Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 33-1041433 RE: POWER File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2136 FORD PARKWAY, 5523 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. PAUL MN 55116 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of KARUNDI WILLIAMS 2136 FORD PARKWAY #5523 - SAINT PAUL, MN 55116 Telephone No. (651)645-3939 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____ , 20 _____ , and ending __ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2024)

Зс

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 64333158

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change RE: POWER Name change 33-1041433 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 2136 FORD PARKWAY 5523 651-645-3939 1,960,201. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ST. PAUL, MN 55116 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KARUNDI WILLIAMS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes 501(c)(3) X 501(c) (527 Tax-exempt status: (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.REPOWER.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2003 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: RE:POWER EXISTS TO BUILD A Activities & Governance CRITICAL MASS OF SOCIAL JUSTICE MOVEMENTS AND THEIR LEADERS WHO 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 22 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 13 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,190,679 1,553,965. Contributions and grants (Part VIII, line 1h) 8 Revenue 189,462 405,430. Program service revenue (Part VIII, line 2g) 13 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 122. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -31,262 -4,624. 11 1,348,892 1,954,893. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 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) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 457,194. 753,423. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 434,765. 722,608. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 891,959, 1,476,031. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 456,933. 478,862. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,097,527 2,532,296. Total assets (Part X, line 16) 174.898 130,805, 21 Total liabilities (Part X, line 26) 三年 1,922,629. 2,401,491. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and combined Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer 32... Date Sign KARUNDI WILLIAMS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature MICHAEL HINSCH MICHAEL HINSCH 07/29/24 P01875343 Paid 41-0746749 Firm's name CLIFTONLARSONALLEN LLP Preparer Firm's EIN 220 S 6TH STREET, SUITE 300 Use Only Firm's address

MINNEAPOLIS, MN 55402

No

X Yes

Phone no.612-376-4500

Form	n 990 (2023) RE: POWER	33-1041433	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	RE:POWER EXISTS TO BUILD A CRITICAL MASS OF SOCIAL JUSTICE MOVEMENTS		
	AND THEIR LEADERS WHO EMBODY THE IDEOLOGY AND PRACTICE OF LIBERATORY		
	ORGANIZING, AN ORGANIZING PRACTICE THAT IS PRO-BLACK AND GROUNDED IN		
	COMMUNITY, COLLECTIVE ACTION AND ABUNDANCE. OUR ULTIMATE VISION IS A		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
3	If "Yes," describe these changes on Schedule O.	∟	res No
4		soured by ove	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	tne total exper	nses, and
	revenue, if any, for each program service reported.		57,410.)
4a		\$	57,410.
	MOVEMENT TECHNOLOGY:		
	RE:POWER'S MOVEMENT TECHNOLOGY WORK DEVELOPS COMMUNITY-LED TECHNOLOGY		
	SKILLS OF DATA AND DIGITAL PRACTITIONERS WHO ARE ADVANCING CHANGE IN		
	OUR COMMUNITIES.		
4b	(Code:) (Expenses \$ 214,499. including grants of \$ 0.) (Revenue	*	151,854.)
	CIVIC ENGAGEMENT:		
	RE:POWER'S CIVIC ENGAGEMENT WORK TRAINS FUTURE CANDIDATES FOR ELECTED		
	OFFICE, ELECTED OFFICIALS, CAMPAIGN MANAGERS AND OTHER CAMPAIGN STAFF		
	STRIVING TO BUILD A REFLECTIVE DEMOCRACY.		
	FAE 152		164 110
4c		\$	164,118.
	MOVEMENT BUILDING:		
	DE DOUBL'S MANIFORM DISTRICT DESCRIPTION OF STREET OF STREET		
	RE:POWER'S MOVEMENT BUILDING PROGRAM SUPPORTS POWERFUL ORGANIZATIONS		
	AND COALITIONS TO ORGANIZATION AND MOBILIZE CAMPAIGNS THROUGH STRATEGIC		
	PLANNING, COACHING, AND CAPACITY BUILDING.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 76,295. including grants of \$ 0.) (Revenue \$	30,248.)	
4e	Total program service expenses 1,061,463.	· /	
			Form 990 (2023)

Form 990 (2023) RE: POWER 33-1041433 Page **3**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
_	Schedule D, Part III	8_		Х
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?			,
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	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	$^{\prime}$	11a	х	
h	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	IIa		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,
. -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	16		
ıIJ		19		x
20a	complete Schedule G, Part III	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, , , , , , , , , , , , , , , , , , ,			

332003 12-21-23

Form 990 (2023) RE: POWER

Part IV | Checklist of Required Schedules 33-1041433 Page 4

Pal	Crecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		77	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
L	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , ,	24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		х
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		х
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		Х
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	Х	<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
5 4		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		х
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		
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		Х
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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С		1c	Х	
	(gambling) winnings to prize winners?	ו וכי		

Form 990 (2023) RE: POWER 33-1041433 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Continued)		T	T	
0-	Enter the number of employees venerted an Ferm W.C. Transmitted of Wess and Tay Statements		Yes	No	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Did the constitution have smallest all beginning and a first constitution of the const	3a		х	
	Miller Here Willed - France COOT for the second control of the sec	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
h	If "Yes," enter the name of the foreign country	- Tu			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them.) [11b] Section 4047(aVt) page executed by a section filing Form 900 in liquid Form 10412	100			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
u	Note: See the instructions for additional information the organization must report on Schedule O.	104			
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c				
		14a		х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15	L	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.				

Form 990 (2023) RE: POWER 33-1041433 Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
000	uon A. Governing Body und Management				Vaa	Na	
4.	Enter the number of veting members of the governing hady at the and of the tay year	4-	1	3	Yes	No	
ıa	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	,			
b	Enter the number of voting members included on line 1a, above, who are independent	_1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 w	as filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			7b		х	
8							
а	The governing body?			8a	х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
	This dection b requests information about policies not required by the internal ne	VCITA	c oodc./		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
_	O Company of the state of the s		-,	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,					
12a				12a	х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120			
Ŭ		,		12c	х		
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	Х		
				14	X		
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	п Бу п	idependent				
_				450	Х		
	The organization's CEO, Executive Director, or top management official			15a	X	 	
D	Other officers or key employees of the organization			15b			
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the contribute assets to a participate in a joint venture or similar arrangements.			40		х	
	taxable entity during the year?			16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401			
Sac	exempt status with respect to such arrangements? tion C. Disclosure			16b	<u> </u>	<u> </u>	
17		-4 00	0 T (continue 501/c)(0)	0.001.3	ove!!e!	ala.	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 99	U-1 (Section 501(c)(3)	s only)	avallal	oie	
	for public inspection. Indicate how you made these available. Check all that apply.						
40	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict	от interest policy, an	d finan	cıal		
	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 book	oks ar	nd records				
	KARUNDI WILLIAMS - (651)645-3939 2136 FORD PARKWAY #5523, SAINT PAUL, MN 55116						
	TIO TOWN THWWANT "JOYN' DUTINI LUCH' MIN JOILU						

RE: POWER <u>Page</u> **7** Form 990 (2023)

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-NEĆ) 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.

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer 6	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KARUNDI WILLIAMS	18.00									
EXECUTIVE DIRECTOR	42.00			Х				231,118.	0.	35,000
(2) KAVITA KHANDEKAR CHOPRA	15.00									
MANAGING DIRECTOR, ORGANIZ	35.00					Х		155,935.	0.	30,933
(3) UYEN DOAN	15.00									
MANAGING DIRECTOR, PROGRAM	35.00					х		137,376.	0.	29,159
(4) HEIDI GERBRACHT	4.50									
DIRECTOR, PROGRESSIVE GOVERNANCE ACA	40.50					Х		138,052.	0.	13,829
(5) SARAH ALLSBROOKS	22.50									
DIRECTOR, DEVELOPMENT	22.50					Х		116,064.	0.	19,298
(6) CARMEN BERKLEY	2.00									
CHAIR	2.00	Х		Х				0.	0.	0
(7) JENNIFER EPPS-ADDISON	2.00									
VICE-CHAIR	2.00	Х		Х				0.	0.	0
(8) LEAH BOUDREAUX	2.00									
TREASURER	2.00	Х		Х				0.	0.	(
(9) APRIL SIMS	2.00									
SECRETARY	2.00	Х		Х				0.	0.	(
(10) SARAH AUDELO	2.00									
DIRECTOR	2.00	Х						0.	0.	(
(11) AARON DORFMAN	2.00									
DIRECTOR	2.00	Х						0.	0.	(
(12) ANGELA FERRELL-ZABALA	2.00									
DIRECTOR	2.00	Х						0.	0.	C
(13) KATRINA GAMBLE	2.00									
DIRECTOR	2.00	Х						0.	0.	C
(14) JESS MORALES ROCKETTO	2.00									
DIRECTOR	2.00	Х						0.	0.	(
(15) JUSTIN MYERS	2.00									
DIRECTOR	2.00	Х						0.	0.	0
(16) ART REYES III	2.00									
DIRECTOR	2.00	Х						0.	0.	(
(17) KELLEY ROBINSON	2.00									
DIRECTOR	2.00	Х						0.	0.	0

RE: POWER

Page 8 Form 990 (2023) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) LUNA YASUI 2.00 DIRECTOR 2.00 Х 0 0 0. 778,545, 0. 128,219. 1b Subtotal 0. 0. 0 c Total from continuation sheets to Part VII, Section A 778,545. 0. 128,219. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 5 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2023)

332008 12-21-23

33-1041433

Form 990 (2023) RE: POWER 33-1041433 Page **9**

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 7,449. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,546,516. 1f 1,919 g Noncash contributions included in lines 1a-1f 1,553,965 h Total. Add lines 1a-1f **Business Code** 405,430. 2 a REGISTRATION FEES 611430 405,430. Program Service Revenue b f All other program service revenue 405,430, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 122 122 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 7,449. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 5,308. -5,308 -5,308, c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 611710 684 684. b d All other revenue 684 e Total. Add lines 11a-11d 1,954,893. -4,502. 12 405,430. Total revenue. See instructions

332009 12-21-23

Form 990 (2023) RE: POWER
Part IX Statement of Functional Expenses 33-1041433 Page 10

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	Compensation of current officers, directors,				
	trustees, and key employees	79,835.	15,967.	31,934.	31,934
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	541,997.	359,845.	100,275.	81,877
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,569.	13,726.	3,773.	3,070
9	Other employee benefits	60,448.	39,200.	11,616.	9,632
0	Payroll taxes	50,574.	30,850.	10,621.	9,10
1	Fees for services (nonemployees):	·	·	,	·
	Management				
	Legal	3,284.	2,003.	690.	59:
	Accounting	18,476.	11,270.	3,880.	3,32
	Lobbying	,	,	, -	,
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	161,833.	135,918.	13,954.	11,961
12	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	202,000.	200,520.	20,501.	
3	Advertising and promotion	37,951.	14,004.	6,998.	16,949
	Office expenses	55,940.	34,124.	11,747.	10,069
4	Information technology	33,510.	31,121.	11,717.	10,00
5	Royalties				
6	Occupancy	13,749.		4,104.	9,645
7	Travel	13,749.		4,104.	3,04.
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
!1	Payments to affiliates				
2	Depreciation, depletion, and amortization	0.051	F 200	4 050	4 =0:
3	Insurance	8,851.	5,399.	1,859.	1,59
4	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.)				
а	TRAINING EXPENSES	373,091.	373,091.		
b	DIRECT MAIL EXPENSE	29,823.	14,104.	11,367.	4,35
С	EQUIPMENT RENTAL	17,844.	10,885.	3,747.	3,21
d	STAFF TRAINING & DEVELO	1,766.	1,077.	371.	318
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,476,031.	1,061,463.	216,936.	197,63
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				

RE: POWER 33-1041433 Page **11** Form 990 (2023)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,500,554. 1,137,699. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 183,172. 551,326. 3 Pledges and grants receivable, net 3 34,662. 7,889. Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 48,998. Prepaid expenses and deferred charges 9 44,349. 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 0. 0. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 330,141. 791,033. Other assets. See Part IV, line 11 15 15 2,097,527. 2,532,296. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 147,398. 130,805. Accounts payable and accrued expenses 17 17 18 18 Grants payable 27,500. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 174,898. 130,805. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,902,629. 2,081,491. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 20,000. 320,000. 28 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 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

2,532,296. Form 990 (2023)

2,401,491.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,922,629.

2,097,527.

32

33

Form	1990 (2023) RE: POWER	33-104143	3	Pag	ge 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	1,	954,	893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	476,	031.
3	Revenue less expenses. Subtract line 2 from line 1	3		478,	862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	922,	629.
5	Net unrealized gains (losses) on investments	5			
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	2,	401,	491.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization

	RE:	POWER	33-1041433		
Organiz	cation type (check or	ne):			
Filers of	f:	Section:			
Form 99	00 or 990-EZ	X 501(c)(4) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	00-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.		
Genera	i Kule				
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Filine 1. Complete Parts I and II.	d that received from any one		
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (elements in instead of the contributor name and address), II, and III.	ientific,		
	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\$				
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	•		

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

Schedule B (Form 990) (2023)

Page 2 Schedule B (Form 990) (2023)

Name of o	rganization		Employer identification number
RE:POWE	2		33-1041433
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$250,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
3		\$50,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
4	- Hame, dedicate, and En 1 1	\$125,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
5		\$375,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
6			Person X Payroll

 Schedule B (Form 990) (2023)
 Page 2

Name of or	rganization	Emplo	yer identification number
E:POWER		3	3-1041433
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3 Schedule B (Form 990) (2023)

Name of organization	Employer identification number
RE: POWER	33-1041433

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** RE: POWER 33-1041433 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization

Employer identification number

	RE: POWER			33-1041433
Pai			or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fun	ds 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 v	writing that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	, , , , ,	•	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	`	a historically	important land area
	Protection of natural habitat	Preservation of a	-	•
	Preservation of open space	Treservation or t	2 001 111100 1111	storio di dotaro
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conserva	tion easement on the last
_	day of the tax year.	ica conservation contribution in the form o	i a consciva	Held at the End of the Tax Year
а			2a	
b		ustura included on line 2a		
C	Number of conservation easements on a certified historic stru		20	
d	Number of conservation easements included on line 2c acqu	• • •	04	
_	on a historic structure listed in the National Register			ali unica ai Ala ai Anno
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the t	organization	during the tax
	year	anneat in Incated		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			□ v □ N.
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation ease	ments during the year
_	A second of second in seco			to the state of the state of
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easemen	is during the year
•	Described and the control of the con		4) (D) (t)	
8	Does each conservation easement reported on line 2d above			□ Vaa □ Na
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemen	nts that desc	ribes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Simila	r Accate
ı aı	Complete if the organization answered "Yes" on Form		ici Oillilla	Addeta.
па	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub		-	DUDIIC
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of pul	olic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide	•
	the following amounts required to be reported under FASB A	_		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

Sche	dule D (Form 990) 2023 RE: POWER					33-10		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or C	Other S	imilar Asset	s (contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that m	ake signi	ficant use of its		
	collection items (check all that apply).							
а	Public exhibition	c	Loan or exc	change program				
b	Scholarly research	e	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	s exempt	purpose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other s	similar ass	sets	_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		te if the organization	n answered "Ye	s" on For	m 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	ns or other asse	ts not inc	luded	_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amoun	<u>t</u>
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance						_	
	Did the organization include an amount on Fe				•	·L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if					Thurs hasle		
		(a) Current year	(b) Prior year	(c) Two years I	back (d)	Three years back	(e) Four	years back
	Beginning of year balance							
b	Contributions							
С	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)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho	·						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the		Г	Yes No
	organization by:						- m	Yes No
	(i) Unrelated organizations?							
	(ii) Related organizations?						3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza						. 3b	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.					
ı aı	Complete if the organization answere) Part IV line 11a 9	See Form 990 P	art Y line	10		
							(al) Da - 1	le value
	Description of property	(a) Cost or o	, ,	t or other (other)		imulated ciation	(d) Bool	k value
	Land		nong basis	(Carior)	Gepre	Giation		
	Land							
	Buildings					+		
	Leasehold improvements	I		23,868.		23,868.		0.
	Equipment Other							
	. Add lines 1a through 1e. (Column (d) must e		X line 10c column	(R))				0.

Schedule D (Form 990) 2023

A4715721

Schedule D (Form 990) 2023 RE: POWER		:	33-1041433	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market	value
A) =:	()		, , , , , , , , , , , , , , , , , , ,	
(a) Olas ala la alal a socita da tamanta				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11c See Form 990 Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	ad of year market	- volue
	(b) book value	(c) Method of Valuation. Cost of el	iu-or-year market	value
(1)		<u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.		
	Description		(b) Book	value
	, , , , , , , , , , , , , , , , , , ,			775,869.
\ <i>.,</i>			+	15,164.
\ - /			+	13,104
(3)				
(4)			4	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))			791,033.
Part X Other Liabilities	<u>,,_,,</u>			
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.	
. (a) Description of liability			(b) Book	value
<u></u>			(2) 5000	- 4140
(1) Federal income taxes			+	
(2)			+	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			1	
	(D))		+	
Total. (Column (b) must equal Form 990, Part X, line 25, col.			46.44	
2. Liability for uncertain tax positions. In Part XIII, provide t				
organization's liability for uncertain tax positions under l	-ASB ASC 740. Check h			
organization's liability for uncertain tax positions under l	-ASB ASC 740. Check h		chedule D (Form	

332053 09-28-23

Sche	edule D (Form 990) 2023 RE: POWER		33-1041433	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State		ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	ТТ	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
۲ C	Recoveries of prior year grants Other (Describe in Part VIII.)			
d e	, , , , , , , , , , , , , , , , , , , ,		2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:	•••••		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	2c		
d	,			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b		40	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18			
Pai	rt XIII Supplemental Information	,	J	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b and 2b: F	Part V. line 4: Part X. line 2: Part	XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		a , , a ,	,
PART	YX, LINE 2:			
RE:F	POWER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVIS	ONS OF		
SECT	'ION 501(A) OF THE INTERNAL REVENUE CODE AS AN ENTITY DESCR	RIBED IN		
a man	NION ENT/GI/A) AND IG EVENDE EDON GEARE INCOME MAVEG AND G	MILAD INCOME		
SECT	CION 501(C)(4) AND IS EXEMPT FROM STATE INCOME TAXES AND S	IMILAR INCOME		
тах	LAWS. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MA	VDE.		
	mind: Indicate, no incorporate income into been in			
THE	ORGANIZATION ADOPTED GUIDANCE IN THE INCOME TAX STANDARD I	REGARDING THE		
RECO	GNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRI	BES		
RECC	OGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT I	RECOGNITION		
OF T	PAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN	THAT ARE		
NOT	CERTAIN TO BE REALIZED. THE ORGANIZATION'S TAX RETURNS ARE	SUBJECT TO		
יייםם	THE AND DVANTNAMION BY REPREDAT ATTMUORITHES			
	EW AND EXAMINATION BY FEDERAL AUTHORITIES.		Oakadeli D/F	. 000) 0000
332054	4 09-28-23		Schedule D (Forn	ı 990) 2023

Schedule D (Form 990) 2023 RE: POWER	33-1041433	Page 5
Schedule D (Form 990) 2023 RE: POWER Part XIII Supplemental Information (continued)		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

RE: POWER

33-1041433

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 RE: POWER 33-1041433

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KARUNDI WILLIAMS	(i)	231,118.	0.	0.	9,583.	25,417.	266,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAVITA KHANDEKAR CHOPRA	(i)	155,935.	0.	0.	6,435.	24,498.	186,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) UYEN DOAN	(i)	137,376.	0.	0.	5,926.	23,233.	166,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEIDI GERBRACHT	(i)	138,052.	0.	0.	5,554.	8,275.	151,881.	0.
DIRECTOR, PROGRESSIVE GOVERNANCE ACA	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

<u>Schedu</u>	lle J (Form 990) 2023 RE: POWER	33-1041433	Page 3
Part III	Supplemental Information		
	the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this	part for any additional information.	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** RE: POWER 33-1041433

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. () (0.15.55.51

(a) Na intereste	me of d person	(b) Relationship with organization	(c) Purpose of loan	fron	the zation?	(e) Original principal amount	(f) Balance due	(g) defa	ınıult?	by bo	ard or ittee?	agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total						\$	·						

Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

nedule L (Form 990) 2023 RE: POWI	ER		33-104143	33	Page 2
art IV Business Transactions Invo	=				
Complete if the organization answer (a) Name of interested person	(b) Relationship between interested person and the organization	b, or 28c. (c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
CAN'T STOP WON'T STOP CO	BOARD MEMBER IS A C	156,364.	CONSULTING		Х
				-	
				+	+
				-	
					+
V Supplemental Information					
Provide additional information for re-	sponses to questions on Schedule L. See in	nstructions.			
, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
AME OF PERSON: CAN'T STOP WON'T	STOP CONSULTING				
ELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
MEMBER IS A CO-FOUNDER					
DESCRIPTION OF TRANSACTION: CONS	HIMING SERVICES				
DESCRIPTION OF TRANSACTION: CONS	ULITING SERVICES				

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization RE: POWER 33-1041433 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EMBODY THE IDEOLOGY AND PRACTICE OF LIBERATORY ORGANIZING. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIBERATED, MULTIRACIAL DEMOCRACY, FREE FROM THE OPPRESSIVE SYSTEMS OF WHITE SUPREMACY AND PATRIARCHY, FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **GOVERNANCE:** RE:POWER'S GOVERNANCE PROGRAM SUPPORTS NEWLY ELECTED OFFICIALS THROUGH OUR PROGRESSIVE GOVERNANCE ACADEMY TO BUILD POWER WITH PEERS AND LOCAL MOVEMENT ACTORS. WHILE ALSO STRENGTHENING THEIR SKILLS IN GOVERNANCE FOR A LIFELONG CAREER IN PUBLIC LEADERSHIP. THE BULK OF THIS WORK IS DONE THROUGH OUR C3 AFFILIATED ORGANIZATION. INCLUDING GRANTS OF \$ 0. **REVENUE** \$ 30,248 EXPENSES \$ 76,295. FORM 990, PART VI, SECTION A, LINE 1A: THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE EXECUTIVE DIRECTOR CHAIR, VICE-CHAIR, SECRETARY, AND TREASURER. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND DISCUSSION. THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS TO APPROVE OR NOT APPROVE THE FORM 990. THE FORM 990 IS

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

Schedule O (Form 990) 2023

2023.04010 RE:POWER

Name of the organization RE: POWER	Employer identification number 33-1041433
PROVIDED TO ALL BOARD MEMBERS FOR REVIEW. AFTER REVIEW AND DISCUSSION, THE	
FULL BOARD VOTES TO APPROVE OR NOT APPROVE THE FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY. IN	
THE EVENT A CONFLICT EXISTS, THE CONFLICTED MEMBER LEAVES THE MEETING WHILE	
THE ISSUE IS DISCUSSED WITH THE FULL BOARD. IF A CONFLICT OF INTEREST IS	
DETERMINED TO EXIST, THE CONFLICTED BOARD MEMBER IS ALLOWED TO MAKE A CASE,	
AND THE BOARD THEN DISCUSSES WHETHER THERE IS AN ALTERNATIVE TO THE	
CONFLICT; IF THE BOARD MEMBER WILL NEED TO END THE CONFLICT OR TAKE THE	
APPROPRIATE ACTION NEEDED TO END THE CONFLICT. ALL PROCEEDINGS RELATED TO	
CONFLICTS OF INTEREST ARE NOTED IN THE MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD USES NATIONAL DATA AND TAKES INTO	
ACCOUNT RELEVANT EXPERIENCE TO DETERMINE COMPENSATION FOR THE EXECUTIVE	
DIRECTORS. THIS PROCESS LAST TOOK PLACE IN 2023.	
KEY STAFF COMPENSATION IS SET BY THE EXECUTIVE DIRECTOR WITH GUIDANCE FROM	
THE BOARD OF DIRECTORS AND MANAGING DIRECTORS, AND IS BASED ON A CURRENT	
EVALUATION OF THE OVERALL EMPLOYMENT MARKET, ROLE DESCRIPTION AND	
RESPONSIBILITIES, EQUITABLE PAY, AND OVERALL TENURE IN THE ROLE.	
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,FL,GA,KS,KY,ME,MD,MN,MS,NC,ND,NH,NJ,NY,OH,OK,OR,PA,RI,SC	
TN, UT, VA, WA, WV, WI, HI	

A4715721

Schedule O (Form 990) 2023		Page 2
Name of the organization RE: POWER		Employer identification number 33-1041433
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STA	ATEMENTS, AND	
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQU	JEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	135,918.	
MANAGEMENT AND GENERAL EXPENSES	13,954.	
FUNDRAISING EXPENSES	11,961.	
TOTAL EXPENSES	161,833.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	161,833.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACC	COUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.		

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

RE: POWER					33-1041433	,	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes'	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	r assets Direct	(f) Direct controlling entity	
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt	
(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 501(c)(3))	(f) Direct controlling entity	Section 5 control enti	rolled
RE:POWER FUND - 35-2191193						100	110
2136 FORD PARKWAY #5523	7						
SAINT PAUL, MN 55116	TRAINING	MINNESOTA	501(C)(3)	LINE 7	RE: POWER	Х	
For Paperwork Reduction Act Notice, see the Instruction	 ns for Form 990.	<u> </u>			Schedule R	 (Form 99	 90) 2023

Schedule R (Form 990) 2023 RE: POWER

33-1041433

Page 2

Identification of Related Orgonizations treated as a pair		ship. Complete if	the organization answe	ered "Yes" on For	m 990, Part IV, line	34, becaus	e it had one or moi	re related	i L
								$\overline{}$	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	10

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	I Sect	
DECORPORATION CAMPATON ACADOMIC ACADOMICO		country)		,				Yes	No
PROGRESSIVE CAMPAIGN LEADERSHIP - 46-4994700 2136 FORD PARKWAY #5523									
SAINT PAUL, MN 55116	TRAINING	MN	RE: POWER	C CORP	0.	0.	100%	Х	

Schedule R (Form 990) 2023 RE: POWER

33-1041433

Page 3

Part \	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, line 34, 35b	o, or 36.						
Note:	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	s with one or more re	elated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х			
	b Gift, grant, or capital contribution to related organization(s)									
С (Gift, grant, or capital contribution from related organization(s)				1c		Х			
							Х			
e l	oans or loan guarantees by related organization(s)				1e		Х			
f [Dividends from related organization(s)				1f		Х			
g S	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)						Х			
i E	Exchange of assets with related organization(s)				1i		Х			
j l	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k l	Lease of facilities, equipment, or other assets from related organization(s)				1k		х			
	Performance of services or membership or fundraising solicitations for related organ						х			
	Performance of services or membership or fundraising solicitations by related organ						Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х				
						Х				
	V (7)									
р	Reimbursement paid to related organization(s) for expenses				1p	х				
	Reimbursement paid by related organization(s) for expenses					Х				
-					_					
r (Other transfer of cash or property to related organization(s)				1r		х			
	Other transfer of cash or property from related organization(s)				1s		Х			
	f the answer to any of the above is "Yes," see the instructions for information on w									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	nvolved					
(1) RE	:POWER FUND	Q	2,484,265.	CASH TRANSFERRED						
(2)										
(3)										
(4)										
(5)										

Schedule R (Form 990) 2023 RE: POWER 33-1041433 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Schedule R	(Form 990) 2023	RE: POWER	33-1041433	Page 5
Part VII	(Form 990) 2023 Supplemental Infor	mation		
		ation for responses to questions on Schedule R. See instructions.		
_	T TO TIGO GGGGIGITAT ITTOTT	and the responded to questions on constant the cost metractions.		

332165 09-28-23 Schedule R (Form 990) 2023