Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

A For the	2021 calendar year, or tax year beginning	and	ending						
B Check if applicable:	C Name of organization			D Emp	oloyer ident	tificatio	n number		
Address change	RE:POWER FUND								
Name change	Doing business as			1	35-219119	3			
Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Tele	phone num	ber			
Final return/	2639 NICOLLET AVE. #220		1100111,00110		51-645-39				
termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$ 4,322,617					
Amende return		0 1		H(a) Is	this a group	return			
Applica- tion	F Name and address of principal officer: KARU	NDI WILLIAMS			r subordina		_	□ No	
pending	SAME AS C ABOVE			1	e all subordinate			No	
I Tax-exer	mpt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527	' If	"No," attach	a list.	See instruction	ıs	
J Website	WWW.REPOWER.ORG			H(c) G	oup exemp	tion nu	mber ►		
	- gameaton	ssociation Other >	L Year	of formati	on: 2003	M Sta	te of legal domic	ile: MN	
	Summary								
υ 1 E	riefly describe the organization's mission or most	significant activities: RE: POW	ER FUND	IS DEDI	CATED TO				
등 -	UILDING TRANSFORMATIVE PEOPLE POWER.								
	·	ntinued its operations or dispos	sed of more	than 259	1	- 1		1.0	
§ 3 N	lumber of voting members of the governing body					3 4		10	
-∞		mber of independent voting members of the governing body (Part VI, line 1b)							
S 5 T		al number of individuals employed in calendar year 2021 (Part V, line 2a)							
		al number of volunteers (estimate if necessary) al unrelated business revenue from Part VIII, column (C), line 12							
A A	let unrelated business revenue from Fart viii, co					7a 7b		0.	
	tet unrelated business taxable income nom i om	990-1,1 arti, iiile 11			r Year		Current Yea		
8 6	Contributions and grants (Part VIII, line 1h)		2,212,093	3.	3,214				
⊻ 1					695,476		1,106		
⊕ 10 lr	nvestment income (Part VIII, column (A), lines 3, 4			566		•	621.		
11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			1,050	٠.	1	,260.		
1	otal revenue - add lines 8 through 11 (must equal				2,909,18	5.	4,322	,617.	
13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			250,000	١.		0.	
14 E	denefits paid to or for members (Part IX, column (A	A), line 4)				٠.	0		
ဖွူ 15 S	alaries, other compensation, employee benefits (1,062,692		1,175		
16a F	rofessional fundraising fees (Part IX, column (A),	ine 11e)			(٥.		0.	
ğ b⊺	otal fundraising expenses (Part IX, column (D), lin	, , <u> </u>	500.		244.00				
'' \	other expenses (Part IX, column (A), lines 11a-11d				844,936	_	1,030		
1	otal expenses. Add lines 13-17 (must equal Part I				2,157,628		2,205		
	devenue less expenses. Subtract line 18 from line	12			751,55		2,116		
Net Assets or Eund Balances. 70 L 70 L 70 L 70 L 70 L 70 L 	Catal assats (Dart V. Line 10)		В		f Current Yea 3 , 259 , 232		End of Year 5,415		
ASSET 20 T Balance T 21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)				304,810			,457.	
22 N	let assets or fund balances. Subtract line 21 from	line 20			2,954,422		5,117		
Part II	Signature Block	III C 20			, ,	-			
Under penalt	ies of perjury,,I declare)that I have examined this return	, including accompanying schedule	s and statem	ents, and t	o the best of	my knov	vledge and belief	f, it is	
	and complete, Declaration of prepare, (other than office					•			
					8/10/2	022			
Sign	Signature of officer				Date				
Here	KARUNDI WILLIAMS, EXECUTIVE DIREC	CTOR							
	Type or print name and title	T		Data			DTIN		
	Print/Type preparer's name	Preparer's signature		Date	Check if		PTIN		
_	ANIEL PERSAUD	DANIEL PERSAUD	0	8/03/22	00.11 01.11	piojou	201603513		
· -	Firm's name CLIFTONLARSONALLEN LLP	300			Firm's EIN	4 1	-0746749		
Use Only	Firm's address 220 S 6TH STREET, SUITE MINNEAPOLIS, MN 55402	300			Phone no. 6	12-374	5-4500		
May the ID	S discuss this return with the preparer shown abo	wa? Saa instructions			riione no.º	12 3/6	X Yes	No	
132001 12-09-			ns.				Form 990		

RE: POWER FUND 35-2191193 Page **2** Form 990 (2021)

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 FUND IS DEDICATED TO BUILDING TRANSFORMATIVE PEOPLE POWER.		
	OUR WORK IS TIED TO THE BELIEF THAT BY PARTNERING WITH INDIVIDUALS,		
	ORGANIZATIONS, AND COALITIONS ACROSS THE COUNTRY, WE CAN UNCOVER		
	LEADERS WITHIN COMMUNITIES OF COLOR, SPECIFICALLY WITH WOMEN OF COLOR,		
2	Did the organization undertake any significant program services during the year which were not list		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	ram services?	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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	•	•
	revenue, if any, for each program service reported.	cations to others, the total e.	xperises, and
 4а	(Code:) (Expenses \$ 562,292. including grants of \$	0.) (Revenue \$	602 050. \
4a	MOVEMENT BUILDING:) (Revenue \$	
	RE:POWER FUND'S MOVEMENT BUILDING PROGRAM SUPPORTS POWERFUL		
	ORGANIZATIONS & COALITIONS TO ORGANIZE AND MOBILIZE CAMPAIGNS THROUGH		
	STRATEGIC PLANNING, COACHING, AND CAPACITY BUILDING.		
4b	(Code:) (Expenses \$ 397,929. including grants of \$	0.) (Revenue \$	255,005.)
	MOVEMENT TECHNOLOGY:		-
	RE:POWER FUND'S MOVEMENT TECHNOLOGY WORK DEVELOPS COMMUNITY-LED		
	TECHNOLOGY SKILLS OF DATA AND DIGITAL PRACTITIONERS WHO ARE ADVANCING		
	CHANGE IN OUR COMMUNITIES.		
4c	(Code:) (Expenses \$ 517 , 478 including grants of \$	0. (Revenue \$	249,597.
	CIVIC ENGAGEMENT:		
	RE:POWER FUND'S CIVIC ENGAGEMENT WORK TRAINS ASPIRING LEADERS AND		
	ELECTED OFFICIALS TO HARNESS THEIR POWER AND DEVELOP THEIR LEADERSHIP		
	TO BUILD A REFLECTIVE DEMOCRACY.		
4d	Other program services (Describe on Schedule O.)		,
4 -	(Expenses \$ including grants of \$) (Revenue : Total program service expenses > 1,477,699.	\$)
4e	TOTAL DIOUGAITI SERVICE EXDENSES ► ±, ±11, 0,00.		

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35-2191193

Form 990 (2021) RE: POWER FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	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	٣		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	11a		х
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		х
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
Ь	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		x
_	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	٠٠		
•	the organization's separate of consolidated limit clarification 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	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		
ıza	, ,	40-		x
	Schedule D, Parts XI and XII	12a		_ A
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠	v	
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
		-		•

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Form 990 (2021) RE: POWER FUND

Part 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
	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	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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
	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	000		х
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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		Х
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
		38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 55			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	ı

Form 990 (2021)

35-2191193 | Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	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		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? 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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		
b	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 13b			
	Enter the amount of reserves on hand Did the experience on a power to print our topping on view diving the top year?	44-		Х
	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? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
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.			

Form 990 (2021) RE: POWER FUND 35-2191193 Page 6

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

	to mile da, db, di 100 solom, documentationes, producesto, di changes di confiduratione.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 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 0. Enter the number of voting members included on line 1a, above, who are independent.			
b	Enter the number of voting members included on line 14, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	,		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		X
4		5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	Х	
о 7а		-		
1 a		7a	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b	and the three three transfers had 0	7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
а		8a	Х	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal Nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KARUNDI WILLIAMS, EXECUTIVE DIRECTOR - 651-645-3939			
	2639 NICOLLET AVE. #220, MINNEAPOLIS, MN 55408			

Form 990 (2021) RE: POWER FUND 35-2191193 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

hours for related organizations below line) (1) KARUNDI WILLIAMS hours for related organizations below line) hours for related organizations below line) 42.00 hours for related organizations below line) 42.00 hours for related organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC) organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC) organization (W-2/1099-MISC/ 1099-NEC) 1099-NEC)	(A) Name and title	(B) Average hours per week	box offi	not c , unle cer ar	Pos heck ss per	more rson i	than s bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
ARRUNDI WILLIAMS		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	compensation from the organization and related organizations
CARMEN BERKLEY	(1) KARUNDI WILLIAMS										
CHAIR	EXECUTIVE DIRECTOR				Х				152,762.	65,469.	26,948
3 SARA TOTONCHI	(2) CARMEN BERKLEY]								
VICE-CHAIR			Х		Х				0.	0.	С
(4) LEAH BOUDREAUX 2.00 X X 0. 0. TREASURER 2.00 X X 0. 0. (5) APRIL SIMS 2.00 X X 0. 0. SECRETARY 2.00 X 0. 0. (6) SARAH AUDELO 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (7) TONI CARTER 2.00 X 0. 0. (8) AARON DORFMAN 2.00 X 0. 0. (8) AARON DORFMAN 2.00 X 0. 0. (9) KATRINA GAMBLE 2.00 X 0. 0. (9) KATRINA GAMBLE 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (10) JESS MORALES ROCKETTO 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (11) JUSTIN MYERS 2.00 X 0. 0.			1								
TREASURER			Х		Х				0.	0.	С
SECRETARY			1								
SECRETARY 2.00 X X X 0. 0.			Х		Х				0.	0.	0
(6) SARAH AUDELO 2.00 BOARD MEMBER 2.00 (7) TONI CARTER 2.00 BOARD MEMBER 2.00 (8) AARON DORFMAN 2.00 BOARD MEMBER 2.00 (9) KATRINA GAMBLE 2.00 BOARD MEMBER 2.00 (10) JESS MORALES ROCKETTO 2.00 BOARD MEMBER 2.00 BOARD MEMBER 2.00 BOARD MEMBER 2.00 BOARD MEMBER 2.00 Column 0.			4							_	_
BOARD MEMBER 2.00 X 0. 0.			Х	_	Х				0.	0.	С
(7) TONI CARTER 2.00 BOARD MEMBER 2.00 (8) AARON DORFMAN 2.00 BOARD MEMBER 2.00 (9) KATRINA GAMBLE 2.00 BOARD MEMBER 2.00 (10) JESS MORALES ROCKETTO 2.00 BOARD MEMBER 2.00 (11) JUSTIN MYERS 2.00			∤							_	,
BOARD MEMBER 2.00 X 0. 0. 0.			X						0.	0.	0
(8) AARON DORFMAN 2.00 BOARD MEMBER 2.00 (9) KATRINA GAMBLE 2.00 BOARD MEMBER 2.00 (10) JESS MORALES ROCKETTO 2.00 BOARD MEMBER 2.00 (11) JUSTIN MYERS 2.00	, , , , , , , , , , , , , , , , , , , ,		١,,							_	_
BOARD MEMBER 2.00 X 0. 0. (9) KATRINA GAMBLE 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (10) JESS MORALES ROCKETTO 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (11) JUSTIN MYERS 2.00 0. 0.			^						0.	٠.	0
(9) KATRINA GAMBLE 2.00 BOARD MEMBER 2.00 (10) JESS MORALES ROCKETTO 2.00 BOARD MEMBER 2.00 (11) JUSTIN MYERS 2.00			- ↓						0	_	,
BOARD MEMBER 2.00 X 0. 0. (10) JESS MORALES ROCKETTO 2.00 X 0. 0. BOARD MEMBER 2.00 X 0. 0. (11) JUSTIN MYERS 2.00 0. 0.			^						0.	٠.	C
(10) JESS MORALES ROCKETTO 2.00 BOARD MEMBER 2.00 (11) JUSTIN MYERS 2.00			v.						0	0	C
BOARD MEMBER 2.00 x 0. 0. (11) JUSTIN MYERS 2.00 . .			1							· ·	
(11) JUSTIN MYERS 2.00			x						0	0	(
									•	•	
			x						0.	0.	C
			_								

Form 990 (2021) RE: POWER FUND 35-2191193 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (continued)

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensatio from related	- 1	am	(F) timate nount 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)	organization (W-2/1099-MIS 1099-NEC)		fronga orga and	pensa om th anizat d relat anizati	e ion ed
										\dashv			
		-											
		-											
1b Subtotal							<u> </u>	152,762.	65,4	169.		26,	948.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	152,762.	65,4			26,	948.
 Total number of individuals (including but recompensation from the organization 	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable	:			1
compensation and organization p										,		Yes	No
3 Did the organization list any former officer			•	•	•		_	•	•				
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s										····	3		Х
and related organizations greater than \$15										[4	Х	
5 Did any person listed on line 1a receive or									lual for services				
rendered to the organization? [f "Yes," cor Section B. Independent Contractors	nplete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax ye	ear.				
(A) Name and business	address	NO:	NE					(B) Description of s	ervices	C	(C omper	;) nsatio	n
								·			•		
O Tabel combined to the territory		- 4 - 11	- 14					-th-so-North-	He are				
 Total number of independent contractors (\$100,000 of compensation from the organ 	•	ot III	nited	1 to 1		se lis O	ted	above) who received mo	ore tnan				

Page 9

Part VIII	Statement of Revenue
Form 990 (202	RE: POWER

		Check if Schedule O	ontains	a response	or note to anv lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
9		Fundraising events							
fts,		Related organizations							
ig ig					68,600.				
Sir.		Government grants (contri			00,000.				
utio	т	All other contributions, gifts,		1 1	3 1/5 /9/				
		similar amounts not included			3,145,484.				
ont	_	Noncash contributions included in		1g \$		2 214 004			
O g	n	Total. Add lines 1a-1f				3,214,084.			
					Business Code	1 106 650	1 106 650		
ce	2 a	REGISTRATION FEES			541900	1,106,652.	1,106,652.		
e Z	b								
Scen	С								
ran Sev	d								
Program Service Revenue	е								
<u>4</u>	f	All other program service	revenue						
	g	Total. Add lines 2a-2f)	1,106,652.			
	3	Investment income (includ	ing divid	dends, intere	st, and				
		other similar amounts)			>	621.			621.
	4	Income from investment of							
	5	Royalties		-					
		,		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	1,260.					
		Less: rental expenses	6b	0.					
	c		6c	1,260.					
		Net rental income or (loss)				1,260.			1,260.
		Gross amount from sales of	-	Securities	(ii) Other	, .			,
	, a	assets other than inventory	7a		(1)				
	h	Less: cost or other basis	14						
ø	b	and sales expenses	7b						
Revenue	•		-						
eve		Gain or (loss)							
		Net gain or (loss)							
ther	8 а	Gross income from fundraising	-	·					
₽		including \$		_					
		contributions reported on	,	I					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from		-	D				
	9 a	Gross income from gamin	•	I					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, I	ess retui	ns					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of	inventory					
ر _د					Business Code				
ő ő	11 a	-							
Miscellaneous Revenue	b								
eve	С								
Aisc	d	All other revenue		-					
2	е	Total. Add lines 11a-11d			>				
	12	Total revenue. See instruction				4,322,617.	1,106,652.	0.	1,881.

132009 12-09-21

35-2191193

Part IX Statement of Functional Expenses

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

D2 :	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	171,623.	68,650.	68,648.	34,325
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	810,545.	475,168.	112,290.	223,087
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,636.	16,898.	3,812.	7,926
9	Other employee benefits	87,601.	50,766.	12,963.	23,872
10	Payroll taxes	76,824.	42,768.	13,828.	20,228
11	Fees for services (nonemployees):				
а	Management	24.422	10.150		
b	Legal	24,193.	13,468.	4,355.	6,370
С	Accounting	31,390.	17,475.	5,650.	8,265
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	401 012	420 140	00.000	20 601
	column (A), amount, list line 11g expenses on Sch 0.)	481,813.	430,140.	20,982.	30,691
12	Advertising and promotion	07.600	40.000	15 017	22.076
13	Office expenses	97,602.	48,909.	15,817.	32,876
14	Information technology	55,479.	30,885.	9,986.	14,608
15	Royalties		+		
16	Occupancy	0.47		105	750
17	Travel	947.	+	195.	752
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	90 200	11 600	14 452	21 140
22	Depreciation, depletion, and amortization	80,290. 13,887.	44,698. 7,731.	14,452. 2,500.	21,140 3,656
23	Insurance	13,007.	7,731.	2,500.	3,030
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) TRAINING EXPENSES	211 720	211 720		
a	STAFF TRAINING & DEVELO	211,739.	211,739. 17,803.	5,756.	8,420
b	EQUIPMENT RENTAL	1,079.	601.	194.	284
c C	PKOLLMENT VENTUE	1,073.	001.	134.	204
d	All other eveness				
	All other expenses Add lines 1 through 24s	2,205,627.	1,477,699.	291,428.	436,500
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	2,203,021.	1,411,033.	271,420.	430,300
20	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

orm 990 (2021) RE: POWER FUND 35-2191193 Page **11**

Form 990 (2021)
Part X Balance Sheet

	. .	Check if Schedule O contains a response or	note to	any	line in this Part X				
		·				(A) Beginning of year			(B) End of year
	1	Cash - non-interest-bearing				3,161,164		1	4,973,936.
	2	Savings and temporary cash investments						2	
	3	Pledges and grants receivable, net				79,017		3	250,000.
	4	Accounts receivable, net				19,000		4	184,803
	5	Loans and other receivables from any currer							
		trustee, key employee, creator or founder, so	ubstantia	al co	entributor, or 35%				
		controlled entity or family member of any of	these pe	erso	ns			5	
	6	Loans and other receivables from other disq	jualified j	pers	ons (as defined				
		under section 4958(f)(1)), and persons descr			6				
_ω	7	Notes and loans receivable, net						7	
Assets	8	Inventories for sale or use						8	516
¥ ∣	9	Prepaid expenses and deferred charges				51		9	6,039.
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10)a					
	b	Less: accumulated depreciation)b			1	10c	
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, li						12	
	13	Investments - program-related. See Part IV, I						13	
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must				3,259,232		16	5,415,294
	17	Accounts payable and accrued expenses	41,069		17	20,605			
	18	Grants payable			18				
	19	Deferred revenue		300		19	9,000		
	20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability. Comple						21	
<u>"</u>	22	Loans and other payables to any current or t							
Ė.		trustee, key employee, creator or founder, so	ubstantia	al co	entributor, or 35%				
Liabilities		controlled entity or family member of any of						22	
≝	23	Secured mortgages and notes payable to ur	-					23	
	24	Unsecured notes and loans payable to unrel			Г			24	
	25	Other liabilities (including federal income tax							
		parties, and other liabilities not included on I							
		of Schedule D		,	·	263,441		25	267,852.
	26	Total liabilities. Add lines 17 through 25				304,810		26	297,457.
		Organizations that follow FASB ASC 958,							
es		and complete lines 27, 28, 32, and 33.							
au	27					2,109,921		27	4,233,990.
Bal	28	Net assets with donor restrictions				844,501		28	883,847.
Da		Organizations that do not follow FASB AS							
교		and complete lines 29 through 33.							
ğ	29	Capital stock or trust principal, or current fur	nds					29	
Set:	30	Paid-in or capital surplus, or land, building, or					;	30	
As	31	Retained earnings, endowment, accumulate	ſ			31			
Net Assets or Fund Balances	32	Total net assets or fund balances				2,954,422	\neg	32	5,117,837.
	33	Total liabilities and net assets/fund balances				3,259,232	_	33	5,415,294.

Form 990 (2021) RE: POWER FUND 35-2191193 Page **12**

Pai	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	4	,322,	617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,205,	627.
3	Revenue less expenses. Subtract line 2 from line 1	3	2	,116,	990.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,954,	422.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		21,	425.
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	5	,117,	837.
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	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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			
	Act and OMB Circular A-133?		3a		Х
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		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

RE: POWER FUND 35-2191193 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

2021.04012 RE:POWER FUND

Schedule A (Form 990) 2021 RE: POWER FUND 35-2191193 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

(e) 2021 3,214,084.	(f) Total				
3,214,084.	12,603,855.				
3,214,084.	12,603,855.				
3,214,084.	12,603,855.				
	6,561,458.				
	6,042,397.				
(e) 2021	(f) Total				
3,214,084.	12,603,855.				
1,881.	9,010.				
	12 (12 0(5				
	12,612,865.				
•	3,370,570.				
;)(3)	. □				
<u></u>					
,	47.91 %				
5	41.89 %				
_					
	▶ ▼				
and stop here. The organization qualifies as a publicly supported organization a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,					
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization					
	▶∟_				
and line 15 is 1					
and line 15 is 1					
	(e) 2021 3,214,084. 1,881.				

Schedule A (Form 990) 2021

2021.04012 RE:POWER FUND

Schedule A (Form 990) 2021 RE: POWER FUND Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

132023 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 RE: POWER FUND 35-2191193 Page **4**

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
_	10b	- 000\	

Т.,

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	etruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 RE: POWER FUND 35-2191193 Page **6**

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 RE: POWER FUND			35-2191193	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)		
Sect	on D - Distributions			Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3		
_4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022 Add lines 3i				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

0004

2021

OMB No. 1545-0047

Name of the organization

RE:POWER FUND

35-2191193

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (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

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), 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 ______ \bigset*

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 1 Person **Payroll** 150,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 70,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 4 Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 5 Person **Payroll** 275,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person **Payroll** 300,000. Noncash (Complete Part II for noncash contributions.)

RE: POWER FUND

35-2191193

Name of organization

Employer identification number

RE: POWER FUND

35-2191193

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,000.	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
8		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
9	Name, address, and ZIP + 4	\$175,000.	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
10	Name, address, and ZiF + 4	\$750,000.	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
11		\$100,000.	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
12	Name, audiess, and Eif + 4	\$68,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RE:POWER FUND

35-2191193

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

Name of organization **Employer identification number** RE: POWER FUND 35-2191193 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2021.04012 RE:POWER FUND

123454 11-11-21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

RE: POWER FUND

Employer identification number 35-2191193

Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts		
4	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts		
1 2	Total number at end of year				
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds		
•	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?		Yes No		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area		
	Protection of natural habitat	Preservation of a	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o			
	day of the tax year.		Held at the End of the Tax Year		
	Total number of conservation easements		2a		
	-				
	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the d	organization during the tax		
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		Yes No		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,				
U	Starr and volunteer riours devoted to morntoning, inspecting,	manding of violations, and emorcing conse	a valion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year		
•	► \$	ming of violations, and emoroting consolvation	on easements daring the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemer	nts that describes the		
	organization's accounting for conservation easements.	-			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works		
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		• \$		
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide		
	the following amounts required to be reported under FASB A	_			
	Revenue included on Form 990, Part VIII, line 1				
-	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021		

RE: POWER FUND <u> Page</u> **2** Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Part VI Land, Buildings, and Equipment.

Describe in Part XIII the intended uses of the organization's endowment funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal	Form 990 Part X colun	nn (R) line 10c)	•	0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 RE: POWER FUND		35	5-2191193 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear 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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO RE: POWER			267,852.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			267,852.
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	the organization's financial statements the	
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII X

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 RE: POWER FUND		35-2191193	Page 4
Part XI Reconciliation of Revenue per Audited Financia	Statements With Revenue per Ref	turn.	
Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statemen	nts	1	5,474,408.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b 21,425.		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d 1,130,366.		
e Add lines 2a through 2d		2e	1,151,791.
3 Subtract line 2e from line 1		3	4,322,617.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li			4,322,617.
Part XII Reconciliation of Expenses per Audited Financia		leturn.	
Complete if the organization answered "Yes" on Form 990, Par			
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:	1 1		
a Donated services and use of facilities	I		
b Prior year adjustments	I		
c Other losses			
d Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		007 000
e Add lines 2a through 2d		2e	927,228.
3 Subtract line 2e from line 1		3	2,205,627.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)		4.	0.
c Add lines 4a and 4b		4c	2,205,627.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Part XIII Supplemental Information.	line 18.)	5	2,203,027.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	a and 4: Part IV lines 1h and 2h: Part V line 4	· Dart Y line 2· D	art YI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-		, r art X, iii le 2, r	ait Ai,
inites 2d and 45, and 1 art An, inites 2d and 45. Also complete this part to pro	vide any additional information.		
PART X, LINE 2:			
·			
RE:POWER FUND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	THE PROVISIONS OF		
SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ENTITY	DESCRIBED IN		
SECTION 501(C)(3) AND IS EXEMPT FROM STATE INCOME TAXES	AND SIMILAR INCOME		
TAX LAWS. THEREFORE, NO PROVISION FOR INCOME TAXES HAS B	EEN MADE.		
THE ORGANIZATION ADOPTED GUIDANCE IN THE INCOME TAX STAN	DARD REGARDING THE		
DEGOGNITATION OF INGERDAIN MAY ROGIMIONG MUIG GUIDANGE DR	RECORTREC		
RECOGNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PR	ESCRIBES		
RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATE	MENT RECOGNITION		
RECOGNITION THRESHOLD TRINCIPLES FOR THE FINANCIAL STATE	MENT 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 RETUR	NS ARE SUBJECT TO		
REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES.			

053-0541

Schedule D (Form 990) 2021 RE: POWER FUND		35-2191193	Page 5
Schedule D (Form 990) 2021 RE:POWER FUND Part XIII Supplemental Information (continued)			
DADE VI. LIVE OD ORVED AD HIGHNEYER			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
REVENUE FROM RELATED ORGANIZATION	1,130,366.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES FROM RELATED ORGANIZATION	927,228.		

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Name of the organization

RE: POWER FUND

RE: POWER FUND

RE: POWER FUND

35-2191193

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2021

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and 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)	150,662.	2,100.	0.	6,110.	12,753.	171,625.	0.
EXECUTIVE DIRECTOR	(ii)	64,569.	900.	0.	2,619.	5,466.	73,554.	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)							

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.
PART I, LINE 3:
APPROVAL BY THE BOARD IS REQUIRED TO ESTABLISH THE ORGANIZATION'S
CEO/EXECUTIVE DIRECTOR.

Page 3

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Inspection

RE: POWER FUND	35-2191193
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,	
CHAIR, SECRETARY, AND TREASURER. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY	
TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE SOLE MEMBER OF THE ORGANIZATION IS RE:POWER	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE SOLE MEMBER OF THE ORGANIZATION APPOINTS A MAJORITY OF THE	
ORGANIZATION'S BOARD OF DIRECTORS.	
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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule 0 (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Employer identification number Name of the organization RE: POWER FUND 35-2191193 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 DOCUMENTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING AND EVALUATING COMPENSATION FOR THE EXECUTIVE DIRECTOR. COMPENSATION IS DETERMINED THROUGH A COMBINATION OF TENURE, PERFORMANCE EVALUATION, AND COMPARISON RESEARCH OF ED COMPENSATION OF SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO SET COMPENSATION WHICH IS THEN APPROVED BY THE FULL BOARD. THIS PROCESS WAS LAST COMPLETED 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, IL, KS, KY, MA, ME, MI, MD, MN, MO, MS, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, WA, WV, VA, UT, WI 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:

2021.04012 RE:POWER FUND

Name of the organization RE: POWER FUND		Employer identification number 35-2191193
OTHER PROFESSIONAL FEES:		33 2171173
	420 140	
PROGRAM SERVICE EXPENSES	430,140.	
MANAGEMENT AND GENERAL EXPENSES	20,982.	
FUNDRAISING EXPENSES	30,691.	
TOTAL EXPENSES	481,813.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	481,813.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACC	COUNTANT	
HAS NOT CHANGED FROM THE PRIOR YEAR.		

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

RE: POWER FUND

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

35-2191193

(a)	(b)	(c)	(d)	(e)		(f) S Direct controlling		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)		me End-of-year		controlling	9	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	empt		
(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 - 33-1041433 2639 NICOLLET AVE #220	_							
MINNEAPOLIS, MN 55408	TRAINING	MINNESOTA	501(C)(4)	N/A	N/A		х	
	- -							
	-							
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.				Schedule F	R (Form 99	90) 2021	

Schedule R (Form 990) 2021 RE: POWER FUND 35-2191193 Page **2**

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)						
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income	Predominant income Share of total	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	Percenta ping ownersh
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?									
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No.						
						l											

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	Sec 512(i contr ent	ti) etion b)(13) rolled ity?
		country)		•				Yes	No
PROGRESSIVE CAMPAIGN LEADERSHIP - 46-4994700	_								
2639 NICOLLET AVE #220									
MINNEAPOLIS, MN 55408	TRAINING	MN	RE:POWER	C CORP	0.	0.	100%		Х

RE: POWER FUND 35-2191193 Schedule R (Form 990) 2021 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)				1b		Х		
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		Х		
g Sale of assets to related organization(s)				1g		Х		
h Purchase of assets from related organization(s)				1h		Х		
i Exchange of assets with related organization(s)				1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х		
Performance of services or membership or fundraising solicitations for related organizations.				11		Х		
, ,	()			1m		Х		
 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 								
Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		Х		
s Other transfer of cash or property from related organization(s)				1s		Х		
2 If the answer to any of the above is "Yes," see the instructions for information on w								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved				
(1) RE: POWER	P	1,514,811.c	ASH TRANSFERRED					
(2)								
(2)								
(3)								
(O)								
(4)								
(5)								
(6)								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

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Part VII	(Form 990) 2021 RE: POWER FUND Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Trovide additional information for responses to questions on conedule 11. Oce instructions.		
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