В

Governance

Activities &

Revenue

Expenses

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Sign

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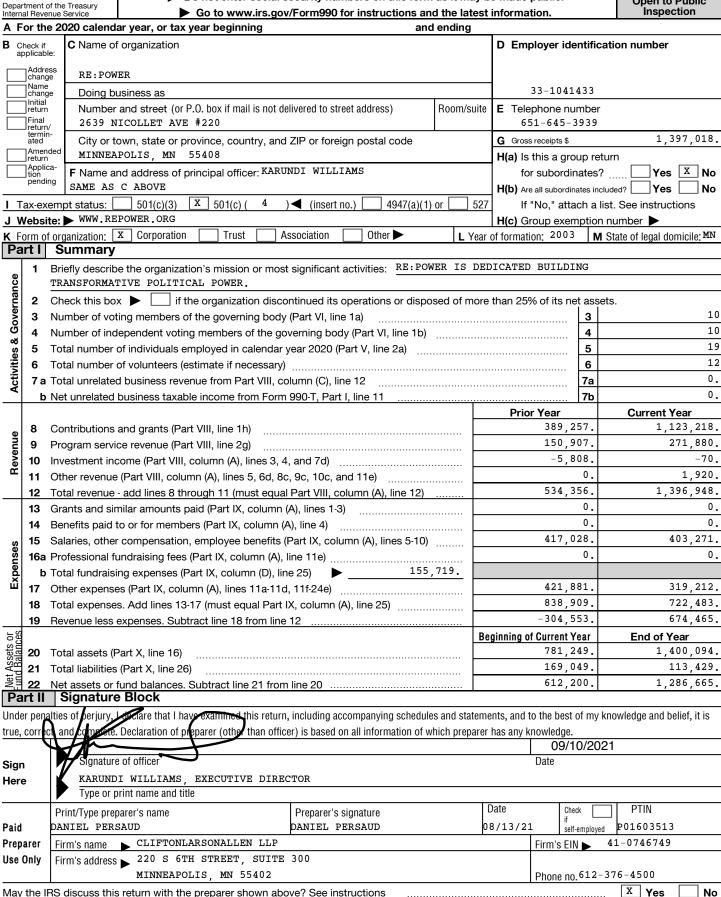
Paid

Return of Organization Exempt From Income Tax

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

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

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





Form	990 (2020) RE: POWER	33-1041433	Page 2
Par	rt III Statement of Program Service Accomplishments		5
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>	X
1	Briefly describe the organization's mission:		
	RE:POWER IS DEDICATED TO BUILDING TRANSFORMATIVE POLITICAL POWER. OUR		
	WORK IS TIED TO THE BELIEF THAT PARTNERING WITH INDIVIDUALS,		
	ORGANIZATIONS, AND COALITIONS ACROSS THE COUNTRY, WE CAN UNCOVER		
	LEADERS WITHIN OUR COMMUNITIES OF COLOR, SPECIFICALLY WOMEN OF COLOR,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	X_Ye	es 🔄 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?	Ye	es 🛄 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 $1000000000000000000000000000000000000$, ,	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses,	anu
4a	(Code:) (Expenses \$40,632. including grants of \$) (Reven	1	46 718)
ча	MOVEMENT BUILDING:	ue \$)
	RE: POWER'S MOVEMENT BUILDING PROGRAM SUPPORTS POWERFUL ORGANIZATIONS		
	AND COALITIONS TO ORGANIZATION AND MOBILIZE CAMPAIGNS THROUGH STRATEGIC		
	PLANNING, COACHING, AND CAPACITY BUILDING.		
4b	(Code:) (Expenses \$335,923. including grants of \$) (Reven	ue\$	91,769.)
	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.		
4c	(Code:) (Expenses \$12,915. including grants of \$) (Reven	¢	33,393.)
70	PUBLIC LEADERSHIP:	ue	
	RE: POWER'S PUBLIC LEADERSHIP WORK TRAINS FUTURE CANDIDATES FOR ELECTED		
	OFFICE, ELECTED OFFICIALS, CAMPAIGN MANAGERS AND OTHER CAMPAIGN STAFF		
	STRIVING TO BUILD A REFLECTIVE DEMOCRACY.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 389,470.		000
		Form	990 (2020)
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Form	990 (2020) RE: POWER 33-10414	33	Р	age 3
Par	t 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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		x
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	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,			
a		11a	х	
h	Part VI			
, D	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	1.12		
-	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	
	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		x
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		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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			v
40	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,"			x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x
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	990 (2020) RE: POWER 33-10414	33	P	_{age} 4
Par	t IV Checklist 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			
	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			1
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
U		24c		1
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
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			
	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			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	1
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D D		35b		x
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
30		26		1
97	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	0-		v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ĺ
Fal				
	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 3	-		
		<u> </u>		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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b 3a b 4a	Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	2b 3a 3b 4a	Yes X	No X
b 3a b 4a	filed for the calendar year ending with or within the year covered by this return 2a 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year?	2b 3a 3b		
b 3a b 4a	filed for the calendar year ending with or within the year covered by this return 2a 19 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year? Image: Comparization have unrelated business gross income of \$1,000 or more during the year?	2b 3a 3b	x	X
3a b 4a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	2b 3a 3b	x	X
3a b 4a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3a 3b	X	X
3a b 4a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3a 3b		x
b 4a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" <i>to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3b		x
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
h		44		x
	It "Yes "enter the name of the foreign country.			
D D				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		+
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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?	7h		
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	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
a	-	15a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u> ^
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2020)

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	ction A. Governing Body and Management			
				Yes
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	
	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	10	
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	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision		
	of officers, directors, trustees, or key employees to a management company or other person?		3	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			
6	Did the organization have members or stockholders?			
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			
10	more members of the governing body?	-	7a	
Ŀ.	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		<u>/a</u>	
D			<u>_</u> .	
~	persons other than the governing body?		7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			
	The governing body?			X
b	Each committee with authority to act on behalf of the governing body?		. <mark>8b</mark>	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	
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		
				Ye
10a	Did the organization have local chapters, branches, or affiliates?		. <u>10a</u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, 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 body	/ before filing the form?	11a	Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			
•		,	12c	х
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			х
				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	i by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77
	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization		15b	X
	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 arrangen	nent with a		
	taxable entity during the year?		16a	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's		
J	exempt status with respect to such arrangements?		16b	
J	ction C. Disclosure			
	List the states with which a convert this form 000 is required to be filed SEE SCHEDULE 0			
	List the states with which a copy of this Form 990 is required to be filed Form Born Born Born	nd 990-T (Section 501(c)	(3)s only) avai
Sec	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE 0 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			
Sec 17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and			
Sec 17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.			
Sec 17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Schedule O)	and finar	cial
Sec 17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the section of the sectio	on Schedule O)	and finan	cial
Sec 17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	on Schedule O) nflict of interest policy, a	and finar	cial
Sec 17 18 19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	on Schedule O) nflict of interest policy, a	and finar	cial
Sec 17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book KARUNDI WILLIAMS, EXECUTIVE DIRECTOR - 651-645-3939	on Schedule O) nflict of interest policy, a	and finar	cial
Sec 17 18 19 20	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	on Schedule O) nflict of interest policy, a		ncial n 99 (

Form 990 (2020) RE: POWER	33-1041433	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hi	ighest 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 Employe	ees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar y	ear ending with or within the organization	n's tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organi Enter -0- in columns (D), (E), and (F) if no compensation was paid.	zations), regardless of amount of compen	isation.
 List all of the organization's current key employees, if any. See instructions for definition of "H 	key employee."	
 List the organization's five current highest compensated employees (other than an officer, direable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 free 		
 List all of the organization's former officers, key employees, and highest compensated employees reportable compensation from the organization and any related organizations. 	yees who received more than \$100,000 o	of

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		itior more	l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both r/trus	n an	compensation	compensation	amount of
	week					17443		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	ы ы	Key employee	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) KARUNDI WILLIAMS	17.00									
EXECUTIVE DIRECTOR	43.00			х				61,587.	143,704.	34,310.
(2) CARMEN BERKLEY	2.00									
CHAIR	2.00	х		х				0.	0.	0.
(3) SARA TOTONCHI	2.00									
VICE CHAIR	2.00	Х		х				0.	0.	0.
(4) LEAH BOUDREAUX	2.00									
TREASURER	2.00	х		х				0.	0.	0.
(5) RUDY LOPEZ	2.00									
FORMER SECRETARY	2.00	х		х				0.	0.	0.
(6) APRIL SIMS	2.00									
SECRETARY	2.00	Х		х				0.	0.	0.
(7) SARAH AUDELO	2.00									
BOARD MEMBER	2.00	Х						0.	٥.	0.
(8) TONI CARTER	2.00									
BOARD MEMBER	2.00	х						0.	0.	0.
(9) AARON DORFMAN	2.00									
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) KATRINA GAMBLE	2.00									
BOARD MEMBER	2.00	х						0.	٥.	0.
(11) DAVE MONTEZ	2.00									
FORMER BOARD MEMBER	2.00	Х						0.	٥.	0.
(12) JESS MORALES ROCKETTO	2.00									
BOARD MEMBER	2.00	Х						0.	٥.	0.
(13) JUSTIN MYERS	2.00									
BOARD MEMBER	2.00	Х						0.	٥.	0.
										Form 990 (2020)

	990 (2020) RE: POWER									33-10	041433	3	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		an com	(F) atimate nount other pensa rom th	of ation	
		related organizations below line)	In dividual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizat d relat anizati	ted
1b	Subtotal						1		61,587.	143,	704.		34,	310.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	·····	·····	·····				0. 61,587.	143,			34,	0. 310.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			0
											r		Yes	No
3	Did the organization list any former officer,	,	,	,	•		,		, , ,	5		2		x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
	and related organizations greater than \$150										[4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich i	oers	on .					5		X
<u> </u>	tion B. Independent Contractors Complete this table for your five highest co	manage ding	1000						act reactived more than t	100 000 of com		ion fre		
•	the organization. Report compensation for	-	-								Jensal			
	(A)	,			0				(B)			(0	;)	
	Name and business	address							Description of s	ervices		ompe	nsatio	n
	Y MITCHELL BROWN, LLC, 1000 W INGTON BLVD, #146, CHICAGO, IL 60	1607							CONSULTING				110	000.
WADI.	INGION BLVD, #140, CHICKGO, IL O	5007							CONDULTING				<u> </u>	000.
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨					1					Form	990 /	(2020)
														(U2U_

			2020) RE:P						33-104143	3 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a	response	or note to any lin	((5)	(<u>)</u>	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	a 1 a Federated campaigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts					1b					
ي ق			Fundraising events		1c					
ar A			Related organizations		1d					
s, o		е	Government grants (contr	ibutions)	1e					
r Si		f	All other contributions, gifts,	grants, and						
ibu:			similar amounts not included	above	1f	1,123,218.				
dut		-	Noncash contributions included in		1g \$					
<u>0</u> 6		h	Total. Add lines 1a-1f				1,123,218.			
						Business Code	0.54 0.00	074 000		
ice	2	a	REGISTRATION FEES			900099	271,880.	271,880.		
erv ue		b								
e S رفا		c								
Program Service Revenue		d								
Pro		e f	All other program service	revenue						
_		'n	Total. Add lines 2a-2f				271,880.			
	3	3	Investment income (includ				,			
			other similar amounts)	•						
	4		Income from investment of							
	5		Royalties	. <u></u>		►				
) Real	(ii) Personal				
	6	а	Gross rents	6a	450.					
		b	Less: rental expenses \dots	6b	0.					
		С	Rental income or (loss)	6c	450.					
			Net rental income or (loss				450.			450.
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a						
đ		D	Less: cost or other basis	74		70.				
evenue		~	and sales expenses Gain or (loss)	7b 7c		-70.				
leve			Net gain or (loss)				-70.			-70.
Other R	8		Gross income from fundraisi	ng events (n	lot					
0			including \$ contributions reported on		• •					
			Part IV, line 18	,						
		b	Less: direct expenses							
			Net income or (loss) from			►				
	9		Gross income from gamin	-						
			Part IV, line 19		9a					
		b	Less: direct expenses							
		с	Net income or (loss) from	gaming ac	tivities	►				
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from	Sales of IN	entory	Business Code				
sn	11	а	MISCELLANEOUS INCOM	E		900099	1,470.			1,470.
Miscellaneous Revenue		a b					.,			_,
scellaneo Revenue		c								
lis B			All other revenue							
2			Total. Add lines 11a-11d				1,470.			
	12		Total revenue. See instruction	ons		►	1,396,948.	271,880.	0.	1,850.
03200	9 12-	-23-	20							Form 990 (2020)

	tement of Functional Expense) and 501(c)(4) organizations must comple		r organizations must con	nlete column (A)	
	Check if Schedule O contains a respons			ipiele column (A).	[]
Do not includo	amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and	other assistance to domestic organizations				
and domes	tic governments. See Part IV, line 21				
2 Grants an	d other assistance to domestic				
individual	s. See Part IV, line 22				
Grants an	d other assistance to foreign				
organizati	ons, foreign governments, and foreign				
	s. See Part IV, lines 15 and 16				
Benefits p	aid to or for members				
5 Compens	ation of current officers, directors,				
trustees, a	and key employees	71,878.	35,941.	14,373.	21,5
6 Compensat	ion not included above to disqualified				
persons (a	s defined under section 4958(f)(1)) and				
persons de	scribed in section 4958(c)(3)(B)				
Other sala	ries and wages	272,327.	122,239.	91,931.	58,1
B Pension pla	an accruals and contributions (include				
section 40	I(k) and 403(b) employer contributions)	5,314.	2,234.	2,198.	8
Other emp	ployee benefits	26,724.	12,018.	8,961.	5,7
Payroll ta	kes	27,028.	12,387.	8,438.	6,2
Fees for s	ervices (nonemployees):				
a Managem	ent				
b Legal		397.	182.	124.	
c Accountir	ıg	9,363.	4,291.	2,923.	2,1
d Lobbying					
e Profession	al fundraising services. See Part IV, line 17				
f Investmer	nt management fees				
g Other. (If	ine 11g amount exceeds 10% of line 25,				
column (A)	amount, list line 11g expenses on Sch 0.)	91,162.	76,310.	8,560.	6,2
Advertisin	g and promotion				
Office exp	enses	45,619.	16,901.	11,513.	17,2
Informatio	n technology	21,112.	9,676.	6,591.	4,8
Royalties					
Cccupano	sy	6,415.	2,940.	2,003.	1,4
		1,788.		495.	1,2
Payments	of travel or entertainment expenses				
for any fe	deral, state, or local public officials				
Conference	ces, conventions, and meetings				
Interest					
Payments	to affiliates				
	ion, depletion, and amortization	12,222.	5,601.	3,816.	2,8
Insurance		5,577.	2,556.	1,741.	1,2
above (List line 24e an amount, lis	nses. Itemize expenses not covered miscellaneous expenses on line 24e. If iount exceeds 10% of line 25, column (A) t line 24e expenses on Schedule 0.)				
u	G EXPENSES	56,657.	56,657.		
	MAIL EXPENSE	46,158.	19,114.	6,527.	20,5
-	RAINING & DEVELO	21,217.	9,724.	6,624.	4,8
d EQUIPME	NT RENTAL	1,525.	699.	476.	3
e All other e	·				
	ional expenses. Add lines 1 through 24e	722,483.	389,470.	177,294.	155,7
	. Complete this line only if the organization				
	column (B) joint costs from a combined				
	campaign and fundraising solicitation.				
Check here	X if following SOP 98-2 (ASC 958-720)				000

032010 12-23-20

33	I otal liabilitie	s and net assets/fund balances		/
032011 12-23-2	20		12	
14460813	131839	053-054736-00	2020.04011 H	RE: POWER

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			251,055.	1	851,731.
	2	Savings and temporary cash investments			1	2	,
	3	Pledges and grants receivable, net	7,069.	3	8,102.		
	4	Accounts receivable, net	2,049.	4	25,000.		
	5	Loans and other receivables from any current or		, -	-	, <u> </u>	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			5		
	6	Loans and other receivables from other disgualif	· · · · · · · · · · · · · · · · · · ·				
	ľ	under section 4958(f)(1)), and persons described			6		
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			37,462.	9	52,380.
		Land, buildings, and equipment: cost or other	 I I		,		
	100	basis. Complete Part VI of Schedule D	102	307,196.			
	h	Less: accumulated depreciation		120,210.	220,551.	10c	186,986.
	11	Investments - publicly traded securities		/	,	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			263,063.	15	275,895.
	16	Total assets. Add lines 1 through 15 (must equa			781,249.	16	1,400,094.
	17	Accounts payable and accrued expenses			120,701.	17	46,281.
	18	Grants payable and aborded expenses				18	
	19	Deferred revenue		3,543.	19	27,800.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		· · · · · · · · · · · · · · · · · · ·			
pili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-	Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
	20	parties, and other liabilities not included on lines					
		of Schedule D		· ·	44,805.	25	39,348.
	26	Total liabilities. Add lines 17 through 25			169,049.	26	113,429.
		Organizations that follow FASB ASC 958, che			,		,
es		and complete lines 27, 28, 32, and 33.					
anc	27				562,200.	27	975,804.
Sala	28	N N N N N N N N N N			50,000.	28	310,861.
μ		Organizations that do not follow FASB ASC 9			,		,
Τu		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or eq			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			31		
let ,	32	Total net assets or fund balances			612,200.	32	1,286,665.
Z	33			781,249.	33	1,400,094.	
					·		Form 990 (2020)

RE:POWER Part X Balance Sheet

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

Form	1990 (2020) RE: POWER	33-1041433	5	Pad	_{ge} 12
	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,	396,	948.
2	Total expenses (must equal Part IX, column (A), line 25)	2		722,	483.
3	Revenue less expenses. Subtract line 2 from line 1	3		674,	465.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		612,	200.
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	1,	286,	665.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		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 in Schedule (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle 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 required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			-	DOD .	

Form **990** (2020)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

I	RE: POWER	33-1041433		
Organization type (chec	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	Form 990 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 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Employer identification number

RE:POWER

Name of organization

33-1041433

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- \$\$119,475.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		- \$\$66,000.	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
3		- \$\$	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
4		\$25,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$	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
<u>6</u> 023452 11-25		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Page 2 Employer identification number

RE: POWER

RE:POWER			33-1041433
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Name of organization

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Employer identification number

Name of organization

33 - 1041433

RE:POWER Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	ganization		Employer identification number				
E:POWER			33-1041433				
Part III	from any one contributor. Complete columns (a) through (a) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.)				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			[
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
Γ							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	().	(0,000 0. g	(a)				
-	(a) Transfer of sift						
	(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, a	nd ZIP + 4	Relationship of transferor to transferee				
		(c) Use of gift	(d) Description of how gift is held				
from	(b) Purpose of gift						
a) No. from Part I	(b) Purpose of gift						
from Part I	(b) Purpose of gift	(c) Use of gift					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift					
a) No. from Part I	(b) Purpose of gift						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift					
a) No. from Part I	(b) Purpose of gift	(e) Transfer of gift					
a) No. from Part I		(e) Transfer of gift					
a) No. from Part I		(e) Transfer of gift					

13360813 131839 053-054736-00

5 2020.04011 RE:POWER SCHEDULE D

Supplemental Financial Statements



Part IV, line 6, 7, 8, 9, 10,		organization answered "Yes" on Form 990, , 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.		2020 Open to Public	
nternal Revenue Serv	Vice Go to www.irs.gov/For	m990 for instructions and the latest information.		Inspection entification numb	
ame of the or	RE: POWER			-1041433	
Part I Oi	rganizations Maintaining Donor Advi	ised Funds or Other Similar Funds or A	ccounts. Co	mplete if the	
org	ganization answered "Yes" on Form 990, Part IV	/, line 6.			
		(a) Donor advised funds	(b) Funds and o	other accounts	
1 Total num	ber at end of year				
	e value of contributions to (during year)				
3 Aggregate	e value of grants from (during year)				
4 Aggregate	e value at end of year				
5 Did the or	ganization inform all donors and donor advisors	in writing that the assets held in donor advised fun	ds		
are the or	ganization's property, subject to the organizatio	n's exclusive legal control?		Yes	
		or advisors in writing that grant funds can be used o			
for charita	able purposes and not for the benefit of the done	or or donor advisor, or for any other purpose confer	ring		
impermiss	sible private benefit?	-		Yes 🗌 I	
Part II Co	onservation Easements. Complete if the	e organization answered "Yes" on Form 990, Part IV	/, line 7.		
	s) of conservation easements held by the organize				
	servation of land for public use (for example, rec		orically importar	nt land area	
	tection of natural habitat	Preservation of a cert			
	servation of open space				
		ualified conservation contribution in the form of a co	onservation ease	ment on the last	
day of the				the End of the Tax Ye	
,			2a		
			2b		
		structure included in (a)	2c		
		ed after 7/25/06, and not on a historic structure			
	ne National Register		2d		
3 Number o	f conservation easements modified, transferred	, released, extinguished, or terminated by the organ	ization during th	ne tax	
year 🕨 _					
4 Number o	f states where property subject to conservation	easement is located			
5 Does the	organization have a written policy regarding the	periodic monitoring, inspection, handling of	_		
violations	, and enforcement of the conservation easemen	its it holds?	L	Yes	
6 Staff and	volunteer hours devoted to monitoring, inspecti	ng, handling of violations, and enforcing conservation	on easements di	uring the year	
▶					
7 Amount o	f expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conservation ea	asements during	the year	
▶\$					
8 Does each	h conservation easement reported on line 2(d) a	bove satisfy the requirements of section 170(h)(4)(B	3)(i)		
				Yes	
		vation easements in its revenue and expense staten			
		potnote to the organization's financial statements th		2	
		source to the organization's interiolal statements th			
Part III 0	on's accounting for conservation easements.	s of Art, Historical Treasures, or Other S		-	

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 000, Part VIII, line 1	► ¢

	(i) Revenue included on Form 990, Part VIII, line 1	▶ ३	\$_				
	(ii) Assets included in Form 990, Part X	•	\$_				
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1	▶ \$	\$_				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

▶ \$

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19 2020.04011 RE:POWER

Sche	dule D (Form 990) 2020 RE : POWER							33-104		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	contii	<u>nued)</u>	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	I 🛄 I	_oan or exc	hange progra	am					
b	Scholarly research	е	. 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								_	_	_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		/!) In a l al a a a						
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a)) held as:						
a L	Board designated or quasi-endowment		_%								
b	Permanent endowment	% %									
с	Term endowment The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		tion that	oro hold or	d adminiata	rad far th		otion			
Ja		ssion of the organiza	luon mai	are neiu ai			ie organiza			Yes	No
	by: (i) Unrelated organizations								3a(i)	103	
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the								_ 00	I	·
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	ther	(b) Cost	or other (other)	(c) A	ccumulate	ed	(d) Boo	k valu	e
1a	Land	``	,		. ,						
	Buildings										
	Leasehold improvements				175,626.		48.	465.		127,	161.
	Equipment				131,570.		,	745.			825.
	Other						,				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	0c)					186,	986.
			, 20.0011	,							

Schedule D (Form 990) 2020

032052 12-01-20

Part VII Investments - Other Securi

Complete if the organization answered "Yes" 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 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" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RE: POWER FUND	263,441.
(2) DUE FROM PCL	12,454.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 275,895.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value

(2) DEFERRED LEASE INCENTIVE	34,940.
(3) DEFERRED RENT	4,408.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	39,348.

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) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 RE: POWER			33-1041433	B Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,329,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	22,389.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,909,810.		
е	Add lines 2a through 2d			2e	2,932,199.
3	Subtract line 2e from line 1			3	1,396,948.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,396,948.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,903,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,389.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,158,253.		
е	Add lines 2a through 2d			2e	2,180,642.
3	Subtract line 2e from line 1			3	722,483.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	722,483.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b a	nd 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 a	additional inform	ation.		
PAR	YX, LINE 2:				
RE: E	POWER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIO	NS OF			
SECT	TION 501(A) OF THE INTERNAL REVENUE CODE AS AN ENTITY DESCRI	BED IN			

SECTION 501(C)(4) AND IS EXEMPT FROM STATE INCOME TAXES AND SIMILAR INCOME

TAX LAWS. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE.

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.

032054 12-01-20

Schedule D (Form 990) 2020 RE: POWER Part XIII Supplemental Information (continued)		33-1041433	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
REVENUE REPORTED BY RELATED ORGANIZATIONS	2,909,810.		
	_,		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES REPORTED BY RELATED ORGANIZATIONS	2,158,253.		
		Schedule D (Form	990) 2020

032055 12-01-20

SC	SCHEDULE J		1	OMB No. 1545-0047			
(Fo	rm 990)	•	ors, Trustees, Key Employees, and Highest		2020		
-	-	Comp	pensated Employees		ZU	ZU	J
Depar	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to	Publ	ic
	al Revenue Service		0 for instructions and the latest information.		Inspe		
Nam	e of the organization	1		Employer i		on nur	nber
		RE: POWER		33-1	041433		
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any rele					
	First-class or c		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary	pending account	Personal services (such as maid, chauffe	r, chet)			
-							
b	•	, v	follow a written policy regarding payment or				
-		rovision of all of the expenses described ab			1b		<u> </u>
2	•		or allowing expenses incurred by all directors,				-
	trustees, and office	s, including the CEO/Executive Director, rec	garding the items checked on line 1a?		2		<u> </u>
•							
3			establish the compensation of the organization's				
			/ boxes for methods used by a related organization	on to			
		tion of the CEO/Executive Director, but exp					
	Compensation		Written employment contract				
		ompensation consultant	Compensation survey or study				
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee			
	Durring the second dis	and a fame of Dest V/II Co					
4		any person listed on Form 990, Part VII, Se	ction A, line Ta, with respect to the filing				
_	organization or a re	-			4-		x
a ⊾		e payment or change-of-control payment?	find rationment plan?				X
b	-	eive payment from a supplemental nonquali			4.		X
С	-	eive payment from an equity-based compen			4c		
	If tes to any of in	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.				
	Only contion 501/c	(2) E01(a)(4) and E01(a)(20) argonization	a must complete lines 5.0				
5)(3), 501(c)(4), and 501(c)(29) organization	the organization pay or accrue any compensatio	n			
5			the organization pay of accrue any compensatio	11			
~	contingent on the r				50		x
a h							x
u		r 5b, describe in Part III.			5 b		
6			the organization pay or ecory o any companyatio	n			
6	contingent on the r		the organization pay or accrue any compensatio	11			
•	•	0			60		x
a h							x
u					6b		
7		r 6b, describe in Part III.	the organization provide any perfixed neurost				
'			the organization provide any nonfixed payments		7		x
•			und purpuent to a contract that was subject to th		7		
8			ued pursuant to a contract that was subject to th				x
~		ption described in Regulations section 53.4			8		A
9		d the organization also follow the rebuttable					
	Regulations section				9		0000
LHA	For Paperwork R	eduction Act Notice, see the Instructions	IUI FUIIII 990.	Sched	ule J (Forn	1 990)	2020

032111 12-07-20

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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	reported as deferred on prior Form 990		
(1) KARUNDI WILLIAMS	(i)	57,942.	3,645.	0.	4,791.	5,502.	71,880.	0		
EXECUTIVE DIRECTOR	(ii)	135,199.	8,505.	0.	11,179.	12,838.	167,721.	0		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
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	(ii)									
	(i) (ii)									
	(i) (ii)									
	(i)									
	(i) (ii)									
	(i)									
	(i) (ii)									

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 33-1041433

RE: POWER

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

TO CREATE RADICAL CHANGE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2020, RE: POWER LAUNCHED ITS FIRST ADVANCED LEADERSHIP - WOMEN OF

COLOR COHORT IN LINE WITH THE GOAL TO CENTER WOMEN OF COLOR IN THEIR

WORK. THE ADVANCED LEADERSHIP COHORT WAS A 6-WEEK COHORT AND LAID THE

FOUNDATION FOR FUTURE PROGRAMMING IN THIS AREA.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN 2020, RE: POWER CEASED ALL IN-PERSON TRAINING OPERATIONS DUE TO THE

COVID-19 PANDEMIC. TRAINING COURSES WERE SHIFTED TO BEING OFFERED

THROUGH ONLINE PLATFORMS.

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

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

PROVIDED TO ALL BOARD MEMBERS FOR REVIEW. AFTER REVIEW AND DISCUSSION, THE

FULL BOARD VOTES TO APPROVE OR NOT APPROVE THE FORM 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization Emp RE:POWER FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY. IN	loyer identification number 33-1041433
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY. IN	
BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALDI. IN	
THE EVENT A CONFLICT EXISTS, THE CONFLICTED MEMBER LEAVES THE ROOM 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 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 2021.	
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.	
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

032212 11-20-20

28 2020.04011 RE:POWER Schedule O (Form 990 or 990-EZ) 2020

Jame of the organization RE : POWER		Employer identification number 33-1041433
	- AND UDON	
INANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ANNUAL REPOR	T AND UPON	
EQUEST.		
ORM 990, PART IX, LINE 11G, OTHER FEES:		
THER PROFESSIONAL SERVICES:		
ROGRAM SERVICE EXPENSES	76,310.	
IANAGEMENT AND GENERAL EXPENSES	8,560.	
UNDRAISING EXPENSES	6,292.	
OTAL EXPENSES	91,162.	
YOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	91,162.	
, , , ,	,	

SCHEDULE R

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 latest information.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

RE: POWER

Employer identification number 33-1041433

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
RE:POWER FUND - 35-2191193							
2639 NICOLLET AVE #220							
MINNEAPOLIS, MN 55408	TRAINING	MINNESOTA	501(C)(3)	LINE 7	RE: POWER	х	

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

Schedule R (Form 990) 2020

OMB No. 1545-0047

2020

Open to Public Inspection

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.

	1 3	,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(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	alloca	ortionate tions?	amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
											_

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 country)	(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) ction (b)(13) trolled tity?
PROGRESSIVE CAMPAIGN LEADERSHIP - 46-4994700		oouni yy						Yes	No
2639 NICOLLET AVE #220									
	TRAINING	MN	RE: POWER	C CORP			100%	x	

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
• Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses		X	+
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RE: POWER FUND	Q	1,468,815.	CASH TRANSFERRED
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2020 RE: POWER

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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	((k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	l or Perce	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partn	er? owne	ership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	10	
												_	
												_	
												-	

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

032165 10-28-20