Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



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Image FOWER TO DECIDE Doing business as S2-1974611 Transmission	B C	heck if oplicabl	e: C Name of organization		D Employer identific	ation number				
Link Doing Dusiness as The province, country, and zIP or foreign postal code 32 - 197 / 4011 Province Termine and address of principal officer. RAEGAN MCDONALD-MOSLEY MASHINGTON, DC 20005 E Telephone number (202) 478 - 8500 I Taxexempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or for subordinates? Ye X Ye X I Taxexempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or for subordinates include? Ye X No I Taxexempt status: X 501(c)(1) (insert no.) 4947(a)(1) or for subordinates include? Ye X No I Taxexempt status: X 501(c)(2) (insert no.) 4947(a)(1) or for subordinates? Ye X No I Taxexempt status: X 501(c)(2) (insert no.) 4947(a)(1) or for subordinates Ye X No I accent status: X 501(c)(2) (insert no.) 4947(a)(1) or for Subordinates Ye X No I Briefly describe the organization's mission or most significant activities: POWER TO DECIDE'S MISSION IS TO ALL. Aumber of indepandent voting members of the governing body (Part V), line 1a) 4 10 I Number of voting members of the governing body (Part V), line 1a) <td>X</td> <td>chang</td> <td>e POWER TO DECIDE</td> <td></td> <td></td> <td></td>	X	chang	e POWER TO DECIDE							
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17 Outliel expenses (rait X, column (A), lines ria rid, rin24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 , 269 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			<u> </u>				
17 Outliel expenses (rait X, column (A), lines ria rid, rin24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 , 269 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		65,238.	18,570.				
17 Outliel expenses (rait X, column (A), lines ria rid, rin24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 , 269 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	kpe	b	Total fundraising expenses (Part IX, column (D), line 25) 469,9	48.						
19 Revenue less expenses. Subtract line 18 from line 12 3,339,6793,947,426. b 6 7 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Ê	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							
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20 Total assets (Part X, line 16) 22,038,274. 21,768,305. 21 Total liabilities (Part X, line 26) 951,404. 2,336,453. 22 Net assets or fund balances. Subtract line 21 from line 20 21,086,870. 19,431,852.			Revenue less expenses. Subtract line 18 from line 12							
21 Total liabilities (Part X, line 26) 951,404. 2,336,453. 22 Net assets or fund balances. Subtract line 21 from line 20 21,086,870. 19,431,852.	s or Ices			Be	•••					
21,086,870. 19,431,852.	ssets lalar									
	t As Dd B									
	E E				21,086,870.	19,431,852.				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Regen Ath-tak		05/13/2024
Sign	Signature of officer		Date
-	RAEGAN MCDONALD-MOSLEY, CH	IIEF EXECUTIVE OFFICER	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	RICHARD J. LOCASTRO, CPA	Richard J. Locastro 04/29/2	
Preparer	Firm's name GELMAN , ROSENBERG	& FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY AV	/E SUITE 800N	
	BETHESDA, MD 20814	1-2930	Phone no. 301 - 951 - 9090
May the II	RS discuss this return with the preparer shown abov	ve? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separa	ate instructions. 332001 12-21-23	Form 990 (2023)

Form	1 990 (2023) POWER TO DECIDE		age 2
Par	rt III Statement of Program Service Accomplishments	6	
	Check if Schedule O contains a response or note to any line in t	nis Part III	X
1	Briefly describe the organization's mission:		
	POWER TO DECIDE ENVISIONS A WORLD W	HERE EVERYONE-NO MATTER WHO THEY	
	ARE OR WHERE THEY LIVE-HAS CONTROL	OVER THEIR BODIES AND CAN DECIDE	
	IF, WHEN, AND UNDER WHAT CIRCUMSTAN		
	CHILD. ITS MISSION IS TO ADVANCE SE		
2	Did the organization undertake any significant program services during		
-			
	If "Yes," describe these new services on Schedule O.		
~	,	how it conducts, any program services?	- -
3	Did the organization cease conducting, or make significant changes in		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for eac		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the	amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	101 020	
4a	(Code:) (Expenses \$6, 158, 239. including grant		
	DIGITAL PROGRAMS: BEDSIDER.ORG IS A		
	THAT OFFERS MEDICALLY ACCURATE, REL	EVANT, AND RESONANT INFORMATION ON	
	SEX, SEXUAL HEALTH, AND BIRTH CONTR	-	
	SUPPORTED 67 MILLION USERS IN MAKIN	G AUTONOMOUS, FULLY INFORMED CHOICES	S
	ABOUT THEIR SEXUAL AND REPRODUCTIVE	HEALTH. BEDSIDER REACHES NEARLY 3	
	MILLION UNIQUE USERS EACH YEAR, AND	HAS BECOME THE NATION'S GO-TO	
	RESOURCE ON BIRTH CONTROL.		
	BEDSIDER PROVIDES CONTENT THAT IS I	NDEPENDENT, HONEST, UNBIASED, AND	
	ACCURATE- IN A VOICE THAT RESONATES		
	AVAILABLE IN ENGLISH AND SPANISH, A		
	PROFESSIONALS. BEDSIDER IS BASED ON		
		E (PEOPLE AGED 18-29) AS WELL AS OUT	R
4b	2 005 424		
40	(Code:) (Expenses \$3, 095, 434. including grant SYSTEMS AND PRACTICES: ADVANCING RE		
		THE IDEA THAT ALL PEOPLE HAVE	
	EQUITABLE ACCESS TO THE INFORMATION		
		• • •	
	NEEDED TO HAVE CONTROL OVER THEIR B		
		REPRODUCTION THROUGHOUT THEIR LIVES	•
	IT IS THIS CULMINATION OF EXTENSIVE		_
		PERTS, AND PROVIDERS IN REPRODUCTIVE	E
	HEALTH, RIGHTS, AND JUSTICE THAT LA		
	FRAMEWORK. THIS NATIONAL BLUEPRINT		
		SUPPORT AND HELP INDIVIDUALS ACHIEVE	E
	THEIR REPRODUCTIVE WELL-BEING GOALS	-	
	DEEPENED ITS ENGAGEMENT WORKING DIR		
4c	(Code:) (Expenses \$617,615. including grant		9.
	MARKETING & COMMUNICATIONS: THE MAR	KETING AND COMMUNICATIONS TEAM AT	
	POWER TO DECIDE IS INSTRUMENTAL IN	ADVANCING THE ORGANIZATION'S MISSION	N
	TO ACHIEVE REPRODUCTIVE WELL-BEING	FOR ALL. THE EFFORTS OF THE TEAM ARE	E
	STRATEGICALLY DESIGNED TO PROMOTE K	EY PROGRAMS AND INITIATIVES, PROVIDE	E
	SPECIALIZED EXPERTISE IN RESPECTIVE	FIELDS, AND ENHANCE MESSAGING TO	
	REACH A WIDER AUDIENCE. THIS IS ACH		
		GIC PARTNERSHIPS WITH ENTERTAINMENT	
	MEDIA, THE CREATION OF RELEVANT AND		
	EXECUTION OF IMPACTFUL CAMPAIGNS, S		
		•	.
		KED OUR 11TH YEAR OF OUR CORNERSTONE	<u>c</u>
	CAMPAIGN THAT ENCOURAGES PEOPLE TO		
	MAKES POSSIBLE AND REMINDS THE WORL	D WHY ACCESS TO BIRTH CONTROL	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 428,094. including grants of \$) (Revenue \$	
4e	Total program service expenses 10,299,382.		
		Form 990 ((2023
32002	2 12-21-23 SEE SCHEDULE	O FOR CONTINUATION(S)	
	2		
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 Form 990 (2023)
 POWER TO DECIDE

 Part IV
 Checklist of Required Schedules

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II				Yes	No
2 Is the organization engage in direct political campaign activities on behalt of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 801(c)(3) organizations. Did the organization engage in loobying activities, or have a section 801(h) election in effect. 4 X 5 in the organization escence CP and I. 5 X 6 the organization as addrend in Romplete Schedule C, Part II. 5 X 6 the organization as addrend in Romounts in auch finds or accounts IV 'Nes,' complete Schedule C, Part II. 6 X 7 X the organization enderse on the distribution or investment of amounts in auch finds or accounts IV 'Nes,' complete Schedule C, Part II. 6 X 7 X the organization maintain activitice? If 'Yes,' complete Schedule C, Part II. 8 X 7 X the organization maintain activitice? If 'Yes,' complete Schedule C, Part II. 8 X 8 the organization maintain activitice? If 'Yes,' complete Schedule C, Part II. 8 X 9 the organization maintain activitie? If 'Yes, 'complete Schedule C, Part II. 10 X 10 the organization maintain amainta maintain activitie? If orthis c	1	-			
 3 Dit he organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official" if Yes, "complete Schedule C, Part II 4 X 5 Section 501(b) organization. Did the organization ingage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, "complete Schedule C, Part II 6 Did the organization entraina y donor advased tindor or any similar finds or accounts for which dorners have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which dorners have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which dorners have the right to PD did the organization maintain and econor solitoxic structures? If Yes, "complete Schedule D, Part II 9 Did the organization expression of a space of the organization in the second consense of the second seco					
public office? in 'rys,' complete Schedule C, Part I 3 X 4 Sectors 50((p) ejection in effect 4 X 5 Is the organization a section 501(o)(p) of 50((p)) or 501(p)(p) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 (P) ''''''s, "complete Schedule C, Part I 4 X 6 Did the organization maintain any donor advised funds or any similar hands or accounts for which ornoors have the right to provide advice on the distribution or investment of amounts in such India or accounts (P) ''ws," complete Schedule D, Part I 6 X 7 Z Did the organization measure, in historic india reas, or historic india reas, or historic india reasure, or outstoid al account liability, serve as a cuistodian for amounts no itself. India X, india 21, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 21, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 21, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 24, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 24, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 24, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 24, for sectors or cuistodial account liability, serve as a cuistodian for amounts no itself india X, india 24, for sectors or consolidated finatosection india 24, for sectors 24, for Secondia 24, for Sector 24, for Secondia 24, for Sector	-		2	A	
4 Section 501(c)(3) organizations. Dublitle organization engage in lobbying activities, or have a section 501(k)) election in effect during the tax year? // **a, * complete Schedule (), Pet II // is the organization a section 501(k)(k), 501(k)(k), or 501(k)(k), or 501(k)(k) granization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:192 // **es, * complete Schedule (), Part II 6 X D Did the organization and areas, or historic structures // * res, * complete Schedule (), Part II 8 X D Did the organization cervice on hold a conservation including assements to preserve open space, the environment, historic land areas, or historic structures // * res, * complete Schedule D, Part II 7 X 9 Did the organization reproduce on amount II Part X. Its 21, for escrow or custodial account liability seve as a custodian in services? If **es, * complete Schedule D, Part II 7 X 9 Did the organization services? 9 X. 10 Did the organizatio	3				v
during the tax yea? <i>If Yes</i> , "complete Schedule <i>C</i> , <i>Part II</i> . 4 X 5 is the organization a section S(I)(4), 601((4), 601((4)) S(I)(4), 601((4), 601((4)) S(I)(4), 601((4), 601((4)) 6 Did the organization maintain any domo advised funds or any similar funds or accounts for which domors have the right to provide advise on the distribution or investment of amounts in such thands or accounts for which domors have the right to provide advise on the distribution or investment of amounts in such thands or accounts for which domors have the right to schedule <i>D</i> , <i>Part II</i> . 8 X 7 X To bit the organization maintain acidections of works of art. Interioral treasures, or other similar assets? If 'Yes, 'complete Schedule <i>D</i> , <i>Part II</i> . 7 X 8 X To bit the organization indication in Part X, line 21, the schedule <i>D</i> , <i>Part II</i> . 7 X 9 Did the organization indication in Part X, line 21, the schedule <i>D</i> , <i>Part V</i> . 9 X 10 Lix X 10 X 11 If the organization indication report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> 'Yes, 'complete Schedule <i>D</i> , <i>Part V</i> . 10 X 10 Lix X 11 X 11 X 11 Uth organization report an amo			3		~
5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-187. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization markina may donor advect funds or an gonital infunds or account?? If "Yes," complete Schedule D, Part II 6 X 7 X 8 Did the organization receive on bid a conservation funding easements to preserve open space. 7 X 8 Did the organization market on bid a conservation counting asserts in unitian collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for sacrow or caustodial account liability, same as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit lengh, or debt negation services? 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 120; H '19, s." complete Schedule D, Part V 111 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If '19, 'cs, 'compl	4			v	
similar amounts as defined in Rev. Proc. 98-197. #"Yes," complete Schedule C, Part II 5 X 0 Did the organization maintain any doore advised tunds or any similar funds or accounts? If if Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain ease, or historic structures? If Yes, "complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yres, "complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yres, "complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? If Yres, "complete Schedule D, Part IV 9 X 10 Did the organization exports or any of the following questions is 'Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 120; Hr Yes, "complete Schedule D, Part V 11 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167; Hr Yes, "complete Schedule D, Part V 11 X 13 Did the organization report an amount for land, buildings in Part X, line 120; Hr Yes, "complete Schedule D, Part X	-		4	~	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment in adving assements to preserve oren space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 7 X X 8 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization means collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 the securities in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 9 Did the organization report an amount for land; buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 10 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X 11 X 10 Did the organization size of Pi II "Y	5		-		v
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the environment, historic land areas, or historic structures? If 'Yes, "complete Schedule D, Part II	7		•		<u></u>
 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? <i>I</i>, "Yes," complete Schedule D, Part III Bit the organization organization organization 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 dobt negotiation services? I' Yes, "complete Schedule D, Part V Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? <i>II</i> 'Yes," complete Schedule D, Part V Did the organization report an amount for lows guestions is "Yes," then complete Schedule D, Part V, VII, VII, IX, or X, as applicable. Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> 'Yes," complete Schedule D, Part V 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? <i>II</i> 'Yes," complete Schedule D, Part VI Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes," complete Schedule D, Part X Did the organization report an amount for other labilities in Part X, line 25? <i>II</i> 'Yes," complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year' <i>II</i> 'Yes," complete Schedule D, Part X Did the organization solution separate, independent audited financial statements for the tax year? 'Yes," and <i>III</i> organization answerd 'Wo' 'to 'to 'to 'to 'to 'to 'to 'to 'to '	'		-		x
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amounts not listed in Part X, or provide credit counseling, debt management, or debt negotiation services? y X If "Yes," complete Schedule D, Part IV 10 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? (#'Yes," complete Schedule D, Part V 10 X a Did the organization, encore 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 167 (#'Yes," complete Schedule D, Part VII 11a X 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 167 (#'Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 (# 'Yes," complete Schedule D, Part VII 11e X d Did the organization report an amount for investments - program related in Part X, line 167 (# 'Yes," complete Schedule D, Part VII 11e X d Did the organization separate or consolidated financial statements for the tax year include a control that addresses the organization organization method and anosol statements for the tax year? 11e X 12a Did the organization asperate or consolidated, independent audited financial statements for the tax year? 11e X 13	٩				- 21
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or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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 H 20a X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 			14b		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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 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			
 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>			15		X
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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	19				
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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					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		<u> </u>
	21			77	
332003 12-21-23 Form 990 (2023)					

332003 12-21-23

Form	990	(2023)	
	000		

Form	990 (2023) POWER TO DECIDE 52-1974	611	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		v	
04-	Schedule J	23	X	<u> </u>
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	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		<u> </u>
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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			37
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		XX
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 23	<u> </u>
54	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 80			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)

	990 (2023) POWER TO DECIDE 52-1974	611	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
Lu	filed for the calendar year ending with or within the year covered by this return 2a 47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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? N/A			
9		8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N / λ	40		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
U	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.	<u>Ге</u>	990	(0000)
332005	Б 12-21-23 Б	FOLU	1990	(2023)

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ı a	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" ı	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	-		
	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 1b 12	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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	X	
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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	
	Other officers or key employees of the organization	15b		X
	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		x
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	ble
	for public inspection. Indicate how you made these available. Check all that apply.	, only)	avana	010
	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	finan	rial	
1.0	statements available to the public during the tax year.	a 111 101 10	JICI	
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	TALE THE DATHE ADDRESS AND TELEDITORE DUTIDED OF THE DECOLOWING DOSSESSES THE OTOADIZATION S DOOKS AND FECOROS			
20				
20	MARILYN AYRES - (202)478-8500			
		[em:	990	(000)

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	X
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
12. Complete this table for all percents required to be listed. Report compensation for the calendar year ending with or within the organization's ta	v voar

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."

POWER TO DECIDE

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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.

Form 990 (2023)

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position		Position t check more than one		ne	Reportable	Reportable	Estimated
	hours per	box, unless		box, unless person is both an officer and a director/trustee)			an	compensation	compensation	amount of
	week					ector/trustee)		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	L	1033-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RAEGAN MCDONALD-MOSLEY	40.00	_	-							
CHIEF EXECUTIVE OFFICER		Х		Х				385,884.	0.	37,352.
(2) GILLIAN SEALY	40.00									
CHIEF OF STAFF					Х			297,930.	0.	34,365.
(3) JENNIFER JOHNSON	40.00									
VP, DIGITAL & EDUCATION PROGRAMS						X		201,925.	0.	21,985.
(4) MARILYN AYRES	40.00									
CHIEF FINANCIAL OFFICER				X				197,317.	0.	25,654.
(5) WILLIAM ALBERT	40.00									
SENIOR DIRECTOR, CONTENT						X		188,385.	0.	33,197.
(6) RACHEL FEY	40.00							1.50.101		4
VP, POLICY & STRAT. PARTNERSHIPS	40.00					X		169,124.	0.	17,766.
(7) KIMBERLIE BURKE	40.00							140.000	0	16 100
SENIOR DIRECTOR, PEOPLE & CULTURE	40.00					X		148,073.	0.	16,133.
(8) CASEY RONCORONI	40.00					x		140 520	0	10 016
VICE PRESIDENT, DEVELOPMENT (9) MARK PRINGLE (SEE SCHED O)	1 00					A		148,530.	0.	12,216.
EXEC. ASST. & BRD SEC. (END 12/23)	1.00			x				70,724.	0.	9,295.
(10) VINCENT GUILAMO-RAMOS	1.00		-	<u> </u>				/0,/24.	0.	9,295.
CHAIR	1.00	x		x				0.	0.	0.
(11) BRUCE KUHLIK	1.00							0.	0.	0.
VICE-CHAIR	1.00	х		x				0.	0.	0.
(12) VICKI SHEPARD	1.00									<u>.</u>
TREASURER		x		x				0.	0.	0.
(13) FOREST ALTON	1.00									
DIRECTOR		x						0.	0.	0.
(14) CHRIS BRANDT	1.00									
DIRECTOR		х						0.	Ο.	0.
(15) CHARLES W. DENT	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CRAIG ERWICH	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SARAH JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

7

332007 12-21-23

Form 990 (2023)

52-1974611 Page 7

Form 990 (2023) POWER TO	DECIDE								52-19	746	511	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	Hig	ghest	C	ompensated Employee	s (continued)			
(A)	(B) (C)						(D)	(E)		(F)	
Name and title	Average Position (do not check more than one					ne	Reportable	Reportable		Estim		
	hours per week					s both r/truste		compensation	compensation	L	amou	
	(list any						,0)	from the	from related		oth	
	hours for	direct				-		organization	organizations (W-2/1099-MISC	2/	compen from	
	related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	"	organiz	
	organizations	trust	al tru		yee	om pe		1099-NEC)	,		and re	
	below	Individual trustee or director	Institutional trustee	cer	ƙey employee	Highest compensated employee	ner				organiz	ations
	line)	Indi	Insti	Officer	Key	High emp	Former			\rightarrow		
(18) TAMANDRA MORGAN	1.00											•
DIRECTOR (BEG. 04/23)	1 0 0	X						0.		0.		0.
(19) LAUREN POWELL	1.00							0				0
DIRECTOR (BEG. 04/23)	1 0 0	Х						0.		0.		0.
(20) KIAH WILLIAMS	1.00							0		<u> </u>		0
DIRECTOR (21) KIMBERLYDAWN WISDOM	1.00	Х						0.		0.		0.
DIRECTOR	1.00	x						0.		0.		0.
(22) IVAN JUZANG	1.00	~						0.		••		0.
DIRECTOR (UNTIL 04/23)	1.00	x						0.		0.		0.
(23) GERALYNN RITTER	1.00									<u> </u>		
DIRECTOR (UNTIL 11/23)		x						0.		0.		0.
		1										
										-		
		1										
1b Subtotal								1,807,892.		0.	207,	963.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,807,892.		0.	207,	<u>963.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) whc	o re	eceived more than \$100,	000 of reportable			. –
compensation from the organization												17
										E.	Ye	s No
3 Did the organization list any former officer,				•	-			• •	•			37
line 1a? If "Yes," complete Schedule J for s										··· -	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,		•							···	4 X	·
5 Did any person listed on line 1a receive or a					-			-			5	x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich p	berso	<u></u>					5	
1 Complete this table for your five highest co	mpensated inc		nder	nt co	ntra	octors	e th	nat received more than \$	100 000 of compe	neati	on from	
the organization. Report compensation for	-									/iioati		
(A)	ine calendar ye		- Tom	ig m			Τ	(B)		-	(C)	
Name and business	address							Description of s	ervices	Co	ompensa	tion
NITID BIT, LLC, 855 FOLSC	N STREE	т,	A	ΡТ								
901, SAN FRANCISCO, CA 94	107							WEB DEVELOPM	ENT	1,	,595,	571.
CITIZENS TECH COLLABORATI	VE							UX DESIGN & N	WEB			
26 3RD ST, APT 1R, BROOKL								SERVICES			858,	399.
CHILD TRENDS, INC., 12300		00	K	PKV	ΝY	,						
#235, ROCKVILLE, MD 20852							_	EVALUATION S	ERVICES		277,	605.
ALEXANDRA GONZALEZ			_	• • •		_		EVALUATION &			1	
8740 PRESTON PLACE, CHEVY	CHASE,	M	D	208	81	5	-	ANALYTICS			120,	000.
MARISA NIGHTINGALE								COMMUNICATIO	N 5 &			

 3930
 MCKINLEY
 ST,
 NW,
 WASHINGTON,
 DC
 20015
 ENTERTAINMENT

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 6

111,872.

332008 12-21-23

ar	t VIII	_								
		Check if Schedule O o	conta	ains a respon	ise (or note to any line		(D)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Ĭ	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
Ē	е	Government grants (contri	ibuti	ons) 1e		891,203.				
5	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	abov	/e 1f		7,042,034.				
D D	g	Noncash contributions included in	lines ⁻	la-1f 1g \$		2,400,210.				
an	h	Total. Add lines 1a-1f					7,933,237.			
						Business Code				
	2 4	CONSULTING REVENUE			_	900099	212,253.	,		
P	b	TRAINING REVENUE		900099	42,350.	42,350.				
/ent	c				_					
Kevenue	d				_					
	e				_					
		All other program service					254,603.			
+	<u>y</u> 3	Total. Add lines 2a-2f Investment income (includ					201,000.			
	5		Ũ			si, anu	655,547.			655,5
	4	Income from investment o								
	5	Royalties			73,689.			73,6		
	Ū		<u> </u>	(i) Real		(ii) Personal	,			,
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7 a	Gross amount from sales of		(i) Securitie	es	(ii) Other				
		assets other than inventory	7a	20,222,65	52.					
	b	Less: cost or other basis								
		and sales expenses		21,471,94		27,299.				
	С	Gain or (loss)	7c	-1,249,28	38.	-27,299.				
		Net gain or (loss)					-1,276,587.			-12765
	8 a	Gross income from fundraisin								
'		including \$								
		contributions reported on		· ·	•					
	b	Part IV, line 18 Less: direct expenses			8a 8b					
		Net income or (loss) from								
		Gross income from gamin		-	.5					
	υu	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, I		- 1						
		and allowances			10a	35,162.				
	b	Less: cost of goods sold			10b	28,003.				
		Net income or (loss) from			/		7,159.	7,159.		
Γ						Business Code				
Kevenue	11 a	OTHER			_	900099	2,714.			2,7
nue	b				_					
eve	с				_					
ľ		All other revenue								
	е	Total. Add lines 11a-11d					2,714.			
	12	Total revenue. See instruction	ne				7,650,362.	261,762.	0.	-544,6

2023.03040 POWER TO DECIDE

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

	Check if Schedule O contains a respon nclude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to domestic organizations		0,001303	general expenses	0,001363
	domestic governments. See Part IV, line 21	305,502.	305,502.		
	ints and other assistance to domestic				
	viduals. See Part IV, line 22	180,230.	180,230.		
	nts and other assistance to foreign				
	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	npensation of current officers, directors,				
	stees, and key employees	1,058,521.	656,022.	305,020.	97,479
	pensation not included above to disqualified		-		-
	sons (as defined under section 4958(f)(1)) and				
-	sons described in section 4958(c)(3)(B)				
	er salaries and wages	3,581,684.	3,206,987.	166,088.	208,609
	sion plan accruals and contributions (include			·	•
	ion 401(k) and 403(b) employer contributions)	170,041.	152,873.	7,294.	9,874
	er employee benefits	241,193.	212,590.	13,900.	<u>9,874</u> 14,703
	roll taxes	336,956.	282,060.	32,839.	22,05
	s for services (nonemployees):		·	,	•
	nagement				
	jal				
	counting	49,843.	38,433.	9,635.	1,775
	bying				
	fessional fundraising services. See Part IV, line 17	18,570.			18,570
	estment management fees	57,354.		57,354.	
	er. (If line 11g amount exceeds 10% of line 25,	-			
-	Imn (A), amount, list line 11g expenses on Sch 0.)	2,052,419.	1,965,884.	76,235.	10,300
	vertising and promotion	567,345.	565,204.	1,123.	1,018
	ce expenses	92,837.	73,430.	7,192.	12,21
	prmation technology	1,976,171.	1,925,525.	11,819.	38,827
	/alties				
	cupancy	347,982.	264,599.	68,537.	14,840
7 Trav		234,712.	205,262.	21,934.	7,510
	ments of travel or entertainment expenses	-	-		-
,	any federal, state, or local public officials				
	nferences, conventions, and meetings	132,677.	109,717.	16,752.	6,208
	erest				
1 Pay	ments to affiliates				
	preciation, depletion, and amortization	21,324.	16,156.	4,243.	925
	urance	73,310.	60,791.	9,968.	2,551
4 Othe	er expenses. Itemize expenses not covered				
abov	ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25. column (A).				
	punt, list line 24e expenses on Schedule O.)				
	MBERSHIP DUES	29,737.	23,832.	5,905.	
ь BO	OKS, SUBS, REFERENCES	28,567.	28,039.	125.	403
	OF. DEVELOPMENT	23,680.	11,293.	11,591.	796
	YROLL SERVICE FEES	14,149.	13,431.	521.	19'
	other expenses	2,984.	1,522.	383.	1,079
	al functional expenses. Add lines 1 through 24e	11,597,788.	10,299,382.	828,458.	469,94
	it costs. Complete this line only if the organization		,,	- ,	· · · · · · · · ·
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
	ck here following SOP 98-2 (ASC 958-720)				

332010 12-21-23

Form 990 (2023)

Form 990 (2023)

Part X Balance Sheet

		Check it Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			555,385.	1	264,038.
	2	Savings and temporary cash investments	4,978,285.	2	6,362,980.		
	3	Pledges and grants receivable, net	1,806,531.	3	820,416.		
	4	Accounts receivable, net			71,974.	4	102,409.
	5	Loans and other receivables from any current or			· ·		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			58,514.	8	41,058.
As	9	_			73,487.	9	97,977.
	10a	Land, buildings, and equipment: cost or other			· ·		
		basis. Complete Part VI of Schedule D	10a	6,400.			
	b	Less: accumulated depreciation		6,400. 1,946.	46,677.	10c	4,454.
	11	Investments - publicly traded securities	14,369,548.	11	13,167,002.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	77,873.	15	907,971.		
	16	Total assets. Add lines 1 through 15 (must equa			22,038,274.	16	21,768,305.
	17	Accounts payable and accrued expenses		628,162.	17	1,174,314.	
	18	Grants payable		18			
	19	Deferred revenue		241,221.	19	188,682.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ş	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			82,021.	25	973,457.
	26	Total liabilities. Add lines 17 through 25			951,404.	26	2,336,453.
6		Organizations that follow FASB ASC 958, che	ck here	e X			
Ce		and complete lines 27, 28, 32, and 33.			12 640 202		12 615 064
alan	27				13,640,393.	27	13,615,064.
В	28			·····	7,446,477.	28	5,816,788.
un		Organizations that do not follow FASB ASC 95	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq		Г		30	
at A	31	Retained earnings, endowment, accumulated inc		Г	21 096 070	31	10 /31 050
ž	32				21,086,870. 22,038,274.	32	<u>19,431,852.</u> 21,768,305.
	33	Total liabilities and net assets/fund balances			44,030,4/4.	33	ZI,/00,303.

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

52-1974611 Page 11

Form **990** (2023)

Form	1990 (2023) POWER TO DECIDE	52	-1974611	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,59		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,94'	7,4	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,08	5,8	70.
5	Net unrealized gains (losses) on investments	5	2,292	2,4	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	19,43	1,8	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	0.			
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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	┝───
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X	

Form **990** (2023)

SCHEDULE A	١
------------	---

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Employer identification number

	POWER TO DECIDE	52-1974611
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions	S.
The organi	zation is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	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).	
4	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:	
5	An organization operated for the benefit of a college or university owned or operated by a governmental un	nit described in
	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).	
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from th	e general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	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
	university:	
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membershi	p 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 а 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 b 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, С 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) d 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.

f Enter the number of supported organizations

Provide the following information about the supported organization(s). g (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2023

Sobodulo A	(Earm	000	2002
Schedule A		990)	2023

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.)

Sec	ction A. Public Support					-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	7312993.	3810505.	3908498.	10839754.	7933237.	33804987.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
	Total. Add lines 1 through 3	7312993.	3810505.	3908498.	10839754.	7933237.	33804987.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						12070000			
	column (f)						13079896.			
	Public support. Subtract line 5 from line 4.						20725091.			
		(-) 0010	(1-) 0000	(-) 0001	(.1) 0000	(-) 0000	(0) Tabal			
	ndar year (or fiscal year beginning in)	(a) 2019 7312993.	(b) 2020 3810505.	(c) 2021	(d) 2022 10839754.	(e) 2023	(f) Total 33804987.			
	Amounts from line 4	1312995.	20102020	5900490.	10039734.	1955251.	550049071			
0	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	769,948.	858 / 95	542,452.	584,841.	729,236.	3484972.			
•	and income from similar sources	709,940.	050,495.	J42,4J2.	504,041.	129,230.	5404972.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital assets (Explain in Part VI.)	2,194.		140.		2,714.	5,048.			
44	Total support. Add lines 7 through 10	2,1940		110.		2,714.	37295007.			
	Gross receipts from related activities,	etc. (see instructio	ne)			12 6	,277,753.			
	First 5 years. If the Form 990 is for th	,	,				/2////000			
.0	organization, check this box and stor	-								
Sec	ction C. Computation of Publi									
	Public support percentage for 2023 (I			olumn (f))		14	55.57 %			
	Public support percentage from 2022		-			15	55.91 %			
	33 1/3% support test - 2023. If the o					ore, check this bo				
	stop here. The organization qualifies						37			
b	stop here. The organization qualifies as a publicly supported organization Image: Lagran constraints b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual									
17a	7a 10% -facts-and-circumstances test - 2023. 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									
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar					
						Schedule A	(Form 990) 2023			

332022 12-21-23

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.)

Section A. Public Support					_	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
					<u></u>	
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If th						line 17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	inis box and see in		
332023 12-21-23		15	5		Sched	dule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

332024 12-21-23

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	(Form 990) 2023			DECIDE
Part IV	Supporting Orga	nizations (co	ntinu	ed)

1

2

Yes No

			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		
с	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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(a) that operated supervised or controlled the supporting organization?	

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

Section C. T	ype II Supporting Organizations	

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).

Section 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaiea<i>ieaieaieaiea<i>iea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaa<i>iaaiaaiaa<i>iaaiaaiaaiaa<i>iaaaaa<i>iaaaaaa<i>aaaaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- a 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 governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.**

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.*

Schedule A (Form 990) 2023

Yes No

332025 12-21-23

Sche	dule A (Form 990) 2023 POWER TO DECIDE			52-1974611 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
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-function	ally integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

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Schedule A (Form 990) 2023

POWER TO DECIDE

52-1974611 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - D	rovide 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 t	he organization is responsive)		
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			T	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	POWER TO	DECIDE		52-1974611 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c, , lines 2 and 3; Parl	5a, 6, 9a, 9b, 9c, 11a, 1 IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 17a 1b, and 11c; Part IV, Section B, lines 2a, 2b, 3a, and 3b; Part V, line 1; Par Also complete this part for any addit	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(See instructions.)	. ,			
332028 12-21-2	3		20		Schedule A (Form 990) 2023

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

52-1974611

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

POWER TO DECIDE

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

X 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

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).

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

Schedule B (Form 990) (2023)

POWER	TO DECIDE	52	-1974611
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>2,400,210.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>891,203.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>838,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>804,950.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>800,000.</u>	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
6		\$686,203.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

Name of organization

Employer identification number

52-1974611

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OWER	TO DECIDE	52	2-1974611
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f 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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

Employer identification number

Page **2**

23 2023.03040 POWER TO DECIDE

14400429 745960 26891

	B (Form 990) (2023)			Page 3
Name of o	rganization		Employ	ver identification number
POWER	TO DECIDE		52	-1974611
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	PUBLICLY TRADED SECURITIES			
1		\$2,400,2	<u>10.</u>	_11/16/23_
(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
		\$		

lame of o	rganization				Employer identification number
OWER	TO DECIDE				52-1974611
Part III		through (e) and the following li charitable, etc., contributions of \$1,0	ne entry. For ora	anizations	at total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I					
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of trar	nsferor to transferee
3454 12-26	-23				Schedule B (Form 990) (202

SCHEDULE C	;
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Department of the Treasury

Internal Revenue Service

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	ne of organization				Emplo	oyer identification number
		O DECIDE				52-1974611
Pa	rt I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 52	?7 org	janization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	rt I-B Complete if the org	anization is exempt under	r section 501(c)(3)	-		
	Enter the amount of any excise tax Enter the amount of any excise tax					
	If the organization incurred a section					
	Was a correction made? If "Yes," describe in Part IV.					
_	rt I-C Complete if the org	anization is exempt under	section 501(c). e	except section 5	601(c)	(3).
1	Enter the amount directly expended	•		-	. ,	()
	Enter the amount of the filing organ				+	
-	exempt function activities		0		\$	
3	Total exempt function expenditures				•	
	line 17b		,		\$	
4	Did the filing organization file Form					
	Enter the names, addresses, and er					
	made payments. For each organizat			-		
	contributions received that were pro	omptly and directly delivered to a s	separate political organ	ization, such as a se	eparate	segregated fund or a
	political action committee (PAC). If a	additional space is needed, provid	e information in Part IV	<i>I</i> .		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Schedule C (Form 990) 2023	POWER TO DE	CIDE			974611 Page 2				
Part II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under				
section 501(h)).									
•••	U U	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
	e of excess lobbying	• •							
B Check if the filing organiza	tion checked box A ai	nd "limited control" pro	visions apply.	(a) Filing	(b) Affiliated group				
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)								
				totals 7,417.					
1a Total lobbying expenditures to influe				74,693.					
 b Total lobbying expenditures to influe a Total lobbying expenditures (add line) 				82,110.					
 c Total lobbying expenditures (add lin d Other exempt purpose expenditure 				11,439,754.					
 d Other exempt purpose expenditure e Total exempt purpose expenditures 				11,521,864.					
f Lobbying nontaxable amount. Enter				726,093.					
If the amount on line 1e, column (a) o		bying nontaxable am		120,000					
not over \$500,000,	• • •	the amount on line 1e.							
over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500 000						
over \$1,000,000 but not over \$1,50	· · · · · · · · · · · · · · · · · · ·	00 plus 10% of the exce	· _ /						
over \$1,500,000 but not over \$17,0		00 plus 5% of the exces							
over \$17,000,000,	\$1,000,								
g Grassroots nontaxable amount (en				181,523.					
h Subtract line 1g from line 1a. If zero				0.					
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.					
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	tion file Form 4720						
reporting section 4911 tax for this	year?	-			Yes No				
	4-Year Ave	eraging Period Under	Section 501(h)						
(Some organizations the second s		01(h) election do not l ate instructions for lin	•	of the five columns be	low.				
	Lobbying Expe	nditures During 4-Yea	r Averaging Period	-					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a Lobbying nontaxable amount	577,908.	592,943.	663,475.	726,093.	2,560,419.				
b Lobbying ceiling amount (150% of line 2a, column(e))					3,840,629.				
c Total lobbying expenditures	72,848.	85,826.	86,800.	82,110.	327,584.				
d Grassroots nontaxable amount	144,477.	148,236.	165,869.	181,523.	640,105.				
e Grassroots ceiling amount (150% of line 2d, column (e))	·				960,158.				
f Grassroots lobbying expenditures	11,347.	10,401.	8,302.	7,417.	37,467.				

7,417. 37,467. Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
of the	lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements? Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

60	HEDULE D	Supplementa	al Financial S	Statements	\$		OMB No. 1545-0047
	1EDULE D n 990)		2023				
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 1 uttach to Form 990.	1e, 11f, 12a, or 12	b.		Open to Public
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form99		the latest informa	tion.		Inspection
Nam	e of the organizati						r identification number $52 - 1974611$
Par	t I Organiza	POWER TO DECIDE ations Maintaining Donor Advise	d Funds or Other	Similar Funds	or Ac		
. ai		n answered "Yes" on Form 990, Part IV, lin				oountor	
	-		(a) Donor advi	sed funds	(b) Funds an	d other accounts
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	•	on inform all donors and donor advisors in	•				
	are the organization	on's property, subject to the organization's	exclusive legal control	?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that g	grant funds can be u	used or	nly	
		oses and not for the benefit of the donor o	,	, , ,		0	
Par		ate benefit?					Yes No
		ation Easements. Complete if the or			Part IV,	line 7.	
1		servation easements held by the organization of land for public use (for example, recrea	· · · ·	<u></u>	a hiata	rically impo	rtant land area
		f natural habitat		Preservation of Preservation of			
		n of open space	L		acertii	ieu nistoric	Structure
2		through 2d if the organization held a qualit	fied conservation contr	ibution in the form a	of a cor	servation e	asement on the last
-	day of the tax year						at the End of the Tax Year
а		onservation easements				2a	
b						2b	
с	e e	vation easements on a certified historic stru				2c	
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006				
	on a historic struc	ture listed in the National Register	• · · · · · · · · · · · · · · · · · · ·			2d	
3		vation easements modified, transferred, rel				ation during	g the tax
	year						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					
		orcement of the conservation easements it					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations,	and enforcing cons	ervatior	n easement	s during the year
7	Amount of overage		lling of violations and	onforming concernat		amanta duu	ing the year
7	Amount of expens	es incurred in monitoring, inspecting, hanc	and got violations, and g	eniorcing conservat	.1011 eas		ing the year
8	Does each conser	 vation easement reported on line 2d above	satisfy the requiremen	ts of section 170(h)	(4)(B)(i)		
)(4)(B)(ii)?					Yes No
9		be how the organization reports conservation					
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization	n's financial stateme	ents tha	t describes	the
_		ounting for conservation easements.	· · · · · · · ·				-
Par		ations Maintaining Collections of		easures, or Ot	her Si	milar As	sets.
		f the organization answered "Yes" on Form					
1 a	•	elected, as permitted under FASB ASC 95	•				
		easures, or other similar assets held for put				ce of public	
L	· •	Part XIII the text of the footnote to its finar				aboot	o of
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public ing amounts relating to these items.	ENHIDITION, EUUCATION,	or research in jurin	erance		51 VICE,
	-	ded on Form 990, Part VIII, line 1				\$	
2		received or held works of art, historical tre				Ψ <u></u> rovide	
-		unts required to be reported under FASB A			3, P		
а	-	on Form 990, Part VIII, line 1	-			\$	
		Form 990, Part X					

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

Schedule D (Form 990) 2023

14400429 745960 26891

Sche		O DECIDE						52-19			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other S	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	make sigr	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how t	hey further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or othe	er similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the	e organizatior	n answered "`	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi	•	-						Yes	_	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟			
5		and complete the lo	lowing	lable.					Amoun	t	
с	Beginning balance						1c		,	-	
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-		······			7
Par										-	
	•	(a) Current year		Prior year	(c) Two year		d) Three ye	ears back	(e) Four	' years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation th	at are held ar	nd administer	ed for the					
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part I			, Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	cumulate eciation	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				6,400.		1,94	6.		4,4	54.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line	10c. column	<i>(B</i>))					4,4	54.
								Schedule	D (Forn	n 990)) 2023

14400429 745960 26891

(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	1		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
		(c) method of valuation. Cost of end	or your market value
(1)	+		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities Complete if the organization answered "Yes"	on Form QQ0 Part IV line	11e or 11f See Form QQA Dart V line 25	
	OITFOITT 990, Fait IV, IIIe	The of Th. See Form 990, Fart A, line 23.	(b) Book value
			(b) BOOK value
(1) Federal income taxes			070 / 57
(2) OPERATING LEASE LIABILITY			973,457
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			973,457

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 POWER TO DECIDE			52-	1974611 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	11,104,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	2,292,408.		
b	Donated services and use of facilities	2b	1,191,483.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		28,003.		
е	Add lines 2a through 2d			2e	3,511,894.
3	Subtract line 2e from line 1			3	7,593,008.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	57,354.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	57,354. 7,650,362.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,650,362.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per I	Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	12,759,920.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	1,191,483.	-	
b	Prior year adjustments	. 2b		-	
с	Other losses	2c		-	
d	Other (Describe in Part XIII.)	. 2d	28,003.		
е	Add lines 2a through 2d			2e	1,219,486.
3	Subtract line 2e from line 1			3	11,540,434.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	57,354.	-	
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	57,354.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,597,788.
<u> </u>	t XIII Supplemental Information			J	==/05///000

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART	XI,	LINE	2D	_	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE AUDITED

28,003.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM

990, PART VIII, LINE 10B.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE AUDITED

28,003.

FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM

990, PART VIII, LINE 10B.

332054 09-28-23

Part Am Supplemental mornation (continued)	

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	[°] 2023					
Department of the Treasury		Attach to Form 990 of	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	ne latest informatio	n.		Inspection
Name of the organization								entification number
		O DECIDE					52-197	
	complete this part	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
 a X Mail solicitation b X Internet and c X Phone solicitation d X In-person solicitation 2 a Did the organization key employees listing b If "Yes," list the 1000 	tions I email solicitations itations olicitations on have a written c ted in Form 990, P	f X Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
APERIO PHILANTHROP	Y, LLC -		Yes	No				
175 PEARL ST, 1ST FL, #55,		FUNDRAISING CONSULTANT		X	0.		15,000	15,000.
Total			<u></u>				15,000	15,000.
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY DC

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

				-EZ, lines 1 and 6b. List		13 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
۳						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect Ex	7	Food and beverages				
		Entertainment				
		Direct expense summary. Add lines 4 through				
Da	11 rt	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization		n 000. Dart IV/ line 10. ar		
10		\$15,000 on Form 990-EZ, line 6a.	answered res on For	11990, Part IV, line 19, or	reported more than	
anue		·····		(b) Pull tabs/instant		
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
Direct Expenses Reve	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	 Yes% No	bingo/progressive bingo	% % No	
	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Schedule G (Form 990) 2023	POWER	TO I	DECIDE	<u> </u>	.974611	Page 3
11 Does the organization co	onduct gaming activitie	es with ı	onmembers?		Yes	No
12 Is the organization a gra	ntor, beneficiary or tru	stee of a	trust, or a member of a partnership or othe	er entity formed		
to administer charitable	gaming?				Yes	No No
13 Indicate the percentage	of gaming activity con	ducted	n:			
					13a	%
					13b	%
14 Enter the name and add	ress of the person who	o prepar	es the organization's gaming/special events	books and records:		
News						
Name						
Address						
Address						
15a Does the organization ha	ave a contract with a t	hird par	y from whom the organization receives gam	ning revenue?	Yes	No No
5			5 5	0		
b If "Yes," enter the amound	nt of gaming revenue r	received	by the organization \$	and the amount		
of gaming revenue retair	ned by the third party	\$				
c If "Yes," enter name and	address of the third p	oarty:				
Name						
Address						
16 Gaming manager inform	ation					
16 Gaming manager inform	allon.					
Name						
Gaming manager compe	ensation \$					
Description of services p	provided					
Director/officer		yee	Independent contractor			
17 Mandatory distributions:						
•		make c	aritable distributions from the gaming proc	eeds to		
-			3		Yes	No No
			aw to be distributed to other exempt organ			
organization's own exem						
			e explanations required by Part I, line 2b, c		t III, lines 9, 9	9b, 10b,
15b, 15c, 16, an	d 17b, as applicable.	Also pro	vide any additional information. See instruct	tions.		
		т. т.			ı.	
SCHEDULE G, PAR	T I, LINE Z	в, 1	IST OF TEN HIGHEST PAI	LD FUNDRAISERS	5:	
(I) NAME OF FUN	DRAISER: AP	ERIC	PHILANTHROPY, LLC			
			-			
(I) ADDRESS OF	FUNDRAISER:	175	PEARL ST, 1ST FL, #55	5, BROOKLYN, N	IY 112	01
332083 09-13-23				Sched	ule G (Form	990) 2023

	Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Compl	ete if the organizatio Go to www.irs	n answered "Yes" Attach to Form s.gov/Form990 for	n 990.			CUCJ Open to Public Inspection
Name of the organization							Employer identification number
POWER TO Part I General Information on Grants a							52-1974611
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	o substantiate the stance?	-			-		
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APPALSHOP, INC. 91 MADISON AVENUE WHITESBURG, KY 41858	61-0890210	501(C)(3)	105,600.	0.			ALL ACCESS EASTERN KENTUCKY PROJECT
MYHEALTHED, INC. 223 KIRKWOOD DRIVE CHAPEL HILL, NC 27514	81-3615827	501(C)(3)	139,968.	0.			EVALUTION OF THE REAL TALK INTERVENTION FOR ADOLESCENT PREGNANCY PREVENTION
CHILD TRENDS, INC. 12300 TWINBROOK PARKWAY ROCKVILLE, MD 20852	13-2982969	501(C)(3)	49,134.	0.			RIGOROUS EVALUATION OF LET'S TALK BIRTH CONTROL
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 		•	l e line 1 table				<u> </u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

POWER TO DECIDE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

BENEFITS	1250	0.	180,230.		COUPONS FOR CONTRACEPTIVES/GIFT CARDS FOR CONTRACEPTIVES AND TRAVEL
BENEFITS	1250	0.	180,230.		
BENEFITS	1250	0.	180,230.	COST	CONTRACEPTIVES AND TRAVEL
art IV Supplemental Information. Provide the information required in	<u> </u>				<u> </u>

PART I, LINE 2:

GRANTS ARE AWARDED EITHER BASED ON INTERNAL STAFF EXPERISE IN THE FIELD OR

THROUGH A COMPETITIVE, PEER REVIEWED PROCESS. POWER TO DECIDE MONITORS

GRANT RECEIPIENTS TO ENSURE SUBSTANTIVE PROGRAMATIC PROGRESS ON GRANT

OBJECTIVES THROUGH REGULAR CALLS AND MEETINGS. WHERE REQUIRED, GRANTEE

FINANCIAL REPORTS OR FINANCIAL ATTESTATIONS ARE REVIEWED TO CONFIRM THAT

FUNDS HAVE BEEN EXPENDED AS AGREED IN THE AWARD DOCUMENT.

SCHE	DULE J	Compensation Information	I	OMB No. 1	1545-00	47
(Form		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	
	-	Compensated Employees		20	Z J)
Doportmo	nt of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	evenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name o	of the organization		Employer i			mber
		POWER TO DECIDE	52-1	97461	1	
Part	I Question:	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Pa		line 1a. Complete Part III to provide any relevant information regarding these items.				
	_ First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	_ Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
tru	istees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Inc	dicato which if ar	y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.	51110			
	_	ompensation consultant IX Compensation survey or study				
		ther organizations \boxed{X} Approval by the board or compensation of	ommittee			
			ommittee			
4 Du	uring the vear. did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
		lated organization:				
	•	e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?				X
c Pa	articipate in or rec	eive payment from an equity-based compensation arrangement?		10		X
lf '	"Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Or	nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 Fo	or persons listed c	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
со	ntingent on the re	evenues of:				
a Th	e organization?			5a		X
b An	ny related organiz	ation?		5 b		X
		r 5b, describe in Part III.				
6 Fo	or persons listed c	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	ntingent on the n	5				
						X
		ation?		6b		X
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7	Х	──
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	10			
				8		X
	-	d the organization also follow the rebuttable presumption procedure described in				
	gulations section					
For Pap	perwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990) 2023

14400429 745960 26891

52-1974611

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) RAEGAN MCDONALD-MOSLEY	(i)	335,884.	50,000.	0.	19,800.	17,552.	423,236.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GILLIAN SEALY	(i)	297,930.	0.	0.	18,693.	15,672.	332,295.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER JOHNSON	(i)	201,425.	500.	0.	12,541.	9,444.	223,910.	0.
VP, DIGITAL & EDUCATION PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARILYN AYRES	(i)	192,017.	5,300.	0.	12,035.	13,619.	222,971.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM ALBERT	(i)	188,385.	0.	0.	12,294.	20,903.	221,582.	0.
SENIOR DIRECTOR, CONTENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RACHEL FEY	(i)	169,124.	0.	0.	10,256.	7,510.	186,890.	0.
VP, POLICY & STRAT. PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KIMBERLIE BURKE	(i)	145,073.	3,000.	0.	8,978.	7,155.	164,206.	0.
SENIOR DIRECTOR, PEOPLE & CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CASEY RONCORONI	(i)	148,530.	0.	0.	5,667.	6,549.	160,746.	0.
VICE PRESIDENT, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 7:

THE FOLLOWING EMPLOYEES RECEIVED BONUS PAYMENTS:

- RAEGAN MCDONALD-MOSLEY \$50,000 (MERIT BASED)
- JENNIFER JOHNSON \$500 (5 YEAR ANNIVERSARY)
- MARILYN AYRES \$5,300 (5 YEAR ANNIVERSARY AND MERIT BASED)
- KIMBERLIE BURKE \$3,000 (MERIT BASED)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

Complete	e if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
	Attach to Form 990.
Go	to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection		
Employer identification number			
5	2-1974611		

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Name of the organization

POWER TO DECIDE

Par	ιı	ן עי	bes of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	termin	•	8
1	Δrt.	Works	of art				i, iirio rg				
2			ical treasures								
2			onal interests								
4			publications								
5			nd household goods								
6			ther vehicles								
7			planes								
8			property	x	1	2 400	21.0	T7 M T 7			
9			Publicly traded	<u> </u>	1	2,400,	, 210.	FMV			
10			Closely held stock								
11			Partnership, LLC, or								
			sts								
12			Miscellaneous								
13			onservation contribution -								
			uctures								
14			onservation contribution - Other \dots								
15			e - Residential								
16			- Commercial								
17			e - Other								
18			S								
19			tory								
20			medical supplies								
21											
22			urtifacts								
23			pecimens								
24	Arch	heologi	cal artifacts								
25	Oth	er ()								
26	Oth	er ()								
27	Oth	er ()								
28	Oth	er ()								
29			Forms 8283 received by the organiz	-							
	for \	which t	he organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29				
										Yes	No
30a	Duri	ing the	year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines	s 1 throug	h 28, that it			
	mus	st hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used f	or			
	exe	mpt pu	rposes for the entire holding period?	?					30a		X
b	lf "Y	′es," de	escribe the arrangement in Part II.								
31	Doe	es the o	rganization have a gift acceptance p	policy that re	equires the review o	of any nonstandard	contribut	ions?	31		Х
32a	Doe	es the o	rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				
	con	tributio	ns?						32a		Х
b	lf "Y	′es," de	escribe in Part II.								
33	lf th	e orgar	nization didn't report an amount in c	olumn (c) foi	a type of property	for which column	(a) is chec	ked,			
	des	cribe in	Part II.								

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 POWER TO DECIDE Part II Supplemental Information. Provide the in

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-1974611

POWER TO DECIDE

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

REPRODUCTIVE WELL-BEING FOR ALL.

POWER TO DECIDE SUPPORTS POPULATIONS WHO FACE UNIQUE AND OFTEN SYSTEMIC

BARRIERS TO ACHIEVING REPRODUCTIVE WELL-BEING, WITH A PARTICULAR FOCUS

ON ADOLESCENTS, YOUNG ADULTS, AND THOSE IN UNDERSERVED COMMUNITIES.

POWER TO DECIDE AFFECTS CHANGE THROUGH WORKING DIRECTLY WITH THEIR

PRIORITY POPULATIONS, AS WELL AS WITH THOSE WHO INFLUENCE AND IMPACT

REPRODUCTIVE WELL-BEING OF THEIR PRIORITY POPULATIONS, INCLUDING

PROVIDERS, POLICYMAKERS, RESEARCHERS, AND CHAMPIONS. POWER TO DECIDE

ACCOMPLISHES THIS BY PROVIDING TRUSTED INFORMATION, EXPANDING ACCESS TO

QUALITY SERVICES, AND CATALYZING CULTURE CHANGE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN-HOUSE EXPERTISE IN REPRODUCTIVE HEALTH, HEALTH BEHAVIOR CHANGE,

HEALTH EDUCATION AND HEALTH COMMUNICATIONS.

BEDSIDER PROVIDERS IS A DIGITAL PLATFORM THAT SERVES AS A COMPANION

SITE TO BEDSIDER AND ALLOWS POWER TO DECIDE THE ABILITY TO REACH AND

ENGAGE WITH PROVIDER AUDIENCES. THIS PLATFORM OFFERS HIGH-QUALITY,

EVIDENCE-INFORMED SEXUAL AND REPRODUCTIVE HEALTH CARE IN SUPPORT OF

PEOPLE'S REPRODUCTIVE WELL-BEING GOALS. WE EVALUATE, DISSEMINATE, AND

DEVELOP BEDSIDER CLINIC MATERIALS AND TOOLS IN ENGLISH, SPANISH AND

OTHER LANGUAGES.

ABORTIONFINDER.ORG, MAKES THE PROCESS OF WHERE AND HOW TO GET AN

ABORTION EASIER. TO THAT END, THE PLATFORM IS AN EASY-TO-USE SEARCH

 TOOL
 BUILT
 ON
 A
 DATABASE
 OF
 NEARLY
 800
 ABORTION
 PROVIDERS
 ACROSS
 THE

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23
 45

Schedule O (Form 990) 2023 Name of the organization POWER TO DECIDE	Page Employer identification number 52-1974611
COUNTRY, AS WELL AS ABORTION FUNDS, PRACTICAL SUPPORT ORGA	
AND OTHER RESOURCES TO SUPPORT ABORTION SEEKERS. OUR DATAP	
REGULARLY VERIFIED AND UPDATED BY STAFF AT PTD. OUR STATE-	
GUIDE WAS DEVELOPED TO PROVIDE INFORMATION ABOUT WHAT TO H	
STATE. ABORTIONFINDER.ORG IS AVAILABLE IN BOTH ENGLISH ANI	D SPANISH, AND
VIA TEXT MESSAGE SERVICES. ABORTIONFINDER.ORG HAD NEARLY 4	4.2 MILLION
VISITS IN 2024. UTILIZING THE SAME DATABASE, THE NAVIGATE	PLATFORM-A
CENTRALIZED DIGITAL TOOL FOR PATIENT NAVIGATORS ACROSS ORC	GANIZATIONS TO
USE FOR MAKING REFERRALS AND CONNECTING WITH OTHER PATIENT	NAVIGATORS.
THE GOALS OF NAVIGATE ARE TO HELP PATIENT NAVIGATORS REMOV	/E THE
BARRIERS ABORTION SEEKERS EXPERIENCE, TO EMPOWER NAVIGATOR	RS TO HELP
ABORTION SEEKERS QUICKLY AND EFFECTIVELY GET THE CARE AND	SUPPORT THEY
NEED, AND TO PROVIDE A SECURE, SHARED COMMUNITY SPACE THAT	F CAN
FACILITATE IMPROVED CARE COORDINATION ACROSS ORGANIZATIONS	5.
POWERTODECIDE.ORG WELCOMED NEARLY ONE MILLION VISITORS IN	2023. THE
WEBSITE SERVES AS A CLEARINGHOUSE OF INFORMATION ON THE OF	RGANIZATIONS
AND ITS MYRIAD INITIATIVES, PROVIDES CLEAR AND ACTIONABLE	RESEARCH,
PROVIDES THE LATEST RELEVANT INFORMATION ON POLICY, AND PH	ROVIDES WAYS
INDIVIDUALS CAN BE INVOLVED IN IMPROVING REPRODUCTIVE WELI	L-BEING FOR
ALL.	
THE RIGHT TIME INITIATIVE IS THE ONLY EFFORT OF ITS KIND	THAT FOCUSES
ON IMPROVING ACCESS TO CONTRACEPTIVE SERVICES TO THOSE MOS	ST IN NEED
WITH SPECIAL ATTENTION TO ELIMINATING HEALTH INEQUITIES BY	
COST, ACCESS, AND KNOWLEDGE BARRIERS. THROUGH A NETWORK OF	
HEALTH CENTERS AND A ROBUST COMMUNICATIONS EFFORT, THE RIC	
ALL METHODS OF CONTRACEPTION AVAILABLE AT LOW OR NO-COST	
WHO NEED THEM. THE INITIATIVE EMPOWERS INDIVIDUALS IN MISS	
CONTROL OF THEIR OWN HEALTH BY IMPROVING INFORMATION ABOUT	
332212 11-14-23 46	Schedule O (Form 990) 2023
40 40 2023.03040 POWER TO DEC	דרד 2689 ⁷

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^{2023.03040} POWER TO DECIDE

Schedule O (Form 990) 2023	Page 2
Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
REMOVING BARRIERS TO, QUALITY CONTRACEPTIVE SERVICES. TO D	ATE, THE
INITIATIVE HAS PROVIDED QUALITY CONTRACEPTIVE SERVICES TO	MORE THAN
60,000 PEOPLE. THE RIGHT TIME IS SUPPORTED BY A LARGE COMM	UNICATIONS
CAMPAIGN THAT IS LED BY POWER TO DECIDE AND INCLUDES A WEB	SITE THAT
WELCOMES ABOUT 45,000 MISSOURI VISITORS EACH YEAR, A LARGE	DIGITAL
ADVERTISING CAMPAIGN, AND MARKETING MATERIALS FOR HEALTH C	ENTERS AND
SUPPORTING ORGANIZATIONS.	
LAUNCHED IN JULY 2022, ARKANSASBIRTHCONTROL.ORG, HAS WELCO	MED 440,000
VISITS IN ITS FIRST THREE YEARS AND HAS REACHED MORE THAN	ONE MILLION
YOUNG PEOPLE IN ARKANSAS THROUGH DIGITAL ADVERTISING MESSA	GES. WITH
INPUT FROM YOUNG PEOPLE IN ARKANSAS, THE WEBSITE INCLUDES	
AUTHORITATIVE, ACCESSIBLE, AND DETAILED INFORMATION ON BIR	TH CONTROL
METHODS, AN ONLINE TOOL THAT ALLOWS USERS TO COMPARE DIFFE	RENT METHODS
SIDE-BY-SIDE, A COMPREHENSIVE DATABASE OF HEALTH CENTERS A	CROSS THE
STATE, ANSWERS TO FREQUENTLY ASKED QUESTIONS FROM YOUNG PE	OPLE ABOUT
CONTRACEPTION, AND A SERIES OF ARTICLES ON TOPICS OF PARTI	CULAR
INTEREST TO YOUNG PEOPLE IN ARKANSAS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
IMPLEMENTATION OF THE RWB FRAMEWORK. ADOPTING A COMMUNITY	CENTRIC
APPROACH, POWER TO DECIDE ACTIVELY SUPPORTS COMMUNITY ACTI	VATION AND
ENGAGEMENT STRATEGIES THAT ARE CRITICAL TO ADDRESSING BARR	IERS TO
REPRODUCTIVE WELL-BEING THROUGH SHARED LEARNING COLLABORAT	IVES. THIS
SHARED LEARNING COLLABORATIVE (SLC) MODEL SEEKS TO 1) CREA	ΨΈ A

SHARED LEARNING COLLABORATIVE (SLC) MODEL SEEKS TO 1) CREATE A

LOCALIZED APPROACH; 2) ENHANCE ACCESS TO INFORMATION AND SERVICES; 3)

CENTER COMMUNITY EMPOWERMENT; 4) MEASURE IMPACT; AND 5) BUILD

SUSTAINABLE CHANGE.

THE CONTRACEPTIVE EQUITY INITIATIVE, LAUNCHED IN 2021, OFFERS ONE

47

Schedule O (Form 990) 2023

14400429 745960 26891

332212 11-14-23

2023.03040 POWER TO DECIDE

Schedule O (Form 990) 2023	Page 2
Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
EXAMPLE OF THIS SLC MODEL. IN THIS INITIATIVE, WE AIM TO A	DDRESS BIRTH
CONTROL ACCESS BARRIERS BY EXPANDING RESEARCH EFFORTS TO E	LUCIDATE AND
FURTHER DESCRIBE THE NATURE OF THESE BARRIERS AND FURTHER	DEFINE THE
PREFERENCE OF PEOPLE AND COMMUNITIES REGARDING CONTRACEPTI	VE ACCESS.
THIS PROJECT ALSO SEEKS TO BOLSTER POLICY EFFORTS REGARDIN	G
CONTRACEPTIVE ACCESS AND CONVENE LEADERS FROM STATE AND RE	GIONAL
CONTRACEPTIVE ACCESS PROJECTS TO FOSTER SHARED LEARNING, S	YNERGY, AND
EFFICIENCY AMONG THESE INITIATIVES. THE THREE CORE ASPECTS	OF THIS
EFFORT INCLUDE: EXPANDING RESEARCH EFFORTS RELATED TO CONT	RACEPTIVE
ACCESS; BOLSTER POLICY EFFORTS TO SUPPORT CONTRACEPTIVE AC	CESS; AND
CONVENING A SHARED LEARNING COLLABORATIVE OF REGIONAL & ST	ATE-BASED
CONTRACEPTIVE ACCESS PROJECTS. TO LEARN MORE ABOUT THESE	CORE ASPECTS,
PLEASE VISIT POWERTODECIDE.ORG/CEI.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: MATTERS. THE CAMPAIGN DREW A DIVERSE RANGE OF PARTICIPANTS, INCLUDING CELEBRITIES, MEDIA OUTLETS, POLICYMAKERS, AND PARTNER ORGANIZATIONS. IN 2023, #THXBIRTHCONTROL GARNERED 270 MILLION IMPRESSIONS, 13,100 MENTIONS OF THE HASHTAG, AND 58 MILLION ENGAGEMENTS.

THROUGH PROACTIVE OUTREACH AND RAPID-RESPONSE EFFORTS, OUR EXPERT ANALYSIS AND RESOURCES WERE FEATURED IN PROMINENT NATIONAL AND LOCAL MEDIA OUTLETS. NOTABLE HIGHLIGHTS INCLUDE CEO, RAEGAN MCDONALD-MOSLEY, MD, MPH BEING INTERVIEWED BY NBC NEWS ON HOW ABORTION ACCESS HAS CHANGED SINCE ROE FELL; JOINING A PANEL OF LEADERS ASSEMBLED BY MORNING JOE/MSNBC NEWS ON THE CONSEQUENCES OF THE ROE V. WADE REVERSAL. MANY OUTLETS, INCLUDING WORD IN BLACK, THE WALL STREET JOURNAL, AND CNN, SOUGHT OUR EXPERTISE ON THE FDA'S OVER-THE-COUNTER BIRTH CONTROL PILL 332212 11-14-23

14400429 745960 26891

2023.03040 POWER TO DECIDE

48

Name of the organization

POWER TO DECIDE

Employer identification number 52-1974611

DECISION.

NOW MORE THAN EVER, THERE'S AN INCREASED DEMAND FOR EASILY ACCESSIBLE, RELIABLE INFORMATION ADDRESSING ISSUES RELATED TO REPRODUCTIVE WELL-BEING. THIS NEED IS ESPECIALLY EVIDENT IN THE DIGITAL SPACES WHERE YOUNG PEOPLE SPEND A SIGNIFICANT AMOUNT OF TIME. FINDINGS FROM OUR 2023 THANKS, BIRTH CONTROL SURVEY REVEALED THAT 25% OF YOUNG PEOPLE RECEIVED INFORMATION ABOUT BIRTH CONTROL FROM SOCIAL MEDIA IN THE PRIOR YEAR. POWER TO DECIDE SERVES TO ADDRESS THIS NEED WITH OUR #ASKDRRAEGAN SERIES. ON TIKTOK, INSTAGRAM, AND YOUTUBE, CEO DR. RAEGAN ANSWERS FAQS AND CORRECTS COMMON MISCONCEPTIONS ABOUT SEXUAL AND REPRODUCTIVE HEALTH. AS A LICENSED MEDICAL PROVIDER, DR. RAEGAN DIRECTS USERS TO CONTENT FROM OUR TRUSTED DIGITAL RESOURCES, BEDSIDER.ORG AND ABORTIONFINDER.ORG. THE #ASKDRRAEGAN SERIES HAS OVER 2.9 MILLION VIEWS AND TENS OF THOUSANDS OF ENGAGEMENTS!

FOR MORE THAN 25 YEARS, POWER TO DECIDE HAS PARTNERED WITH POPULAR CULTURE AND ENTERTAINMENT INDUSTRIES TO ENCOURAGE AND INFORM STORIES ABOUT SEX, LOVE, RELATIONSHIPS, BIRTH CONTROL AND THE CONTEXT IN WHICH IT ALL HAPPENS. FROM MTV'S BASKETBALL WIVES, AND LOVE & HIP HOP ATLANTA TO MARIE CLAIRE AND COSMOPOLITAN, POWER TO DECIDE PARTNERS WITH LEADERS AND INFLUENCERS IN THE ENTERTAINMENT INDUSTRY AND POPULAR CULTURE TO TALK ABOUT SEXUAL HEALTH, RELATIONSHIPS, AND BIRTH CONTROL IN A RELEVANT, APPROACHABLE WAY. THIS INNOVATIVE AND INFORMATIVE WORK, AIMED AT CHANGING NORMS AND ATTITUDES, IS PRIMARILY ACCOMPLISHED THROUGH BEHIND-THE-SCENES CONSULTATIONS WITH SHOWRUNNERS, EDITORS, AND WRITERS. WE WORK IN COLLABORATION TO INTEGRATE CONTENT ABOUT SEXUAL HEALTH AND RELATIONSHIPS INTO POPULAR MEDIA. 302212 11-14-23 Schedule O (Form 990) 2023

49

Schedule O (Form 990) 2023 Name of the organization POWER TO DECIDE	Page Employer identification number 52-1974611
	32 1974011
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PUBLIC POLICY: POWER TO DECIDE'S POLICY WORK FOCUSES ON PR	OTECTING AND
EXPANDING POLICIES THAT EMPOWER PEOPLE TO DECIDE IF, WHEN,	AND UNDER
WHAT CIRCUMSTANCES TO GET PREGNANT AND HAVE A CHILD WITH A	EMPHASIS ON
ADDRESSING THE NEEDS OF THOSE WHO FACE THE GREATEST BARRIE	RS TO
INFORMATION AND CARE. THESE POLICIES AND PROGRAMS ENABLE P	PEOPLE TO
ACHIEVE THEIR REPRODUCTIVE WELL-BEING AND THEIR OWN GOALS	FOR
THEMSELVES AND THEIR FAMILIES.	
AT THE FEDERAL LEVEL, SOME EXAMPLES OF OUR WORK INCLUDE WO	RKING WITH
THE ADMINISTRATION TO PUSH FOR CLARIFICATION AND ENFORCEME	NT OF THE ACA
CONTRACEPTIVE COVERAGE REQUIREMENT, RESULTING IN NEW GUIDA	NCE IN
JANUARY 2024. WE HAVE ALSO PROVIDED TECHNICAL ASSISTANCE	ON AN
UNPRECEDENTED VOLUME OF BILLS INTRODUCED IN CONGRESS, INCL	UDING WORKING
TO PASS THE ACCESS TO CONTRACEPTION FOR SERVICEMEMBERS AND	DEPENDENTS
ACT. LIKE OUR FEDERAL WORK, POWER TO DECIDE'S STATE WORK A	IMS TO INFORM
AND ADVANCE POLICIES THAT REDUCE INEQUITIES IN REPRODUCTIV	E HEALTH CARE
COVERAGE, ACCESS, AND INFORMATION. WE MAINTAIN A STATE CON	TRACEPTIVE
ACCESS TOOLKIT THAT TRACKS STATE POLICIES THAT IMPROVE CON	TRACEPTIVE
ACCESS. LAST YEAR, THIS TOOLKIT WAS USED BY ADVOCATES IN A	T LEAST THREE
STATES TO PROPOSE AND ADVANCE PRO-CONTRACEPTION POLICIES.	WE HAVE ALSO
PROVIDED TECHNICAL ASSISTANCE TO ADDITIONAL STATES AS THEY	THINK
THROUGH HOW TO MOVE THESE POLICIES FORWARD.	
OUR STATE POLICY WORK ALSO ADDRESSES ABORTION ACCESS AT TH	IE STATE
LEVEL. WE MONITOR STATE LEGISLATION AND LITIGATION IMPACTI	NG ABORTION
ACCESS AS WELL AS CONTRACEPTION, AND THAT INFORMATION INFO	RMS THE

STATE-BY-STATE GUIDE ON ABORTIONFINDER.ORG.

 EXPENSES \$ 428,094.
 INCLUDING GRANTS OF \$ 0.
 REVENUE \$ 0.

 332212 11-14-23
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Schedule O (Form 990) 2023

14400429 745960 26891

Schedule O (Form 990) 2023

50

Page 2

Name of the organization

POWER TO DECIDE

52-1974611

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED TO CHANGE THE

ORGANIZATION'S LEGAL NAME TO POWER TO DECIDE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH THE ASSISTANCE OF THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER. ONCE THE FEDERAL FORM 990 IS COMPLETE, AND BEFORE IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE, THE DRAFT FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND IS ALSO MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR COMMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

POWER TO DECIDE HAS A FORMAL CONFLICT OF INTEREST POLICY. THE MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO REVIEW AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY ONCE PER YEAR. ALL STAFF MEMBERS ALSO SIGN AND ACKNOWLEDGE THIS POLICY AT THE INITIAL HIRE AND ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND HANDLES ANY INSTANCES WHERE A CONFLICT OF INTEREST IS REPORTED BY BOARD MEMBERS. THE CEO AND/OR CFO/COO REVIEW AND HANDLE INSTANCES OF REPORTED CONFLICTS OF INTEREST BY STAFF MEMBERS. FURTHER, THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD IS THE COMPLIANCE OFFICER AND IS SO DESIGNATED IN THE EMPLOYEE HANDBOOK.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DETERMINED AND APPROVED

BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND THE BOARD ITSELF 332212 11-14-23
Schedule O (Form 990) 2023
51

Schedule O (Form 990) 2023	Page 2
Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
	52 1974011

BY USING A STUDY COMPARING POWER TO DECIDE SALARIES TO THOSE OF HUNDREDS OF OTHER NOT-FOR-PROFIT ORGANIZATIONS. THIS REVIEW WAS LAST CONDUCTED IN OCTOBER 2023. COMPENSATION OF EMPLOYED OFFICERS AND KEY EMPLOYEES IS SET BY THE CEO USING THE SAME NATIONALLY-AVAILABLE DATA.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA, WV, WI

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

POWER TO DECIDE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE IN ITS MAIN OFFICE AND CAN BE SEEN ON REQUEST TO THE CEO OR CFO. POWER TO DECIDE ALSO MAKES COPIES OF THE CURRENT YEAR'S AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 AVAILABLE ON ITS WEBSITE.

FORM 990, PART VII, SECTION A

THE COMPENSATION RECEIVED BY MARK PRINGLE WAS FOR SERVICES FOR HIS ROLE

AS EXECUTIVE ASSITSTANT AND UNRELATED TO HIS DUTIES AS SECRETARY.

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

DESIGN & EDITING SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

EVALUATION SERVICES:

332212 11-14-23

810,890.

31,446.

4,248.

846,584.

POWER TO DECIDE	52-1974611
PROGRAM SERVICE EXPENSES	224,577.
MANAGEMENT AND GENERAL EXPENSES	8,709.
FUNDRAISING EXPENSES	1,177.
FOTAL EXPENSES	234,463.
OTHER CONSULTANTS & CONTRACTORS:	
PROGRAM SERVICE EXPENSES	930,417.
MANAGEMENT AND GENERAL EXPENSES	36,080.
FUNDRAISING EXPENSES	4,875.
TOTAL EXPENSES	971,372.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,052,419.

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(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 52 - 1974611

Department of the Treasury Internal Revenue Service

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

Name of the organization

POWER TO DECIDE

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BEDSIDER, LLC - 27-5460689	MAKE MISSION-RELATED				
1015 15TH ST, NW, SUITE 1225	SOFTWARE APPS AVAILABLE IN				
WASHINGTON, DC 20005	AN ONLINE STORE	DELAWARE	0.	0.	POWER TO DECIDE
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 POWER TO DECIDE

52-1974611 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.

		-	())	()	(0)	()			(1)		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	10
	-										
	-										
	-										
	1										
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	1										
	{										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp,		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?						
		country)		0				Yes	No								
								\vdash									

Schedule R (Form 990) 2023 POWER TO DECIDE

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
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?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a						
	Gift, grant, or capital contribution to related organization(s)	1b						
	Gift, grant, or capital contribution from related organization(s)	1c						
	Loans or loan guarantees to or for related organization(s)	1d						
	Loans or loan guarantees by related organization(s)	1e						
f	Dividends from related organization(s)	1f						
g	Sale of assets to related organization(s)	1g						
h	Purchase of assets from related organization(s)	1h						
i	Exchange of assets with related organization(s)	1i						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k						
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n						
o	Sharing of paid employees with related organization(s)	10						
р	Reimbursement paid to related organization(s) for expenses	1p						
q	Reimbursement paid by related organization(s) for expenses	1q						
r	Other transfer of cash or property to related organization(s)	1r						
s	Other transfer of cash or property from related organization(s)	1s						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2023 POWER TO DECIDE

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

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

(a)	(b)	(c)	(d)	1	<i>-</i>)	(f)	(g)	(۲	J)	(i)	(j)	(k)																																							
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-UBI	Genera																																								
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership																																							
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes																																								
					NU			163	NU	(************	163																																								
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Schedule R (Form 990) 2023

POWER TO DECIDE

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

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Power to Decide PD Form 2023

Final Audit Report

2024-05-13

Created:	2024-04-30
By:	Marilyn Ayres (mayres@powertodecide.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA8-QoooWCY34qTUboksXvV27RfnNNy_px

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