

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047

2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information. For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

Form 990EZ
Department of the Treasury
Internal Revenue Service

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
OUR CLIMATE
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1 THOMAS CIRCLE NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
46-4237362
E Telephone number
(202) 810-0124
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

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

I Website: OURCLIMATE.US
J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) (insert no. 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 6,915

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Table with 3 columns: Line number, Description, and Amount. Includes Revenue section (lines 1-9) and Expenses section (lines 10-17). Total revenue is 6,915.

Table with 3 columns: Line number, Description, and Amount. Includes Expenses section (lines 10-17) and Net Assets section (lines 18-21). Total expenses is 3,980.

Table with 3 columns: Line number, Description, and Amount. Includes Net Assets section (lines 18-21). Total net assets at end of year is 82,964.

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	23,757	<b>22</b>	29,918
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	80,791	<b>24</b>	78,469
<b>25</b> Total assets . . . . .	104,548	<b>25</b>	108,387
<b>26</b> Total liabilities (describe in Schedule O). . . . .	24,519	<b>26</b>	25,423
<b>27</b> Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	80,029	<b>27</b>	82,964

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
 OUR CLIMATE TRAINS AND MOBILIZES YOUNG ACTIVISTS TO ADVANCE SCIENCE-BASED, EQUITABLE CLIMATE POLICY BY MEETING WITH ELECTED OFFICIALS AND ORGANIZING THEIR COMMUNITIES. THROUGH STRUCTURED PROGRAMS AND CURRICULUM, OUR CLIMATE GIVES YOUNG LEADERS THE TOOLS NEEDED TO PASS CLIMATE POLICY ON THE STATE AND FEDERAL LEVEL.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28** OUR CLIMATE EMPOWERED STUDENT LEADERS TO PASS STATE-LEVEL AND FEDERAL CLIMATE JUSTICE POLICY. OUR CLIMATE CREATED STRUCTURED CURRICULUM TO TRAIN YOUNG LEADERS TO UNDERSTAND CLIMATE LEGISLATION AND TAKE CIVIC ACTION. BY MEETING WITH ELECTED OFFICIALS, HOSTING LOBBY DAYS, AND ENGAGING THE MEDIA, OUR CLIMATE'S STUDENT LEADERS ADVANCED LOCAL AND NATIONAL POLICIES THAT ARE SCIENCE-BASED AND EQUITABLE.  
 (Grants \$ 0) If this amount includes foreign grants, check here

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28a** 1,491

**29**  
 (Grants \$ ) If this amount includes foreign grants, check here

**29a**

**30**  
 (Grants \$ ) If this amount includes foreign grants, check here

**30a**

**31** Other program services (describe in Schedule O)  
 (Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32** Total program service expenses (add lines 28a through 31a) **32** 1,491

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SANDERS JASMINE EXECUTIVE DIRECTOR	1.00	996	63	0
GORMAN TY TREASURER	1.00	0	0	0
MOLITOR GORDY TREASURER	1.00	0	0	0
POPVICH NATALIE PRESIDENT/TREASURER	1.00	0	0	0
KRYSTINA WHITE PRESIDENT	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .		No
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
<b>35b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	<b>37a</b>	0
<b>37b</b>	Did the organization file Form 1120-POL for this year? . . . . .	<b>37b</b>	
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>40b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	No
<b>40c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		0
<b>40d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		0
<b>40e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed. ▶ OR		
<b>42a</b>	The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶		
	Located at ▶ 1 THOMAS CIRCLE NW WASHINGTON, DC ZIP + 4 ▶ 20005		
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	No
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>	No
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>44b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>44d</b>	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b>	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	2022-08-26
	JASMINE SANDERS EXECUTIVE DIRECTOR	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2022-08-24	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01706713
	Firm's name ▶ JACK MESPLAY AND ASSOCIATES			Firm's EIN ▶ 46-4013901	
	Firm's address ▶ 3439 SE HAWTHORNE BLVD 513 PORTLAND, OR 97214			Phone no. (503) 489-8195	

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990-EZ, Special Condition Description:**

**Special Condition Description**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
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 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
OUR CLIMATE**Employer identification number**

46-4237362

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION: BANK INTEREST AND SIMILAR. AMOUNT: 225.
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: SUPPLIES. AMOUNT: 208. DESCRIPTION: TECHNOLOGY AND DATABASES. AMOUNT: 6. DESCRIPTION: TRAVEL. AMOUNT: 102. DESCRIPTION: CORPORATE FEES AND TAXES. AMOUNT: 50. DESCRIPTION: INSURANCE. AMOUNT: 20. DESCRIPTION: BANKING AND MERCHANT FEES. AMOUNT: 770. TOTAL TO FORM 990-EZ, LINE 16: 1,156.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: RECEIVABLES. BEG. OF YEAR AMOUNT: 80,119. END OF YEAR AMOUNT: 73,337. DESCRIPTION: PREPAID EXPENSES. BEG. OF YEAR AMOUNT: 672. END OF YEAR AMOUNT: 5,132.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: ACCOUNTS PAYABLE AND ACCRUED EXPENSES. BEG. OF YEAR AMOUNT: 24,519. END OF YEAR AMOUNT: 25,423.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

## TY 2021 IRS 990 e-File Render

**Name:** OUR CLIMATE

**EIN:** 46-4237362

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.