(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Inspection

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

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

Open to Public

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and ending	<u>g</u>	
В	Check if applicable	C Name of organization	D Employer identi	fication number
Г	Addres	RE:POWER		
	Name change		33-1041	433
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)  Room/ 2639 NICOLLET AVE #220	Suite E Telephone numb 651-645	
	Final return/ termin-			540,164.
Г	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code  MINNEAPOLIS, MN 55408	G Gross receipts \$ H(a) Is this a group	
F	Application		for subordinate	
	pendin	SAME AS C ABOVE	H(b) Are all subordinates	
$\overline{\Gamma}$	Tax-exe	mpt status: 501(c)(3)X 501(c) ( 4) ◀ (insert no.) 4947(a)(1) or		a list. (see instructions)
		e: ► WWW.REPOWER.ORG	H(c) Group exempti	,
K	Form of	organization: X Corporation Trust Association Other L		M State of legal domicile: MN
	art I	Summary		
О О	1	Briefly describe the organization's mission or most significant activities: $ extbf{RE:POWEI}$	R IS A TEAM O	₹
Governance		ORGANIZERS, STRATEGISTS, AND TECHNOL $\overline{\sf OGISTS}$ I	DEDICATED TO 1	BUILDING
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25% of its net	assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	
জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	
Ę	6	Total number of volunteers (estimate if necessary)	6	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		
_	b	Net unrelated business taxable income from Form 990-T, line 39	7t	0.
e			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	642,472	
enr		Program service revenue (Part VIII, line 2g)		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0	·
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7 .
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
ă	þ.	Total fundraising expenses (Part IX, column (D), line 25)   143,244.		
ш	17 '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,561,158	
. (/	19	Revenue less expenses. Subtract line 18 from line 12	-297,275	
Net Assets or			Beginning of Current Year	
Sset	20	Total assets (Part X, line 16)	1,077,692	
et A	21	Total liabilities (Part X, line 26)	191,943	
	22	Net assets or fund balances. Subtract line 21 from line 20	885,749	612,200.
	art II	Signature Block		and the state of t
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s		ny knowledge and bellet, it is
uut	, correc	and complete beclaration of freparer (other than officer) is based on all information of which pre	08/28/202	20
C:-		nature of office	Date	
Sig		KARUNDI WILLIAMS, EXECUTIVE DIRECTOR	24.0	
He	re	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	T I PTIN
Pai	d	DEIRDRE HODGSON  DEIRDRE HODGSON	08/20/20 self-empl	
	t t	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN	
	Only	Firm's address 220 SOUTH SIXTH STREET, SUITE 300	I IIIII 5 LIIV	
550	. Jiy	MINNEAPOLIS, MN 55402	Dhone no 6	12-376-4500
Ma	v the IC	S discuss this return with the preparer shown above? (see instructions)	1 110110 110.0	X Yes No
	,			<u> </u>

Pai	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 IS A TEAM OF ORGANIZERS, STRATEGISTS, AND TECHNOLOGIST	:s
	DEDICATED TO BUILDING TRANSFORMATIVE POLITICAL POWER, WITH WORK	
	TO A BELIEF THAT BY PARTERNING WITH INDIVIDUALS, ORGANIZATIONS,	AND
	COALITIONS ACROSS THE COUNTRY, WE CAN UNCOVER LEADERS WITHIN	
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	g,, p	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
_	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 10 , 555 • including grants of \$ 0 • ) (Revenue \$ \$	1/ 653
4a	(Code: ) (Expenses \$ 10,555. including grants of \$ 0. ) (Revenue \$ MOVEMENT BUILDING:	14,055.
	MOVEMENT BOILDING:	
	RE: POWER'S MOVEMENT BUILDING WORK CREATES POWERFUL, LONG-TERM N	OVEMENTS
	FOR CHANGE BY ENHANCING AND CONNECTING THE ELECTORAL, PUBLIC PO	
	AND LEADERSHIP DEVELOPMENT WORK OF PROGRESSIVE NONPROFIT ORGANI	
	AND COALITIONS.	2111 1 0110
4b	(Code: ) (Expenses \$ 127,893 • including grants of \$ 0 • ) (Revenue \$	36,217.
	PUBLIC LEADERSHIP:	
	RE: POWER'S PUBLIC LEADERSHIP WORK TRAINS FUTURE CANDIDATES FOR	
	OFFICE, CAMPAIGN MANAGERS, AND OTHER CAMPAIGN STAFF STRIVING TO	BOILD A
	MORE REFLECTIVE DEMOCRACY.	
4c	(Code: ) (Expenses \$ 455,084 • including grants of \$ 0 • ) (Revenue \$	100,037.)
	MOVEMENT TECHNOLOGY:	
	RE: POWER'S MOVEMENT TECHNOLOGY WORK, BUILDS THE SKILLS OF DATA	AND
	DIGITAL PRACTIONERS WHO WILL ADVANCE CHANGE IN OUR COMMUNITIES.	
4d		,
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 593,532 •	)
<u>4e</u>	Total program service expenses ► 593,532.	Form <b>990</b> (2019)
		. 5 3 (2013)

33-1041433 Page **3** RE: POWER

# Form 990 (2019) RE : POWER 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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 Revenue Procedure 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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	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?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	Λ	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>v</sub> ,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Fart IX, column (A), line 1: ii 103, complete ochedule i, i atts i and ii	<u> </u>		

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Form 990 (2019)

RE: POWER

Part IV	Che	ecklist	of Red	guired	Sched	lules	(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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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			l
	"Yes," complete Schedule L, Part IV	28a		X
	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 lines 28a or 28b? If			٠,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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			37
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>V</sub>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
05 -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Α.	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		х
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<del>  ^</del> `
36	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	30		
31	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 in Schedule O for Part VI, lines 11b and 19?	31		<del></del>
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			"
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
	S S, S 1			

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

				Yes	No
2a	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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	, ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
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?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	_	37	
	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 contribution	ŭ		v	
_	were not tax deductible?		6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		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	•	7-		
	to file Form 8282?	1	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,···		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the annual control of the contro		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	, , , , ,	10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı			
		13b			
С		13c			ļ
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				٠,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2019)

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				Λ
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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				
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	. 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 a	appoint one or			
	more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		. 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	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 F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		. 12c	Х	
13	Did the organization have a written whistleblower policy?		. 13	Х	
14	Did the organization have a written document retention and destruction policy?		. 14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		. 15a	X	
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)	(3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy,	and fina	ncial	
	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 b				
	KARUNDI WILLIAMS, EXECUTIVE DIRECTOR - 651-645-393	39			
	2639 NICOLLET AVE #220 MINNEAPOLIS MN 55408				

# 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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	Τ		((	C)	•		(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss pe	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	as as			ited		organization	(W-2/1099-MISC)	from the
	related	stee (	truste		ao	beusa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com	١.			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CARMEN BERKLEY	2.00									
BOARD CHAIR	2.00	X		Х				0.	0.	0.
(2) CONNIE LEWIS	2.00									_
BOARD CHAIR THRU JULY 19	2.00	Х		Х				0.	0.	0.
(3) SARA TOTONCHI	2.00									
BOARD VICE CHAIR	2.00	Х		Х				0.	0.	0.
(4) LEAH BOUDREAUX	2.00									
BOARD TREASURER	2.00	Х		Х				0.	0.	0.
(5) MARY LOFY	2.00									
BOARD TREASURER THRU JULY 19	2.00	Х		Х				0.	0.	0.
(6) RUDY LOPEZ	2.00							_	_	_
BOARD SECRETARY	2.00	Х		Х				0.	0.	0.
(7) MARCIA AVNER	2.00							_	_	_
BOARD MEMBER THRU JULY 19	2.00	Х						0.	0.	0.
(8) SARAH AUDELO	2.00							_	_	_
BOARD MEMBER	2.00	Х						0.	0.	0.
(9) JEFF BLODGETT	2.00								_	
BOARD MEMBER THRU JULY 19	0.00	Х						0.	0.	0.
(10) TONI CARTER	2.00								_	
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) DAVE MONTEZ	2.00	ļ								
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) APRIL SIMS	2.00	ļ							•	•
BOARD MEMBER	2.00	Х						0.	0.	0.
(13) SARA BETH MUELLER	18.00	1		l				45 444	105 050	05 060
ACTING EXECUTIVE DIRECTOR	42.00			X				45,111.	105,258.	25,269.
(14) KARUNDI WILLIAMS	18.00			,,				22 741	70 700	10 010
EXECUTIVE DIRECTOR	42.00			Х				33,741.	78,729.	18,818.
		-								

Form **990** (2019)

33-1041433 RE: POWER Page 8 Form 990 (2019)

Pal	T VII Section A. Officers, Directors, Trus		ploy	/ees			ıghe	st C			<del></del>		(F)	
	(A)	(B) Average			Pos	C) itior	า		(D)	(E)		E-	(F)	vd.
	Name and title	hours per	box	not c , unle	heck ss pe	more erson	than is bot	h an	Reportable compensation	Reportable compensation			timate nount	
		week	H-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	i l		other	
		(list any hours for	lirecto				_		the organization	organization (W-2/1099-MIS			pensa om th	
		related	ee or d	stee			nsated		(W-2/1099-MISC)	(00-2/1099-10113	,0)		anizat	
		organizations	al trust	nal tru		oyee	compe						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizati	ons
		,	트	드	5	જ	王占	프			$\dashv$			
			1											
			-											
											$\dashv$			
			1											
			-											
							$\vdash$				$\rightarrow$			
			1											
			1											
1b	Subtotal			<u> </u>	<u> </u>		<u> </u>	<u> </u>	78,852.	183,98	87.	4	4,0	87.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								78,852.	183,98	37.	4	4,0	87.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wl	no r	received more than \$100	,000 of reportab	le			^
	compensation from the organization												Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer,	director, trust	ee. I	kev e	ame	love	e. o	r hic	nhest compensated emr	lovee on	Γ		100	140
_	line 1a? If "Yes," complete Schedule J for s			•		•	•	•		•		3		Х
4	For any individual listed on line 1a, is the su	-		-					•	the organization				
	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or a	•				•	,		ted organization or indiv	dual for services		E		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	piete Scriedui	e J i	Or Si	JCH	pers	SOLL					5		- 22
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	npensa	ation f	rom	
	the organization. Report compensation for													
	<b>(A)</b> Name and business	addraga	NT/	~ N T T	-				<b>(B)</b> Description of s	ontions	C	(C	;) nsatio	^
	Name and pusiness	auuress	1/10	INC	<u> </u>			_	Description of s	ervices		Jilipei	isatio	
								_						
2	Total number of independent contractors (		ot li	mite	d to		•	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0						200	
											F	Form !	99U (2	2019)

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053-55H1

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Form 990 (2019)

RE: POWER

Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Noncash contributions included in lines 1a-1f	89,257.				
a S	ŀ	Total. Add lines 1a-1f		389,257.			
	2 a	REGISTRATION FEES	900099	150,907.	150,907.		
Program Service Revenue	6	. —					
፵		All other program service revenue		150 005			
-		Total. Add lines 2a-2f		150,907.			
	3	Investment income (including dividends, interest other similar amounts)  Income from investment of tax-exempt bond produced in the second	<b>&gt;</b>				
		Gross rents 6a	(ii) Personal				
		D Less: rental expenses   6b   6c   6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Other				
une		Less: cost or other basis and sales expenses	5,808.				
Revenue			-5,808.	-5,808.			-5,808.
Other R		Net gain or (loss)	<b>&gt;</b>	-5,606.			-5,808.
		Part IV, line 18 8a b Less: direct expenses 8b					
	9 a	Gross income from gaming activities. See Part IV, line 19 9a					
		Description Less: direct expenses					
	10 a	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b	<b>&gt;</b>				
		Net income or (loss) from sales of inventory	<b></b>				
<u>s</u>			usiness Code				
neon ne	11 a						
Miscellaneous Revenue	k						
lsc. Re	•	I All other revenue					
≥		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		534,356.	150,907.	0.	-5,808.

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### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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 5	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees	94,588.	47,296.	23,645.	23,647
6	Compensation not included above to disqualified	J=,500.	47,2500	23,043.	25,047
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4059(a)(2)(B)				
7	Other salaries and wages	266,159.	188,506.	27,908.	49,745
8	Pension plan accruals and contributions (include	200,200.	200,000.	=:,,500.	
J	section 401(k) and 403(b) employer contributions)	5,266.	4,319.	142.	805
9	Other employee benefits	21,418.	15,351.	2,119.	3,948
10	Payroll taxes	29,597.	19,516.	4,111.	5,970
11	Fees for services (nonemployees):	-,	- ,	,	- /
a					
b	Legal	10,554.	6,959.	1,466.	2,129
c		12,495.	8,239.	1,736.	2,520
	Lobbying	,		,	· · · · · · · · · · · · · · · · · · ·
е	D ( ' 1( 1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	31,406.	25,737.	2,312.	3,357
12	Advertising and promotion				
13	Office expenses	60,685.	30,948.	10,208.	19,529
14	Information technology	17,279.	11,394.	2,400.	3,485
15	Royalties				
16	Occupancy	10,036.	6,618.	1,394.	2,024
17	Travel	9,563.		6,794.	2,769
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	0 104	C 0.C2	1 000	1 054
22	Depreciation, depletion, and amortization	9,194.	6,063.	1,277.	1,854
23	Insurance	1,735.	1,144.	241.	350
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	TRAINING EXPENSES	151,682.	151,682.		
b	DIRECT MAIL EXPENSES	61,300.	39,459.	9,998.	11,843
С	STAFF TRAINING & DEVELO	44,604.	29,412.	6,195.	8,997
d	EQUIPMENT RENTAL	1,348.	889.	187.	272
е	All other expenses		F 0 0 - 0 0	100 (00)	440 04:
25	Total functional expenses. Add lines 1 through 24e	838,909.	593,532.	102,133.	143,244
26	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)				

Form **990** (2019)

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RE: POWER

# Form 990 (2019) Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			617,460.	1	251,055.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			28,293.	3	7,069.
	4	Accounts receivable, net			24,006.	4	2,049.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			153,949.	9	37,462.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	79,856.	26,472.	10c	220,551.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		227,512.	15	263,063.	
	16	Total assets. Add lines 1 through 15 (must e			1,077,692.	16	781,249.
	17	Accounts payable and accrued expenses			145,114.	17	120,701.
	18	Grants payable			18		
	19	Deferred revenue			19	3,543.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
iab		controlled entity or family member of any of the	nese pers	ons		22	
_	23	Secured mortgages and notes payable to unr	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24	). Complete Part X	4.5.000		
		of Schedule D			46,829.	25	44,805.
	26	Total liabilities. Add lines 17 through 25			191,943.	26	169,049.
Ś		Organizations that follow FASB ASC 958, c	heck her	e ▶ <u>X</u>			
JCe		and complete lines 27, 28, 32, and 33.			005 540		F.CO. 000
alaı	27	Net assets without donor restrictions			825,749.	27	562,200.
d B	28	Net assets with donor restrictions	60,000.	28	50,000.		
ū		Organizations that do not follow FASB ASC	eck here 🕨 📖				
or F		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			005 540	31	(10 000
Š	32	Total net assets or fund balances			885,749.	32	612,200.
	33	Total liabilities and net assets/fund balances			1,077,692.	33	781,249. Form <b>990</b> (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	53 83 -30 88	4,3 8,9 4,5 5,7	56. 09. 53. 49.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	-			
	column (B))	10	61	2,2	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
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 in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	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?  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  Consolidated basis  Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2016)
			Form	990	(2019)

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2019

Name of the organization

RE: POWER

33-1041433

Organiz	ation type (check of	ie).
Filers o	f:	Section:
Form 99	0 or 990-EZ	$oxed{X}$ 501(c)( $oxed{4}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

RE: POWER

33-1041433

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ 31,004.	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
2		\$\$	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zir + 4	\$\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$, 5,742.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

RE: POWER 33-1041433

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
_		<u> </u>	
(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
		     \$	

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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 33-1041433 RE: POWER

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's $ \\$		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , , , , , , , , , , , , , , , , , , ,	
D-	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	-	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_		470	2/-\/ 4\/ D\/ ()
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ients that describes the
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form	-	Aller Sillillar Assets.
10	If the organization elected, as permitted under FASB ASC 95		and balance about works
Id	of art, historical treasures, or other similar assets held for put	•	
	•	·	•
<b>b</b>	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 furt	nerance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under FASB A	_	<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2019

	t III Organizations Maintaining C		t. Histo	orical Tr	easures.	or Othe	r Simil	ar Asse	ts/conti		age Z
3	Using the organization's acquisition, accessi									<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
_	collection items (check all that apply):	o., a o	-, ooo	u, c. u			9				
а	Public exhibition	d		nan or eyo	hange progra	am					
b	Scholarly research	e e		ther	nange progre	4111					
C	Preservation for future generations	C									
	· ·	allactions and avalain	how the	fuutbart	ha araanizati	on'o ovon	ant nuvn	oo in Dor	+ VIII		
4	Provide a description of the organization's co							ose in Par	L AIII.		
5	During the year, did the organization solicit o								٦,,		٦
Do	to be sold to raise funds rather than to be mo								<u></u> Yes		<u> No</u>
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		te if the c	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, oi	r	
	Is the organization an agent, trustee, custod		iarv for c	ontribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	.ble:							
	gg								Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f											
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII.						Ly !		J 163	F	
Par							n				
	Zilaswillolit i aliasi osimpiete i	(a) Current year		or year	(c) Two year			eare hack	(a) Four	r veare	hack
4.	Deginning of year balance	(a) Current year	(D) FII	oi yeai	(C) TWO year	13 Dack	<b>uj</b> mico y	cars back	(e) i oui	ycars	Dack
	Beginning of year balance										
	Contributions				-						
	Net investment earnings, gains, and losses										
	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 cur	rent year end balance	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that	are held a	ınd administe	ered for th	e organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Sc	hedule R?							
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		. Part IV.	line 11a. S	See Form 990	). Part X. I	ine 10.				
	Description of property	(a) Cost or ot basis (investm	her	(b) Cost	or other (other)	( <b>c</b> ) Ac	cumulate reciation	ed	(d) Boo	k valu	е
1a	Land	-									
	Buildings										
	Leasehold improvements			16	3,626.		23,3	75.	14	0,2	51.
	Equipment				6,781.		56,4				00.
	Other		+				.,-				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	10c)				2.2	0.5	51.
iotal	- Add mies Ta thiough Te. (Oblumin (u) must e	quai i oiiii 330, i ail i	i, coluitii	י וווופן, וווופ	00./					5,5	<del></del>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 RE: POWER		33-	1041433 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 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 end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11d Soc Form 990 Part V line 15	
	escription	e 11d. See Form 990, Fart X, line 15.	(b) Book value
DITE EDOM DE DOMED BIND	СЗОПРИОП		250,820
			12,243
(-)			12,243
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			262 062
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	263,063
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED LEASE INCENTIVE			42,083
(3) DEFERRED RENT			2,722
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(8)

44,805.

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	vitn Revenue per F	eturr	1.
1	Total revenue, gains, and other support per audited financial statements		1	3,368,166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			· · ·
а	Net unrealized gains (losses) on investments			
	Donated services and use of facilities 2b	45,955.		
	Recoveries of prior year grants 2c			
	/-	2,787,855.		
	Add lines 2a through 2d		2e	2,833,810
3	Subtract line 2e from line 1		3	534,356
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>	•	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	534,356
Pai	t XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	3,852,993
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	45,955.		
b	Prior year adjustments			
	Other losses 2c			
	Other (Describe in Part XIII.)	2,968,129.		
	Add lines 2a through 2d		2e	3,014,084
3	Subtract line 2e from line 1		3	838,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5	838,909
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	s 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	nformation.		
PAI	RT X, LINE 2:			
RE	POWER IS EXEMPT FROM FEDERAL INCOME TAXES UNI	ER THE PROVI	SIO	NS OF
SEC	CTION 501(A) OF THE INTERNAL REVENUE CODE AS A	AN ENTITY DES	CRI	BED IN
SEC	CTION 501(C)(4) AND IS EXEMPT FROM STATE INCOM	ME TAXES AND	SIM	ILAR INCOME
TAX	K LAWS. THEREFORE, NO PROVISION FOR INCOME TAX	KES HAS BEEN	MAD	Ε.
тнт	E ORGANIZATION ADOPTED GUIDANCE IN THE INCOME	ТАХ СТАМПАРТ	PEG (	GARDING THE
	- Chican Land and the Goldanica in the Income	IIII DIMIDME		C-11/D 11/D

THE ORGANIZATION ADOPTED GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES

RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION

OF TAX 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 REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES.

Schedule D (Form 990) 2019

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 33-1041433 RE: POWER **Questions Regarding Compensation** 

			Yes	No
<b>1</b> 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  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		37	
	Receive a severance payment or change-of-control payment?	4a	Х	37
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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			
J	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		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		

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

Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits				
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenis		in column (B) reported as deferred on prior Form 990	
(1) SARA BETH MUELLER	44,812.	0.	299.	3,693.	3,696.	52,500.	0.	
ACTING EXECUTIVE DIRECTOR		0.	698.	8,618.	9,262.	52,500. 123,138.	0.	
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Schedule J (Form 990) 2019 RE: POWER	33-1041433	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also continuous control of the information of the inform	complete this part for any additional informa	ation.
PART I, LINE 4A:		
SARA BETH MUELLER - SEVERANCE PAYMENT		
DAKA DEIN MOEDDEK DEVEKANCE TATMENT		

RE: POWER

33-1041433

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## 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 for the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization

RE: POWER

Employer identification number 33-1041433

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

TRANSFORMATIVE POLITICAL POWER, WITH WORK TIED TO A BELIEF THAT BY

PARTERNING WITH INDIVIDUALS, ORGANIZATIONS, AND COALITIONS ACROSS THE

COUNTRY, WE CAN UNCOVER LEADERS WITHIN COMMUNITIES TO CREATE RADICAL

CHANGE. RE:POWER IS EXCITED TO BUILD A FUTURE OF INCLUSIVE POLITICS.

INCLUSIVE POLITICS IS A FRAMEWORK THAT MAKES SPACE AND CREATES

STRUCTURES FOR THE LEADERSHIP, NEEDS, AND VICTORIES OF WHO WE HAVE

IDENTIFIED AS OUR COMMUNITIES: PRIMARILY PEOPLE OF COLOR, AND

SPECIFICALLY, WOMEN OF COLOR.

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

COMMUNITIES TO CREATE RADICAL CHANGE. RE:POWER IS EXCITED TO BUILD A

FUTURE OF INCLUSIVE POLITICS. INCLUSIVE POLITICS IS A FRAMEWORK THAT

MAKES SPACE AND CREATES STRUCTURES FOR THE LEADERSHIP, NEEDS, AND

VICTORIES OF WHO WE HAVE IDENTIFIED AS OUR COMMUNITIES: PRIMARILY

PEOPLE OF COLOR, AND SPECIFICALLY, WOMEN OF COLOR.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE EXECUTIVE DIRECTOR,

BOARD 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

BOARD OF DIRECTORS TO APPROVE OR NOT APPROVE THE FORM 990. THE FORM 990 IS

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

DISCUSSION.

THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE FULL

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 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD USES THE MINNESOTA COUNCIL OF

NONPROFITS SALARY GUIDE AND SIMILAR NATIONAL DATA, AND TAKES INTO ACCOUNT

RELEVANT EXPERIENCE TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTORS.

THIS PROCESS LAST TOOK PLACE IN 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,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,MO,HI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION MAKES ITS

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ANNUAL REPORT AND UPON

REQUEST.

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **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.

Go to www irs gov/Form990 for instructions and the

2019 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization  RE: POWER							Employer identification num 33-1041433		
Part I Identification of Disregarded Entities. Complete	lete if the organization answered "	es" on Form 990, Part IV, line 3	33.		·				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity					<b>(f)</b> Direct controlling entity			
Identification of Related Tax-Exempt Organi	zations. Complete if the organizat	ion answered "Yes" on Form 99	0. Part IV. line 34.	because it had on	e or mo	re related tax-exe	empt		
organizations during the tax year.	-		1		1	(f)			
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	tus (if section		contr ent	5) 512(b)(13) colled ity?	
RE:POWER FUND - 35-2191193			1	331(3)(3))			Yes	No	
2639 NICOLLET AVE #220 MINNEAPOLIS, MN 55408	TRAINING	MINNESOTA	501(C)(3)	LINE 7	RE:PO	WER	X		
,									

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(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)	come Share of total Share of ted, income end-of-year assets    Disproportionate amo allocations?   Disproportionate amo amo 20 of the control		Disproportionate allocations?		amount in box	Gene mana partr	iging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l conti ent	tion b)(13) rolled tity?
PROGRESSIVE CAMPAIGN LEADERSHIP - 46-4994700 2639 NICOLLET AVE #220 MINNEAPOLIS, MN 55408	TRAINING		RE: POWER	C CORP	0.	0.	100.00%		No

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	I in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11		X		
	Performance of services or membership or fundraising solicitations by related orga						X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizat					Х			
	Sharing of paid employees with related organization(s)					Х			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
	If the answer to any of the above is "Yes," see the instructions for information on v								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved				
1) I	RE:POWER FUND	Q	2,384,983.	CASH TRANSFERRED					
2) I	e) RE: POWER FUND C 125,813. CASH TRANSFERRED								
3)_									
4)									
5)									
-,									
6)									
	3 09-10-19	29	1	Schedul	e R (For	m <u>99</u> 0	) 2019		

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c org:	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or Peroging owl	(k) centage nership
		ocanay)	360010113 3 12-3 14)	Yes	No	wildering .	uoosto	Yes	No	(1 01111 1003)	Yes	No	
	-												
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	_ -												
	_												
	-												
										Cabadula			

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Schedule R (Form 990) 2019 RE: POWER  Part VII   Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	