule A (Form 990) 2023

2

			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?	11a		
b	A family member of a person described on line 11a above?	11b		
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.	11c		
Sec	ction 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 organization and what early is a province of the organization of the powers.	,		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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	l. or controllea	the supportine	g organization.
Section C. T	vpe II Supp	orting Org	anizations

Yes No 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) 1

Section 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?	1		
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).	2		
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.	3		

Section 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The or	ganization suppor	ted a governme	ntal entity.	Describe in F	Part VI how	you supported	a governmental entit	y (see instruction	s).
-----	--------	-------------------	----------------	--------------	----------------------	-------------	---------------	----------------------	--------------------	-----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.

a 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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Part IV Supporting Organizations (continued)

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Schedule A (Form 990) 2023 PROTECT OUR DEFENDERS FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<u> </u>				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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		
Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	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		
Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 PROTECT OUR DEFENDERS FOUNDATION

I UI	Type in Non 1 unotionally integrated book	allo cappor and orda		Jea)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	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				
e	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023			DEFENDER			45-4044997 _F	Page 8
Part VI	Supplemental Infor	mation. Provid , 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	le the ex c, 5a, 6, 9 rt IV, Sec	planations requi 9a, 9b, 9c, 11a, ⁻ ction E, lines 1c,	ed by Part II 1b, and 11c 2a, 2b, 3a, a	l, line 10; Part II, lin ; Part IV, Section I ind 3b; Part V, line	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C 1; Part V, Section B, line 1e; Part V	
332028 12-21-2	3			21			Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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

PROTECT	OUR	DEFENDERS	FOUNDATION	

45-4044997

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

PROTECT OUR DEFENDERS FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 12,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 22,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 9,300. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 23,300. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

323452 12-26-23

11521031 163822 29575

Name of organization

Employer identification number

45-4044997

Page 2

Schedule B (Form 990) (2023)

Name of organization

PROTECT OUR DEFENDERS FOUNDATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 6,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 5,010. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 25 11521031 163822 29575

Part I

(a)

Employer identification number

(d)

45-4044997

(c)

Schedule B (Form 990) (2023) Name of organization

PROTECT OUR DEFENDERS FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 14 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

11521031 163822 29575

Employer identification number

45-4044997

from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
		Ψ	
(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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26-23		ψ	

PROTECT OUR DEFENDERS FOUNDATION

Schedule B (Form 990) (2023) Name of organization

(a)

No.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

6 (Fo orm 990) (2

27 2023.05000 PROTECT OUR DEFENDERS FOU 29575_1

Employer identification number

(d)

(c)

FMV (or estimate)

Schedule I	B (Form 990) (2023)		Page 4			
Name of o	organization		Employer identification number			
PROTE	CT OUR DEFENDERS FOUNDA	LION	45-4044997			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No.	Use duplicate copies of Part III if additional s	space is needed. I				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No.		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi				
·	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ft			
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
323454 12-26		· ·	Schedule B (Form 990) (2023)			

11521031 163822 29575

28 2023.05000 PROTECT OUR DEFENDERS FOU 29575__1

SCHEDULE C	
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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.

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.

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:

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

Nan	ne of orga	anization				Emplo	oyer identification number		
	PROTECT OUR DEFENDERS FOUNDATION						45-4044997		
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c) of	or is a section 52	27 org	anization.		
	Political	a description of the organiz campaign activity expendit er hours for political campai							
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c)(3	3).				
			incurred by the organization und						
2	Enter th	e amount of any excise tax	incurred by organization manag	ers under section 4955		\$			
3	If the or	ganization incurred a section	n 4955 tax, did it file Form 4720	for this year?			Yes 🗌 No		
4a	a Was a c	orrection made?					🗌 Yes 🗌 No		
b	lf "Yes,'	describe in Part IV.					(2)		
			anization is exempt und			. ,	. /		
			by the filing organization for se			\$			
2			ization's funds contributed to ot	•					
						\$			
3			. Add lines 1 and 2. Enter here a	-					
4	4 Did the filing organization file Form 1120-POL for this year?								
5			nployer identification number (E		-				
	contribu	itions received that were pro	tion listed, enter the amount pai omptly and directly delivered to	a separate political orga	nization, such as a se		-		
	political	action committee (PAC). If a	additional space is needed, prov	T					
		(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

OMB No. 1545-0047

2023 Open to Public Inspection

	CT OUR DEFENDERS FOUNDATION on is exempt under section 501(c)(3) and file		044997 Page 2 ction under					
section 501(h)).								
A Check if the filing organization belor	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,					
expenses, and share of exce	ss lobbying expenditures).							
B Check if the filing organization chec	ked box A and "limited control" provisions apply.							
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
1a Total lobbying expenditures to influence put	lic opinion (grassroots lobbying)	0.						
b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	0.						
c Total lobbying expenditures (add lines 1a an	d 1b)	0.						
		402,697.						
e Total exempt purpose expenditures (add line	es 1c and 1d)	402,697.						
	ount from the following table in both columns.	80,539.						
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
not over \$500,000,	20% of the amount on line 1e.							
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.							
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.							
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.							
over \$17,000,000,	\$1,000,000.							
g Grassroots nontaxable amount (enter 25% o	20,135.							
h Subtract line 1g from line 1a. If zero or less,	h Subtract line 1g from line 1a. If zero or less, enter -0-							
i Subtract line 1f from line 1c. If zero or less, e	enter -0-	0.						
	er line 1h or line 1i, did the organization file Form 4720		Yes No					

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a Lobbying nontaxable amount	105,249.	89,884.	87,393.	80,539.	363,065.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					544,598.		
c Total lobbying expenditures			5,000.		5,000.		
d Grassroots nontaxable amount	26,312.	22,471.	21,848.	20,135.	90,766.		
e Grassroots ceiling amount (150% of line 2d, column (e))					136,149.		
f Grassroots lobbying expenditures			2,500.		2,500.		

Schedule C (Form 990) 2023

332042 11-06-23

Schedule C (Form 990) 2023 PROTECT OUR DEFENDERS FOUNDATION 45-40449 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t 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."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information		•		
Drov	de the descriptions required for Part I.A. line 1: Part I.P. line 4: Part I.C. line 5: Part II.A. (affiliated group	liet). Dort II A	lines 1 a	nd 2 (000	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

(Form	990)
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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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

PROTECT OUR DEFENDERS FOUNDATION

Employer identification number 45-4044997

Par			s or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
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 w	riting that the assets held in donor advi	ised fund	s
	are the organization's property, subject to the organization's e	exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used or	וy
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferri	ng
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	of a histo	rically important land area
	Protection of natural habitat	Preservation of	of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year	3 1 1 1	5	5
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		-	
-	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
-	5, 1 5,	5		3,
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	ation eas	ements during the year
		5		5 ,
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)?			
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footne			
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar 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	3, not to report in its revenue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public	-		
	provide the following amounts relating to these items.	<i>, , ,</i>		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				<u>.</u>
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		5 ···· P	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			
		32		

Sche		OUR DEFEND							44997		age 2
Par	t III Organizations Maintaining C	ollections of Art	, His	torical Tre	easures, o	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, chec	k any of the	following that	t make sig	nificant us	e of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how t	hey further th	ne organizatio	on's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, h	istorical trea	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the	e organizatior	n answered "'	Yes" on F	orm 990, F	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary fo	r contributior	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?	•	-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	-						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						y?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanati	on has been	provided in F	Part XIII					
Par	t V Endowment Funds Complete if	the organization ans	wered	"Yes" on For	rm 990, Part I	IV, line 10					
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	lg, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion th	at are held ar	nd administer	red for the	•		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	, Part I	V, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot basis (investm		• •	t or other (other)	. ,	cumulated reciation		(d) Book	value	e
19	Land		/	20010							
	Land Buildings										
	Leasehold improvements										
	Equipment				4,657.		4,65	7.			0.
	Other		1 1	10							0.
Total	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part >	<u>, iine</u>	<u>IUC, COlumn</u>	<u>(B))</u>	<u></u>			D (Form	0001	
							5	Cinedule	ы (гогш	99U)	2023

	ents - Other Securities f the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990. Part X. line 12	
	y Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives				
	nterests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal	Form 990, Part X, line 12, col. (B))			
	ents - Program Related.			
	f the organization answered "Yes" of			
	iption of investment	(b) Book value	(c) Method of valuation: Cost or end	a-oi-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
	Form 990, Part X, line 13, col. (B))			
Part IX Other A				
Complete	f the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X Other Li				
		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (1) F actorial in a surge	(a) Description of liability			(b) Book value
(1) Federal income	taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
			the eventiation's financial statements t	l
			the organization's financial statements the organization of the footnote has been pro-	

PROTECT OUR DEFENDERS FOUNDATION

Schedule D (Form 990) 2023

45-4044997 Page 3

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 PROTECT OUR DEFENDERS FC		45-4044997 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	<u>.</u>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	-	ises per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Pa	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE L	LE L Transactions With Interested Persons							OMB No. 1545-0047								
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.							2	02	3						
Department of the Treasury Internal Revenue Service	Go	to ww			1 to Form 990 or Form 990-EZ. 990 for instructions and the latest information.							Open to Public Inspection				
Name of the organization	n									Em	ployer	r identification number				
			UR DEFEN									449	97			
	Benefit Trans															
Complete i	f the organization	n ansv	vered "Yes" on I	orm 9	990, Pa	art IV, li	ne 25a or 25b	o; or l	orm 990-EZ, P	art V, I	ine 40	b.				
1 (a) Name of disqual	ified person	(b) F	Relationship bety person and or			ified	(4	c) De	scription of trar	sactio	n		(d) Corrected Yes No		cted? No	
(1)																
(2)																
(3)													_			
(4)													_			
(5)																
(6)																
2 Enter the amount o	-		-	-		-	-	-	-							
3 Enter the amount o	f tax, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganizat	ion				\$					
Part II Loans to	and/or Fror	n Int	arastad Para	sone												
						Dout \	line 20e er				or if th			~ ~		
-	f the organization amount on For					, Fart v	, III e Soa, Ol	FOIII	990, Fart IV, II	ie 20,	ornu	le orga	inzati	UT		
(a) Name of	(b) Relation		(c) Purpose		z. Dan to or	(6) Original	(f)	Balance due	(a) In	(h) Ap	proved	(i) W	ritten	
interested person	with organ		of loan		m the ization?		ipal amount	''	Bulurioe due		ault?	by board or agreemer			ment?	
				То	From					Yes	No	No Yes		Yes	No	
(1)													No			
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
Total				<u></u>			\$									
	or Assistance		•													
	f the organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, li I	ne 27.									
(a) Name of interested person			interested pers	 P) Relationship between interested person and the organization 			(c) Amount of (d) Typ assistance assista				(e) Purpose of assistance			:		
(1)																
(2)																
(3)																
(4)																

LHA 332131 11-06-23

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

(5) (6) (7) (8) (9) (10)

Schedule L (Form 990) 2023

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PROTECT OUR DEFENDERS FOUNDATION 45-4044997 Page 2

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
(1) INTERCHANGE PRODUCTIONS	OWNER IS DAUGHTER O	4,463.	INTERCHANGE		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					

Part v Supplemental Information

Schedule L (Form 990) 2023

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: INTERCHANGE PRODUCTIONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER IS DAUGHTER OF CHAIR AND CEO OF PROTECT OUR DEFENDERS FOUNDATION

(C) AMOUNT OF TRANSACTION \$ 4,463.

(D) DESCRIPTION OF TRANSACTION: INTERCHANGE PRODUCTIONS IS A STORY

STRATEGIST THAT CREATES INDEPENDENT STORIES TO HELP MISSION DRIVEN

ORGANIZATIONS CONNECT WITH THEIR CONSTITUENTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

332132 11-30-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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. OMB No. 1545-0047

PROTECT OUR DEFENDERS FOUNDATION

Employer identification number 45-4044997

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DRIVE SYSTEMIC INSTITUTIONAL CHANGE IN THE US MILITARY BY ELIMINATING

SEXUAL ASSAULT, HARASSMENT AND MISOGYNY, DISCRIMINATION, AND

RETALIATORY BEHAVIOR TOWARDS VICTIMS (SERVICE MEMBERS, FAMILY MEMBERS,

VETERANS AND CIVILIANS) THROUGH PUBLIC AWARENESS, PRO-BONO LEGAL

SERVICES, RESEARCH, POLICY REFORM AND MENTORING. PROTECT THE RIGHTS AND

SUPPORT THE LIVES OF SURVIVORS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DRIVE SYSTEMIC INSTITUTIONAL CHANGE IN THE US MILITARY BY ELIMINATING

SEXUAL ASSAULT, HARASSMENT AND MISOGYNY, DISCRIMINATION, AND

RETALIATORY BEHAVIOR TOWARD VICTIMS (SERVICE MEMBERS, FAMILY MEMBERS,

VETERANS AND CIVILIANS) THROUGH PUBLIC AWARENESS, PRO-BONO LEGAL

SERVICES, RESEARCH, POLICY REFORM AND MENTORING. PROMOTE REFORM OF THE

MILITARY JUSTICE SYSTEM TO PROTECT THE RIGHTS AND SUPPORT THE LIVES OF

SURVIVORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LEGAL SERVICES PROGRAM:

THE FOUNDATIONS PRO-BONO NETWORK OF ATTORNEYS PROVIDES FREE LEGAL

SERVICES TO SURVIVORS OF SEXUAL ASSAULT AND HARASSMENT. IT ORGANIZES

AND TRAINS ATTORNEY'S NATIONWIDE WHO VOLUNTEER TO REPRESENT VICTIMS AND

ADVOCATE FOR THEIR RIGHTS BEFORE, DURING AND AFTER MILITARY JUSTICE

PROCEEDINGS. THE PROGRAM STAFF PROVIDE CASEWORK ASSISTANCE INCLUDING:

 DRAFTING
 FOIA
 REQUESTS
 TO
 GAIN
 ACCESS
 TO
 VICTIMS'
 MILITARY
 RECORDS
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

LHA 332211 11-14-23

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Name of the organization PROTECT OUR DEFENDERS FOUNDATION	Employer identification number 45-4044997
FILING CONGRESSIONAL OR IG COMPLAINTS REGARDING MISHANDLIN	G OF CASES,
ETC. THE FOUNDATION FILES AMICUS BRIEFS BEFORE THE MILITAR	Y'S COURT OF
APPEALS AND FEDERAL COURTS TO PROTECT AND ENFORCE THE RIGH	TS OF
SURVIVORS. MILITARY'S SPECIAL VICTIM'S COUNSEL, CONGRESS A	ND THE MEDIA
VIEW THE FOUNDATION AS EXPERT IN THIS FIELD AND A RESOURCE	. THIS
PROGRAM DEEPENS OUR UNDERSTANDING OF THE BROKEN MILITARY J	USTICE SYSTEM
AND THE CULTURE, WHICH HAS LED TO MEANINGFUL POLICY REFORM	•
ACCOMPLISHMENTS (2023)	
THE NUMBER OF SURVIVORS REQUESTING LEGAL SUPPORT AND PROVI	DED PERSONAL

INTAKE REVIEW WERE APPROXIMATELY 180. WE PROVIDED PARTNER REFERRALS TO 28 AND 40 INDIVIDUALS WERE PROVIDED DIRECT ASSISTANCE. PODF'S PRO BONO NETWORK OF ATTORNEYS PROVIDED OVER 3400 HOURS OF SERVICE VALUED AT \$2,702,874.22.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ADVOCACY, POLICY AND RESEARCH PROGRAMS:

THE FOUNDATION ENGAGES IN PROJECTS TO EDUCATE THE PUBLIC, POLICY MAKERS, MILITARY, OPINION LEADERS, AND SURVIVORS ABOUT THE CULTURE OF MISOGYNY, EPIDEMIC OF MILITARY SEXUAL VIOLENCE AND VICTIM RETALIATION FOR REPORTING SEXUAL ASSAULT. THE FOUNDATION ALSO EDUCATES ON HOW THE CULTURE AND CRISIS ERODE MILITARY VALUES AND NATIONAL SECURITY. THE FOUNDATION PROVIDES RESEARCH FINDINGS, EXPERTISE, AND ADVICE BASED ON DATA-DRIVEN ANALYSIS RELATED TO PROBLEMS OF SEXUAL VIOLENCE, VICTIM RETALIATION, DISCRIMINATION OF WOMEN, MINORITIES, AND LGBTQ. IT PARTNERS WITH NATIONALLY RECOGNIZED ORGANIZATIONS IN FURTHERANCE THEREOF. THROUGH POLICY RECOMMENDATIONS AND ADVOCACY, THE FOUNDATION Schedule O (Form 990) 2023 332212 11-14-23 39

11521031 163822 29575

2023.05000 PROTECT OUR DEFENDERS FOU 29575__1

Schedule O (Form 990) 2023	Page 2
Name of the organization PROTECT OUR DEFENDERS FOUNDATION	Employer identification number $45-4044997$
ADDRESSES ROADBLOCKS TO JUSTICE AND VA CARE AND BENEFITS F	OR SURVIVORS.

ACCOMPLISHMENTS (2023)

THE FOUNDATION SUCCESSFULLY ENGAGED THE MEDIA TO COVER THESE ISSUES AND

NUMEROUS MEMBERS OF CONGRESS TO DISCUSS POTENTIAL SOLUTIONS, ESPECIALLY

THROUGH THE LENS OF THE INDIVIDUAL SERVICE MEMBERS, THEIR FAMILIES,

VETERANS, AND CIVILIAN SURVIVORS. IT LEADS THE NATIONAL DEBATE

REGARDING THIS CRISIS AND ITS WIDE- RANGING ADVERSE EFFECTS IN THE

MILITARY, CIVILIAN COMMUNITIES, AND NATIONAL SECURITY.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE INFORMATION RETURN WAS CIRCULATED TO THE CHAIR & CEO AND TO THE SECRETARY & GENERAL COUNSEL FOR REVIEW AND COMMENT AFTER

BEING PREPARED BY THE OUTSIDE ACCOUNTANT. ONCE THOSE COMMENTS WERE

INCORPORATED, THE DRAFT WAS CIRCULATED TO THE BOARD OF DIRECTORS FOR REVIEW

AND COMMENT. ONCE ALL COMMENTS ARE ADDRESSED, THE FINAL RETURN WAS PREPARED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OFFICERS MONITORED TRANSACTIONAL ACTIONS BY THE BOARD TO ENSURE AGAINST CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD APPROVED AN OPERATING BUDGET BY THE FOUNDATION WHICH INCLUDES

AMOUNTS FOR VARIOUS STAFF POSITIONS. FIGURES WERE BASED ON NON-PROFIT AND

40

FOR-PROFIT SALARY STANDARDS.

FORM 990, PART VI, SECTION C, LINE 19:

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Name of the organization PROTECT OUR DEFENDERS FOUNDATION	Employer identification number 45-4044997
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F	
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COMMUNICATION CONSULTANTS:	
	64 750
PROGRAM SERVICE EXPENSES	64,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,750.
EDUCATION & AWARENESS CONSULTANT:	
PROGRAM SERVICE EXPENSES	45,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,000.
MEDIA & MARKETING CONSULTANTS:	
PROGRAM SERVICE EXPENSES	4,463.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,463.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	114,213.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	:
RESEARCH:	
PROGRAM SERVICE EXPENSES	3,811.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
332212 11-14-23	Schedule O (Form 990) 2023

PROTECT OUR DEFENDERS FOUNDATION	45-4044997
	3,811.
TELECOM:	
PROGRAM SERVICE EXPENSES	3,004.
MANAGEMENT AND GENERAL EXPENSES	25.
FUNDRAISING EXPENSES	16.
TOTAL EXPENSES	3,045.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	1,511.
MANAGEMENT AND GENERAL EXPENSES	131.
FUNDRAISING EXPENSES	88.
TOTAL EXPENSES	1,730.
LICENSES AND FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,375.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,375.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	1.
MANAGEMENT AND GENERAL EXPENSES	46.
FUNDRAISING EXPENSES	1,123.
TOTAL EXPENSES	1,170.
DUES:	
PROGRAM SERVICE EXPENSES	665 • Schedule O (Form 990) 20

PROTECT OUR DEFENDERS FOUNDATION IANAGEMENT AND GENERAL EXPENSES	45-4044997
	0
'UNDRAISING EXPENSES	0.
	0.
OTAL EXPENSES	665.
OSTAGE:	
ROGRAM SERVICE EXPENSES	179.
IANAGEMENT AND GENERAL EXPENSES	308.
UNDRAISING EXPENSES	0.
OTAL EXPENSES	487.
OTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 12,283.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 45 - 4044997

Department of the Treasury Internal Revenue Service

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

Name of the organization

PROTECT OUR DEFENDERS FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PROTECT OUR DEFENDERS - 45-3450759							
950 N WASHINGTON STREET							
ALEXANDRIA, VA 22314	ADVOCACY	CALIFORNIA	501(C)(4)		FOUNDATION		х
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 PROTECT OUR DEFENDERS FOUNDATION

45-4044997 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	-										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	tion b)(13) rolled tity?
		country)		01 11 434		233013		Yes N	
	7								
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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