** Public Inspection Copy **

Form **99(**

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.



Dep Inter	artment o nal Reve	of the Treasury enue Service Go to www.irs.go	v/Form990 for instructions and	d the latest	information.		Inspecti	
		e 2021 calendar year, or tax year beginning		ending			•	
в	Check if applicabl	C Name of organization			D Employer	identifica	tion number	
	Addre	RE: POWER						
	chang Name				33-10	41433		
	chang Initial		alivered to atreat address)	Doom/quita				
	return Final	Number and street (or P.0. box if mail is not d 2639 NICOLLET AVE #220	envered to street address)	Room/suite	E Telephone 651-645			
	return, termin ated	/	ZID or foreign postal anda		G Gross receipts		1 13	0,366.
	Amen	ded MINNEADOLIS MN 55408	I ZIP of totelgit postal code		H(a) Is this a g			•,••••
	return Applic		INDI WILLIAMS			dinates?	г	X No
	tion pendir	^{ng} SAME AS C ABOVE			H(b) Are all subo			No
1	Tax-ex	empt status: 501(c)(3) X 501(c) (4)◀ (insert no.) 4947(a)(1)	or 527	- · ·		t. See instructio	
		te: WWW.REPOWER.ORG		01 021	H(c) Group ex			110
			Association Other ►	L Year			State of legal domi	icile MN
	art I	Summary		1 - 104			state et tegat aetti	
_	1	Briefly describe the organization's mission or mos	t significant activities: RE: POW	ER IS DEI	DICATED TO			
oce		BUILDING TRANSFORMATIVE POLITICAL POL						
Governance	2	Check this box if the organization disc	ontinued its operations or dispos	sed of more	than 25% of its	net asset	S.	
Iove	3	Number of voting members of the governing body						10
		Number of independent voting members of the go						10
8 S 8	5	Total number of individuals employed in calendar	year 2021 (Part V, line 2a)			. 5		14
vitie	6	Total number of volunteers (estimate if necessary))			. 6		10
Activities &	7 a	Total unrelated business revenue from Part VIII, c	olumn (C), line 12			. 7a		0.
_	b	Net unrelated business taxable income from Form	1 990-T, Part I, line 11	<u></u>		. 7b		0.
					Prior Year		Current Ye	
a	8	Contributions and grants (Part VIII, line 1h)			1,123	<u>′</u>		3,160.
enu	9	Program service revenue (Part VIII, line 2g)			271	,880.	33	6,356.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				-70.		0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8				,920.		850.
		Total revenue - add lines 8 through 11 (must equa			1,396		1,13	0,366.
		Grants and similar amounts paid (Part IX, column				0.		0.
		Benefits paid to or for members (Part IX, column (402		E 1	0.
ses	15	Salaries, other compensation, employee benefits			403	<u>,271.</u>	51	0,416. 0.
Expenses	16a	Professional fundraising fees (Part IX, column (A),		399		••		••
Exp	- D	Total fundraising expenses (Part IX, column (D), lin			319	,212.	41	5,919.
	1 "	Other expenses (Part IX, column (A), lines 11a-11c Total expenses. Add lines 13-17 (must equal Part				,483.		6,335.
		Revenue less expenses. Subtract line 18 from line				,465.		4,031.
				Be	ginning of Currer	<u>′</u>	End of Yea	
t Assets or	20	Total assets (Part X, line 16)			1,400			
Assi	21	Total liabilities (Part X, line 26)				,429.	,	, 6,168.
Net	-	Net assets or fund balances. Subtract line 21 from	n line 20		1,286			, 5,696.
P	art II	Signature Block						
Und	ler pena	alties of perjury, I declare that I have examined this return	n, including accompanying schedules	s and statem	ents, and to the be	est of my ki	nowledge and beli	ef, it is
true	e, correc	ct, and complete. Declaration of preparer (other than offic	cer) is based on all information of wh	nich preparer	has any knowledg	ge.		
					8/1	0/2022		
Sig	n	Signature of officer			Date			
He	re	KARUNDI WILLIAMS, EXECUTIVE DIRE	CTOR					
		Type or print name and title					_	
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
Pai		DANIEL PERSAUD	DANIEL PERSAUD	0	8/02/22	self-employed	P01603513	
	parer	Firm's name CLIFTONLARSONALLEN LLP			Firm's	EIN 🕨	41-0746749	
Use	Only	Firm's address > 220 S 6TH STREET, SUITE	300			_		
		MINNEAPOLIS, MN 55402			Phone	no.612-3	76-4500	
Ма	y the IF	RS discuss this return with the preparer shown ab	ove? See instructions				X Yes	No

 $\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

2021.04012 RE:POWER

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Form **990** (2021)

Form	1990 (2021) RE: POWER	33-1041433	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	RE:POWER 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?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	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 m	easured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expens	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$129,552. including grants of \$) (Revenue	÷\$	83,100.)
	MOVEMENT BUILDING:		
	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 \$ 260,016. including grants of \$ 0.) (Revenue	\$	76,330.)
	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 \$ 188,449. including grants of \$ 0.) (Revenue	\$	176,926,)
	CIVIC ENGAGEMENT:	· •	,,
	RE: POWER'S CIVIC ENGAGEMENT WORK TRAINS FUTURE CANDIDATES FOR ELECTED		
	OFFICE, ELECTED OFFICIALS, CAMPAIGN MANAGERS AND OTHER CAMPAIGN STAFF		
	STRIVING TO BUILD A REFLECTIVE DEMOCRACY.		
<u></u>			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 578,017.		000
		F	orm 990 (2021)
13200	2 12-09-21		

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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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	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,			<u> </u>
'		7		x
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, 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,			
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
132002	12-09-21		990	(2021)
102003		1 01111		

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Pa	rt 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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in her 2 of Form 1006. Enter 0 if not explicable	3	Yes	No
		0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u> </u>		
С		4.	x	
10000		1c		(2021)
132004	\$ 12-09-21	Form	550	(2021)

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Par	t 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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	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 Accounts (FBAR).			
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		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua		60	х	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		<u> </u>
b		Ch	х	
-	were not tax deductible?	6b	A	
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise provided to the power of C_{2} mode particular a contribution and partly for each and convide provided to the power?	-		
a L	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>
	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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.)			
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			
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		
	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
120005	11	Form	990	(2021)
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		rough	7b below, and for a	"No" r		
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Covernance, Management, and Disclosure. For each "Yes' response to lines 2 through 7b below, and for a "No" response to lines 0, 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					
	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 a	iny other]		
				2		x
3						
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4				4		X
5				5		X
6				6		X
7a	•					
				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or			
				7b		x
8						
		-	-	8a	х	
					х	
9						
-				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ienue	Code)			1
		onuo	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		
				10b		
11a					х	
			5			
				12a	х	
					х	
		,		12c	х	
13					х	
14					х	
15						
		,	J			
а				15a	х	
					х	
-						
16a		ent w	th a			
				16a		X
b						
		-				
				16b		
Sec	tion C. Disclosure					1
17						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	d 990	T (section 501(c)(3)s	s only)	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	finan	cial	
	statements available to the public during the tax year.		, seney, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	KARUNDI WILLIAMS, EXECUTIVE DIRECTOR - 651-645-3939		······			
	2639 NICOLLET AVE #220, MINNEAPOLIS, MN 55408					
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-	12					. ,

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated		
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.			
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	n's tax year.	
	gardless of amount of comper	nsation.	
Enter -0- in columns (D), (E), and (F) if no compensation was paid.			
 List all of the organization's current key employees, if any. See the instructions for definition of "key employees, if any. 	ployee."		
• List the organization's five current highest compensated employees (other than an officer, director, truste able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the			

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per listed organization below line) Openation below below line) Description below below line) Reportable structure transmission from below line) Reportable structure transmission from transmission below Reportable structure programization from transmissi	(A)	(B)			(C)			(D)	(E)	(F)
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	990 (2021) RE: POWER									33-10	041433	3	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss per	more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
	Subtotal								65,469.	152,			26,	948.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n								0. 65,469.	, 152 200 of reportabl			26,	0. 948.
_	compensation from the organization						,,	010					Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .	-		-	•	•		Ŭ		2	[3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth d <i>J f</i>	ner compensation from the for such individual	ne organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		x
1	Complete this table for your five highest co										pensat	ion fro	om	
	the organization. Report compensation for the organization (A) (A) Name and business		no:		<u>ng w</u>		or wi		(B) Description of s		C	(C ompe	;) nsatio	
2	Total number of independent contractors (ir \$100,000 of compensation from the organized states and the organized states a	•	ot lin	nited	d to		se lis 0	ted	above) who received mo	ore than				
					_	_	_					Form	990 (2	2021)

	t VII	Statement of Re	venu	e						3 Pag
		Check if Schedule O	<u>con</u> tai	<u>ns a r</u> esp	onse	or note to any line	in this Part VIII	<u></u>	<u></u>	E
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclud from tax unde sections 512 - {
s	1 a	Federated campaigns		1a						
unc		Membership dues								
Am	с	Fundraising events								
ar	d	Related organizations								
Ē		Government grants (contr				29,400.				
Ъ	f	All other contributions, gifts,	-			762 760				
₽ O		similar amounts not included			¢	763,760.				
and Other Similar Amounts	-	Noncash contributions included in Total. Add lines 1a-1f			-		793,160.			
0		Total. Add lines 1a-11				Business Code	,			
	2 a	REGISTRATION FEES				611430	336,356.	336,356.		
Revenue	b						•	,		
nue	с									
eve	d									
r	е									
	f	All other program service	reven	ue						
_		Total. Add lines 2a-2f					336,356.			
	3	Investment income (includ	Ũ							
		other similar amounts)								
	4 5	Income from investment of Royalties		•	•	ŕF				
	3	noyalles		(i) Re		(ii) Personal				
	6 a	Gross rents	6a	(7)	540.	(.,				
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c		540.					
	d	Net rental income or (loss)				540.			54
	7 a	Gross amount from sales of		(i) Secur	ities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	7c							
		Net gain or (loss) Gross income from fundraisi			····					
	0 a	including \$	•	•						
ĺ		contributions reported on								
		Part IV, line 18		-	8a					
	b	Less: direct expenses								
	с	Net income or (loss) from	fundra	aising eve	ents	►				
	9 a	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from			es					
	iu a	Gross sales of inventory, I and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
1	-				<i>.</i>	Business Code				
Revenue	11 a	MISCELLANEOUS INCOM	E			611710	310.			3:
Shuc	b									
eve	с									
ľ	d	All other revenue								
_		Total. Add lines 11a-11d					310.			
	12	Total revenue. See instruction	ons .			🕨	1,130,366.	336,356.	0.	85

Or triclude structures reported of nines 6b, 2b, 3b, and 10b of Part Will. Total expenses Program service (B) (Magement and general expenses Production (B) (Magement and general expenses) Production (B) (Magement and general expenses) Carlats and other assistance to domestic organizations, foreign organizations, directors, trutatese, and ther assistance to foreign organizations of current offleers, directors, trutatese, and they employees Total expenses Program service Magement and the service (Steps) Compensation of current offleers, directors, trustees, and other assistance to foreign organizations accurate and contributions (ICUMB 29, 422. 14, 709. 29, 42 Compensation of current offleers, directors, trustees, and wages 73, 553. 29, 422. 14, 709. 29, 42 Other satarise and wages 354, 279. 207, 486. 62, 461. 644, 3 Other assistance to foreign organizations, directors, trustees, and wages 33, 055. 18, 402. 5, 950. 8, 7 Person blace curatia and contributions (Include sector 401(k) and 402(k) employer contributions (Include sector 401(k), and 402(k) employer contributions (Include sector 401(k), a		Statement of Functional Expense		r organizations must con	nplete column (A)	
Do not include amounts reported on three 60; Bo, 80, 80, 40 for 40 few tW. Table Apendes Program service appendes Management and period and second period and second second second and donestic opernues is Sec Part W, line 21 Fundbalance appendes If Grats and other assistance to domestic individuals. See Part W, line 22 Image and the second second second individuals. See Part W, line 23 Image and the second						2
b, b, b, d, d, b, and (1b) of Pari VIII. Flooren particle science parterial expanses i expanses I Grants and ther assistance to domestic organizations I context of the sassistance to domestic organizations I context of the sassistance to domestic organizations I context of the sassistance to domestic organizations Grants and other assistance to domestic organizations. See Part IV, lines 15 and 16 I context of the sassistance to domestic organizations. See Part IV, lines 15 and 16 I context of the sassistance to domestic organizations. Context of the sassistance to disquilified parsos (s defined under section 4858(r(1)) and parsos (s defined under section 4858(r(3)(8)) 73,553 29,422 14,709 29,44 Compensation of current officers, threators, threators, and the sasters and wages described in section 4588(r(3)(8)) 354,273 2007,466 62,461 84,53 Other sasters and wages described in section 4588(r(3)(8)) 354,273 207,7466 62,461 84,53 Other sasters and wages described in section 4588(r(3)(8) 30,55 18,402 5,950 8,77 Person plan acruals and continutions (induce section 4589(r(3)(8)) 31,212 2,224 6,439 9 Payorititaxes 33,055 18,402 5,950 8,77 1 1,455 1,224	Do not inclu		(A)	(B)	(C)	(D)
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3 Granizations, foreign governments, and foreign individuals. See Part N, lines 15 and 16	2 Grants	and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	individ	uals. See Part IV, line 22				
Individuals. See Part IV, Ines 15 and 16 Image: Compensation of current offices, directors, trustees, and key employees 73,553 29,422 14,709 29,4 Compensation on included above to dispullified persons described in section 4958(r(3)(B) 73,553 29,422 14,709 29,4 Compensation on included above to dispullified persons described in section 4958(r(3)(B) 354,279 207,456 62,461 844,3 Persons description plan acruals and contributions (include section 4058(r(1)) and persons description on the diverse or and to approximate to the section 4058(r(1)) and persons description and 403(b) employee contributions (include section 4018,14,101,24,1459 2,215 3,0 Other sataries and wages 33,055 18,402 5,950 8,7 I Fees for services (nonemployees): a a 4,8125 4,8122 1,459 2,11 A Adversiting and permetion 6,712 8,457 2,735 4,0 I belagal 0 165,839 142,906 9,312 13,6 Gother (If line 11g amount socieds 10% of line 25, column (A), amount, list in 11g expenses to 30, 106 165,839 142,906 9,312 13,6 Ortice expenses 58,530 27,603	3 Grants	and other assistance to foreign				
Benefits paid to or for members	organiz	zations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key emptoyees 73,553. 29,422. 14,709. 29,4 Compensation of induced above to disqualified persons discribed in section 49580(1(3)) and persons discribed in section 49580(1(3)) a	individ	uals. See Part IV, lines 15 and 16				
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Compensation not include above to disqualified persons (as obtined under section 4658(U(1))) and persons described in section 458(U(1))) and person 458(U(1)) and person 458(U(5 Compe	ensation of current officers, directors,				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)8 354,279 207,486 62,461 84,3 Persons described in section 4958(f)(3)8 354,279 207,486 62,461 84,3 Persons plan accruits and contributions (include section 401(k) and 403(b) employer contributions) 36,712. 21,294 6,499 8,9 Other employee benefits 33,055 18,402 5,950 8,7 Fees for services (nonemployees): 3 8,105 4,512 1,459 2,1 Accounting 15,192 8,457 2,735 4,0 Chochyping 15,192 8,457 2,735 4,0 Chochyping 165,839 142,906 9,312 13,6 Other expenses 58,530 27,603 8,922 22,0 Advertising and promotion 58,530 27,603 8,922 22,0 Information technology 30,106 16,760 5,419 7,9 Royatties - - - - Occupancy - - -	trustee	es, and key employees	73,553.	29,422.	14,709.	29,4
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section 401(k) and 403(b) employer contributions) 12,817. 7,545. 2,256. 3,0 9 Other employee benefits 36,712. 21,234. 6,499. 8,9 9 Other employee sciences 33,055. 18,402. 5,950. 8,7 1 Fees for services (nonemployees): 33,055. 18,402. 5,950. 8,7 1 Anagement 9 6,105. 4,512. 1,459. 2,1 c Accounting 15,192. 8,457. 2,735. 4,0 9 Other (If line 11g amount exceds 0% of line 25, column (A), amount, list line 11g excess on Sch 0.) 165,839. 142,906. 9,312. 13,6 1 Information exchanges 58,530. 27,603. 8,922. 22,0 2 2 0 16,760. 5,419. 7,9 5 Royatties 9 10.0 16,760. 5,419. 7,9 5 6,774. 63. 6,7 9 2 2 0 0 10.0 1,054. 1,5 1,5 1,5 1,5 1,054. 1,5 1,5 1,5 1,5	7 Other s	salaries and wages	354,279.	207,486.	62,461.	84,3
Other employee benefits 36,712. 21,294. 6,499. 8,9 Payroll taxes 33,055. 18,402. 5,950. 8,7 I Fees for services (nonemployees): 31,055. 18,402. 5,950. 8,7 Amagement 8,105. 4,512. 1,459. 2,11 C Accounting 15,192. 8,457. 2,735. 4,0 C Accounting and promotio 15,192. 8,457. 2,735. 4,0 G Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.0 165,839. 142,906. 9,312. 13,6 Advertising and promotion - - - - - 30 Office expenses 58,530. 27,603. 8,922. 22,0 - 4 Information technology 30,106. 16,774. 63. 6,774. 63. 6,774. 5 Occupancy - - - - - - 7 ravel 5,774. 63. 6,774. 63. 6,774. 63. 6,774. 63	8 Pensior	n plan accruals and contributions (include				
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Fees for services (nonemployees): a Management b Legal 8, 105. c Accounting 15, 192. d Lobbying 9, 105. e Professional fundraising services. See Part IV, line 17 9 f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 165, 839. 142, 906. 9, 312. 13, 6 Advertising and promotion 58, 530. 27, 603. 8, 922. 22, 0 d Information technology 30, 106. 16, 760. 5, 419. 7, 9 G Occupancy 6, 774. 63. 6, 7 7 Travel 6, 774. 63. 6, 7 9 Depreciation, depletion, and mortization 26, 821. 14, 931. 4, 828. 7, 0 1 Inverset 9 1, 340. 20, 893. 7, 111. 13, 3, 13, 3 1 Payments to affiliates 9 51, 017. 1	9 Other e	employee benefits	36,712.	21,294.	6,499.	8,9
a Management	D Payroll	taxes	33,055.	18,402.	5,950.	8,7
b Legal 8,105. 4,512. 1,459. 2,1 c Accounting 15,192. 8,457. 2,735. 4,0 d Lobbying - - - - e Professional fundraising services. See Part IV, line 17 -	1 Fees fo	or services (nonemployees):				
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d Lobbying	b Legal		8,105.	4,512.	1,459.	2,1
Professional fundraising services. See Part IV, line 17 Image: Content of the second sec	c Accour	nting	15,192.	8,457.	2,735.	4,0
f Investment management fees	d Lobbyi	ing				
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for any federal, state, or local public officials			6,774.		63.	6,7
Payments to affiliates	B Payme	ents of travel or entertainment expenses				
D Interest	for any	r federal, state, or local public officials				
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A 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.) Image: Column (A), amount, list line 24e expenses on Schedule 0.) a TRAINING EXPENSES 51,017. b DIRECT MAIL EXPENSE 41,340. c STAFF TRAINING & DEVELO 5,662. d EQUIPMENT RENTAL 679. e All other expenses. 41 joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 926,335.			26,821.	14,931.	4,828.	7,0
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bDIRECT MAIL EXPENSE41,340.20,893.7,111.13,3cSTAFF TRAINING & DEVELO5,662.3,152.1,019.1,4dEQUIPMENT RENTAL679.378.122.1eAll other expenses214,35Total functional expenses. Add lines 1 through 24e926,335.578,017.133,919.214,36Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	above. (line 24e amount	(List miscellaneous expenses on line 24e. If a amount exceeds 10% of line 25, column (A), , list line 24e expenses on Schedule 0.)				
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d EQUIPMENT RENTAL 679. 378. 122. 1 e All other expenses			,	/	/	13,3
e All other expenses	·		,	/	,	1,49
5 Total functional expenses. Add lines 1 through 24e 926,335. 578,017. 133,919. 214,3 5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. <	d EQUIP	MENT RENTAL	679.	378.	122.	1
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			926,335.	578,017.	133,919.	214,3
educational campaign and fundraising solicitation.						

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			851,731.	1	1,071,779
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			8,102.	3	84,725
	4	Accounts receivable, net			25,000.	4	2,680
	5	Loans and other receivables from any current or			,		,
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualit	-				
	U	under section 4958(f)(1)), and persons described				6	
	7					7	
ets	7	Notes and loans receivable, net				8	
Assets	8	Inventories for sale or use			52,380.		71,605
`	9				52,500.	9	/1,003
	10a	Land, buildings, and equipment: cost or other		302,797.			
		basis. Complete Part VI of Schedule D		222,921.	186,986.	10	70 976
	b	Less: accumulated depreciation		/	100,900.	10c	79,876
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			0.55 0.05	14	
	15	Other assets. See Part IV, line 11			275,895.	15	281,199
	16	Total assets. Add lines 1 through 15 (must equa			1,400,094.	16	1,591,864
	17	Accounts payable and accrued expenses		46,281.	17	114,833	
	18	Grants payable			18		
	19	Deferred revenue		27,800.	19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	edule D		21		
ŝ	22	Loans and other payables to any current or form	ier officer, dir	ector,			
Liabilities		trustee, key employee, creator or founder, subst	antial contrib	utor, or 35%			
abi		controlled entity or family member of any of thes	e persons			22	
ן ב	23	Secured mortgages and notes payable to unrela	ted third part	ies		23	
	24	Unsecured notes and loans payable to unrelated	third parties	; L		24	
	25	Other liabilities (including federal income tax, pa	yables to rela	ted third			
		parties, and other liabilities not included on lines	17-24). Com	plete Part X			
		of Schedule D			39,348.	25	11,335
	26	Total liabilities. Add lines 17 through 25			113,429.	26	126,168
		Organizations that follow FASB ASC 958, che	ck here 🕨	X			
ŝ		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			975,804.	27	1,387,550
Ba	28	Net assets with donor restrictions			310,861.	28	78,146
2		Organizations that do not follow FASB ASC 9					
ם		and complete lines 29 through 33.					
<u>ک</u>	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		· · · · · · · · · · · · · · · · · · ·	1,286,665.	32	1,465,696
Z	33	Total liabilities and net assets/fund balances			1,400,094.	33	1,591,864

Form 990 (2021) RE:POWER

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

33-1041433 Page **11**

Form	1990 (2021) RE: POWER	33-104143	3	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	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,	,130,	366.
2	Total expenses (must equal Part IX, column (A), line 25)	2		926,	335.
3	Revenue less expenses. Subtract line 2 from line 1	3		204,	031.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	,286,	665.
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		-25,	000.
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	,465,	696.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	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 requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				aan .	(2021)

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

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.



Name of the organization

Employer identification number

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2	<u>з</u> –	т	υ	4	т	4	з	3	

	RE: POWER			33-1041433
Par			er Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	е 6. (а) Donor ad	hvisod funds	(b) Funds and other accounts
				(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 Did the organization inform all donors and donor advisors in v		l s hold in donor advis	od funds
5	are the organization's property, subject to the organization's of	-		
6	Did the organization inform all grantees, donors, and donor a			
0	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			ľ m m
Par				
1	Purpose(s) of conservation easements held by the organization			· · · ·
	Preservation of land for public use (for example, recreat	· · ·	<u> </u>	f a historically important land area
	Protection of natural habitat			f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cor	ntribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and no	t on a historic structu	ıre
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by the	organization during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, ins	pection, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	servation easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, an	d enforcing conserva	tion easements during the year
-	► \$			
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 conservation			
	balance sheet, and include, if applicable, the text of the footn	lote to the organizati	on's financial stateme	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical	Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		revenue statement a	ind balance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956			
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,	,	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		• • •
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202
	10-28-21			
		19		

2021.04012 RE:POWER

Sche	dule D (Form 990) 2021 RE : POWER							33-104		<u> </u>	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Similaı	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:					•		
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance Did the organization include an amount on F						1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.							∟			
Par							10				
		(a) Current year		ior year	(c) Two year		(d) Three y	ears back	(e) Fou	vears	back
1a	Beginning of year balance			,			()		. ,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
с		<u>%</u>									
	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	ation that	are held ar	nd administer	red for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u> </u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm			l'as de c		Denty	l'a a 10				
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		ccumulate	ed	(d) Boo	k value	е
1a	Land										
	Buildings										
С	Leasehold improvements				175,626.		140,			,	323.
d	Equipment				127,171.		82,	618.		44,	553.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, colum</u> i	n (B), line 1	0c.)					79,	876.

Schedule D (Form 990) 2021

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	SCription of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Fin	ancial derivatives			
	sely held equity interests			
(3) Oth				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. ((Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(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)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value 267 , 852
Part	IX Other Assets. Complete if the organization answered "Yes" of (a) [11d. See Form 990, Part X, line 15.	267,852
Part (1)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	267,852
Part (1) (2)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	267,852
Part (1) (2) (3)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	267,852
Part (1) (2) (3) (4)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	267,852
Part (1) (2) (3) (4) (5)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	
Part (1) (2) (3) (4) (5) (6)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	267,852
Part (1) (2) (3) (4) (5) (6) (7)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND		11d. See Form 990, Part X, line 15.	267,852
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (IX Other Assets. Complete if the organization answered "Yes" of (a) [DUE FROM RE: POWER FUND DUE FROM PCL	Description		267,852 13,34
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of the organization	Description		267,852 13,34 281,199
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	Description		267,852
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of the organization	Description		267,852 13,34 281,199
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part	IX Other Assets. Complete if the organization answered "Yes" or (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	Description		267,852 13,34 281,199 (b) Book value
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part I. (1)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes	Description		267,852 13,34 281,199
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part 1. (1) (2)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes DEFERRED LEASE INCENTIVE	Description		267,852 13,34 281,199 (b) Book value 9,665
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part 1. (1) (2) (3)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes DEFERRED LEASE INCENTIVE	Description		267,852 13,34 281,199 (b) Book value 9,665
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (9) Fotal. (9) Fotal. (9) Fotal. (9) (1. (2) (3) (4)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes DEFERRED LEASE INCENTIVE	Description		267,852 13,34 281,199 (b) Book value 9,665
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes DEFERRED LEASE INCENTIVE	Description		267,85 13,34 281,19 (b) Book value 9,66
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5) (6) (5) (6)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes DEFERRED LEASE INCENTIVE	Description		267,85 13,34 281,19 (b) Book value 9,66
Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7)	IX Other Assets. Complete if the organization answered "Yes" of (a) I DUE FROM RE: POWER FUND DUE FROM PCL Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability Federal income taxes DEFERRED LEASE INCENTIVE	Description		267,85 13,34 281,19 (b) Book value 9,66

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

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 RE:POWER

Other Securities

Sche	dule D (Form 990) 2021 RE: POWER			33-1041433	Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re [.]	turn.	3
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,474,408.
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				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	4,344,042.		
е	Add lines 2a through 2d			2e	4,344,042.
3	Subtract line 2e from line 1			3	1,130,366.
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	1,130,366.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,132,855.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d	2,206,520.		
е	Add lines 2a through 2d			2e	2,206,520.
3	Subtract line 2e from line 1			3	926,335.
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	926,335.
Pa	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, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2; F	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
PART	X, LINE 2:				
RE: F	OWER IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISI	ONS OF			

SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ENTITY DESCRIBED 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.

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Schedule D (Form 990) 2021 RE : POWER		33-1041433	Page 5
Schedule D (Form 990) 2021 RE: POWER Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
REVENUE REPORTED BY RELATED ORGANIZATIONS	4,344,042.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
	0.000 500		
EXPENSES REPORTED BY RELATED ORGANIZATIONS	2,206,520.		
		Schedule D (Form	990) 2021

132055 10-28-21

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	17
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		ł
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i		on nur	nber
De		RE: POWER	33-1	041433		
Pa	rt I Question	s Regarding Compensation				
4.			000		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or o	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa			
	\equiv					
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
			ii, chei)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D				1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onlee					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
		ther organizations	ommittee			
		······································				
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 re					
а	-	e payment or change-of-control payment?		4a		х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		х
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		х
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(;)(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 compensatic	n			
	contingent on the r	evenues of:				
а	The organization?			5a		x
b		ation?				x
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	net earnings of:				
а	The organization?			6a		x
b		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Form	1 990)	2021

132111 11-02-21

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RE: POWER

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-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KARUNDI WILLIAMS	(i)	64,569.	900.	0.	2,619.	5,466.	73,554.	0.
EXECUTIVE DIRECTOR	(ii)	150,662.	2,100.	0.	6,110.	12,753.	171,625.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE O (Form 990)

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 Form 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 VI, SECTION A, LINE 1A:

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.

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 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:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Pa Employer identification num	
RE: POWER	33-1041433	
THE EVENING CONSTRATE OF THE POLDE HARD THE MUNICIPAL CONNECT OF		
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 2022.

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, FINANCIAL STATEMENTS, AND

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	142,906.	
MANAGEMENT AND GENERAL EXPENSES	9,312.	
FUNDRAISING EXPENSES	13,621.	
TOTAL EXPENSES	165,839.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	165,839.	

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

132212 11-11-21

28 2021.04012 RE:POWER

chedule O (Form 990) 2021 ame of the organization	Page Page Page Page Page Page Page Page
RE: POWER	33-1041433
AS NOT CHANGED FROM THE PRIOR YEAR.	

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

Related Organizations and Unrelated Partnerships

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

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (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

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 Part II 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 ity?
				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	
	-						
	-						
	-						

Attach to Form 990.



Open to Public

Inspection

21

Schedule R (Form 990) 2021

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			·		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	partne	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	-										
										$ \vdash $	
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	1										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) b)(13) rolled tity?
		country)						Yes	No
PROGRESSIVE CAMPAIGN LEADERSHIP - 46-4994700									
2639 NICOLLET AVE #220									
MINNEAPOLIS, MN 55408	TRAINING	MN	RE: POWER	C CORP	Ο.	0.	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)			:
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
 Purchase of assets from related organization(s) 	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
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		
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	1 p	x	
Reimbursement paid by related organization(s) for expenses		X	-
Other transfer of cash or property to related organization(s)	<u>1r</u>		
Cther 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	1,514,811.	CASH TRANSFERRED
<u>(2)</u>			
(3)			
<u>(</u> 4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 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	1)	(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	Genera	or Perc	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	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		
											\square		

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

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