

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: POWER TO DECIDE
D Employer identification number: 52-1974611
E Telephone number: (202) 478-8500
G Gross receipts \$: 29,177,604.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.POWERTODECIDE.ORG
K Form of organization: [X] Corporation
L Year of formation: 1996
M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.

Sign Here: RAEGAN MCDONALD-MOSLEY, CHIEF EXECUTIVE OFFICER
Date: 05/13/2024
Paid Preparer: RICHARD J. LOCASTRO, CPA
Date: 04/29/2024
Firm's name: GELMAN, ROSENBERG & FREEDMAN
Firm's EIN: 52-1392008
Firm's address: 4550 MONTGOMERY AVE SUITE 800N, BETHESDA, MD 20814-2930

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: POWER TO DECIDE ENVISIONS A WORLD WHERE EVERYONE-NO MATTER WHO THEY ARE OR WHERE THEY LIVE-HAS CONTROL OVER THEIR BODIES AND CAN DECIDE IF, WHEN, AND UNDER WHAT CIRCUMSTANCES TO GET PREGNANT AND HAVE A CHILD. ITS MISSION IS TO ADVANCE SEXUAL AND (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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.

4a (Code: ) (Expenses \$ 6,158,239. including grants of \$ 191,030. ) (Revenue \$ ) DIGITAL PROGRAMS: BEDSIDER.ORG IS AN EVIDENCE-BASED DIGITAL PLATFORM THAT OFFERS MEDICALLY ACCURATE, RELEVANT, AND RESONANT INFORMATION ON SEX, SEXUAL HEALTH, AND BIRTH CONTROL. FOR OVER 12 YEARS, BEDSIDER HAS SUPPORTED 67 MILLION USERS IN MAKING AUTONOMOUS, FULLY INFORMED CHOICES 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 INDEPENDENT, HONEST, UNBIASED, AND ACCURATE- IN A VOICE THAT RESONATES WITH YOUNG PEOPLE. BEDSIDER IS AVAILABLE IN ENGLISH AND SPANISH, AND ALL CONTENT IS VETTED BY MEDICAL PROFESSIONALS. BEDSIDER IS BASED ON EXTENSIVE RESEARCH AND A DEEP UNDERSTANDING OF OUR TARGET AUDIENCE (PEOPLE AGED 18-29) AS WELL AS OUR

4b (Code: ) (Expenses \$ 3,095,434. including grants of \$ 294,702. ) (Revenue \$ 254,603. ) SYSTEMS AND PRACTICES: ADVANCING REPRODUCTIVE WELL-BEING: REPRODUCTIVE WELL-BEING (RWB) IS CENTERED AROUND THE IDEA THAT ALL PEOPLE HAVE EQUITABLE ACCESS TO THE INFORMATION, SERVICES, SYSTEMS, AND SUPPORT NEEDED TO HAVE CONTROL OVER THEIR BODIES, AND TO MAKE THEIR OWN DECISIONS RELATED TO SEXUALITY AND REPRODUCTION THROUGHOUT THEIR LIVES. IT IS THIS CULMINATION OF EXTENSIVE RESEARCH AND IN-DEPTH INTERVIEWS WITH MORE THAN 300 STAKEHOLDERS, EXPERTS, AND PROVIDERS IN REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE THAT LAID THE FOUNDATION FOR THE RWB FRAMEWORK. THIS NATIONAL BLUEPRINT FOR ACTION SEEKS THROUGH COLLABORATION TO DESIGN SYSTEMS TO SUPPORT AND HELP INDIVIDUALS ACHIEVE THEIR REPRODUCTIVE WELL-BEING GOALS. SINCE 2021, POWER TO DECIDE HAS DEEPENED ITS ENGAGEMENT WORKING DIRECTLY WITH COMMUNITIES TO GUIDE THE

4c (Code: ) (Expenses \$ 617,615. including grants of \$ ) (Revenue \$ 7,159. ) MARKETING & COMMUNICATIONS: THE MARKETING AND COMMUNICATIONS TEAM AT POWER TO DECIDE IS INSTRUMENTAL IN ADVANCING THE ORGANIZATION'S MISSION TO ACHIEVE REPRODUCTIVE WELL-BEING FOR ALL. THE EFFORTS OF THE TEAM ARE STRATEGICALLY DESIGNED TO PROMOTE KEY PROGRAMS AND INITIATIVES, PROVIDE SPECIALIZED EXPERTISE IN RESPECTIVE FIELDS, AND ENHANCE MESSAGING TO REACH A WIDER AUDIENCE. THIS IS ACHIEVED THROUGH COMPREHENSIVE PRESS OUTREACH, THE CULTIVATION OF STRATEGIC PARTNERSHIPS WITH ENTERTAINMENT MEDIA, THE CREATION OF RELEVANT AND TIMELY CONTENT, AND THE SUCCESSFUL EXECUTION OF IMPACTFUL CAMPAIGNS, SUCH AS OUR ANNUAL THANKS, BIRTH CONTROL CAMPAIGN. NOVEMBER 2023 MARKED OUR 11TH YEAR OF OUR CORNERSTONE CAMPAIGN THAT ENCOURAGES PEOPLE TO TALK ABOUT ALL THAT BIRTH CONTROL MAKES POSSIBLE AND REMINDS THE WORLD 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers for questions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11a, 11e, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | <b>1a</b> 13   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 12   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | 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?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | X   |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MARILYN AYRES - (202) 478-8500**  
**1015 15TH ST, NW, SUITE 1225, WASHINGTON, DC 20005**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) RAEGAN MCDONALD-MOSLEY<br>CHIEF EXECUTIVE OFFICER                | 40.00   | X   |                       | X       |              |                              |        | 385,884.  | 0.   | 37,352.   |
| (2) GILLIAN SEALY<br>CHIEF OF STAFF                                  | 40.00   |   |                       |         | X            |                              |        | 297,930.  | 0.   | 34,365.   |
| (3) JENNIFER JOHNSON<br>VP, DIGITAL & EDUCATION PROGRAMS             | 40.00   |   |                       |         |              | X                            |        | 201,925.  | 0.   | 21,985.   |
| (4) MARILYN AYRES<br>CHIEF FINANCIAL OFFICER                         | 40.00   |   |                       | X       |              |                              |        | 197,317.  | 0.   | 25,654.   |
| (5) WILLIAM ALBERT<br>SENIOR DIRECTOR, CONTENT                       | 40.00   |   |                       |         |              | X                            |        | 188,385.  | 0.   | 33,197.   |
| (6) RACHEL FEY<br>VP, POLICY & STRAT. PARTNERSHIPS                   | 40.00   |   |                       |         |              | X                            |        | 169,124.  | 0.   | 17,766.   |
| (7) KIMBERLIE BURKE<br>SENIOR DIRECTOR, PEOPLE & CULTURE             | 40.00   |   |                       |         |              | X                            |        | 148,073.  | 0.   | 16,133.   |
| (8) CASEY RONCORONI<br>VICE PRESIDENT, DEVELOPMENT                   | 40.00   |   |                       |         |              | X                            |        | 148,530.  | 0.   | 12,216.   |
| (9) MARK PRINGLE (SEE SCHED O)<br>EXEC. ASST. & BRD SEC. (END 12/23) | 1.00  |   |                       | X       |              |                              |        | 70,724.   | 0.   | 9,295.  |
| (10) VINCENT GUILAMO-RAMOS<br>CHAIR                                  | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (11) BRUCE KUHLIK<br>VICE-CHAIR                                      | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) VICKI SHEPARD<br>TREASURER                                      | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (13) FOREST ALTON<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) CHRIS BRANDT<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) CHARLES W. DENT<br>DIRECTOR                                     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) CRAIG ERWICH<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) SARAH JACKSON<br>DIRECTOR                                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) TAMANDRA MORGAN<br>DIRECTOR (BEG. 04/23)                        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) LAUREN POWELL<br>DIRECTOR (BEG. 04/23)                          | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) KIAH WILLIAMS<br>DIRECTOR                                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) KIMBERLYDAWN WISDOM<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) IVAN JUZANG<br>DIRECTOR (UNTIL 04/23)                           | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) GERALYNN RITTER<br>DIRECTOR (UNTIL 11/23)                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 1,807,892.  | 0.   | 207,963.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 1,807,892.  | 0.   | 207,963.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                    | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| NITID BIT, LLC, 855 FOLSON STREET, APT 901, SAN FRANCISCO, CA 94107 | WEB DEVELOPMENT                | 1,595,571.          |
| CITIZENS TECH COLLABORATIVE 26 3RD ST, APT 1R, BROOKLYN, NY 11231   | UX DESIGN & WEB SERVICES       | 858,399.            |
| CHILD TRENDS, INC., 12300 TWINBROOK PKWY, #235, ROCKVILLE, MD 20852 | EVALUATION SERVICES            | 277,605.            |
| ALEXANDRA GONZALEZ 8740 PRESTON PLACE, CHEVY CHASE, MD 20815        | EVALUATION & ANALYTICS         | 120,000.            |
| MARISA NIGHTINGALE 3930 MCKINLEY ST, NW, WASHINGTON, DC 20015       | COMMUNICATIONS & ENTERTAINMENT | 111,872.            |

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



**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 891,203.       |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 7,042,034.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 2,400,210.  |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      | 7,933,237.     |                                    |                            |  |  |
| Program Service Revenue   | <b>2 a</b> CONSULTING REVENUE   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 212,253.       | 212,253.                           |                            |  |  |
|   | <b>b</b> TRAINING REVENUE   | 900099               | 42,350.        | 42,350.                            |                            |  |  |
|   | <b>c</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>d</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>e</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |   | 254,603.             |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 655,547.       |                                    |                            | 655,547.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                                 |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                      | 73,689.        |                                    |                            | 73,689.  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>            | (i) Securities | 20,222,652.                        |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 21,471,940.    | 27,299.                            |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>            | -1,249,288.    | -27,299.                           |                            |  |  |
|   | <b>d</b> Net gain or (loss) .....   |                      | -1,276,587.    |                                    |                            | -1276587.  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      | 35,162.        |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  | 28,003.              |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   | 7,159.               | 7,159.         |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> OTHER   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 2,714.         |                                    |                            | 2,714.   |  |
|   | <b>b</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>c</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d .....   |   | 2,714.               |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   | 7,650,362.           | 261,762.       | 0.                                 | -544,637.                  |  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 305,502.              | 305,502.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 180,230.              | 180,230.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 1,058,521.            | 656,022.                        | 305,020.                               | 97,479.                     |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 3,581,684.            | 3,206,987.                      | 166,088.                               | 208,609.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 170,041.              | 152,873.                        | 7,294.                                 | 9,874.                      |
| 9 Other employee benefits .....  | 241,193.              | 212,590.                        | 13,900.                                | 14,703.                     |
| 10 Payroll taxes .....   | 336,956.              | 282,060.                        | 32,839.                                | 22,057.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 49,843.               | 38,433.                         | 9,635.                                 | 1,775.                      |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  | 18,570.               |                                 |  | 18,570.                     |
| f Investment management fees .....   | 57,354.               |                                 | 57,354.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....   | 2,052,419.            | 1,965,884.                      | 76,235.                                | 10,300.                     |
| 12 Advertising and promotion .....   | 567,345.              | 565,204.                        | 1,123.                                 | 1,018.                      |
| 13 Office expenses .....   | 92,837.               | 73,430.                         | 7,192.                                 | 12,215.                     |
| 14 Information technology .....  | 1,976,171.            | 1,925,525.                      | 11,819.                                | 38,827.                     |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 347,982.              | 264,599.                        | 68,537.                                | 14,846.                     |
| 17 Travel .....  | 234,712.              | 205,262.                        | 21,934.                                | 7,516.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 132,677.              | 109,717.                        | 16,752.                                | 6,208.                      |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 21,324.               | 16,156.                         | 4,243.                                 | 925.                        |
| 23 Insurance .....   | 73,310.               | 60,791.                         | 9,968.                                 | 2,551.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>MEMBERSHIP DUES</b> .....   | 29,737.               | 23,832.                         | 5,905.                                 |                             |
| b <b>BOOKS, SUBS, REFERENCES</b> .....   | 28,567.               | 28,039.                         | 125.                                   | 403.                        |
| c <b>PROF. DEVELOPMENT</b> .....   | 23,680.               | 11,293.                         | 11,591.                                | 796.                        |
| d <b>PAYROLL SERVICE FEES</b> .....  | 14,149.               | 13,431.                         | 521.                                   | 197.                        |
| e All other expenses .....   | 2,984.                | 1,522.                          | 383.                                   | 1,079.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>11,597,788.</b>    | <b>10,299,382.</b>              | <b>828,458.</b>                        | <b>469,948.</b>             |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 555,385.                 | <b>1</b>    | 264,038.           |
|  | <b>2</b> Savings and temporary cash investments .....  | 4,978,285.               | <b>2</b>    | 6,362,980.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 1,806,531.               | <b>3</b>    | 820,416.           |
|  | <b>4</b> Accounts receivable, net .....  | 71,974.                  | <b>4</b>    | 102,409.           |
|  | <b>5</b> Loans and other receivables from 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 ..... |                          | <b>5</b>    |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|  | <b>8</b> Inventories for sale or use .....   | 58,514.                  | <b>8</b>    | 41,058.            |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 73,487.                  | <b>9</b>    | 97,977.            |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 6,400.        |             |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 1,946.        |             |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 46,677.                  | <b>10c</b>  | 4,454.             |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 14,369,548.              | <b>11</b>   | 13,167,002.        |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>12</b>   |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>   |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 77,873.                  | <b>14</b>   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 22,038,274.  | <b>15</b>                | 907,971.    |                    |
|  |  | <b>16</b>                | 21,768,305. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 628,162.                 | <b>17</b>   | 1,174,314.         |
|  | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|  | <b>19</b> Deferred revenue .....   | 241,221.                 | <b>19</b>   | 188,682.           |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|  | <b>22</b> Loans and other 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 .....     |                          | <b>22</b>   |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 82,021.                  | <b>25</b>   | 973,457.           |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 951,404.                 | <b>26</b>   | 2,336,453.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 13,640,393.              | <b>27</b>   | 13,615,064.        |
|  | <b>28</b> Net assets with donor restrictions .....   | 7,446,477.               | <b>28</b>   | 5,816,788.         |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 21,086,870.              | <b>32</b>   | 19,431,852.        |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 22,038,274.              | <b>33</b>   | 21,768,305.        |

**Part 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  | 7,650,362.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 11,597,788. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -3,947,426. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 21,086,870. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 2,292,408.  |
| 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 | 19,431,852. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a | X   |    |
|    |     |    |
| 3b | X   |    |

Form 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023 | (f) Total |
|--|----------|----------|----------|-----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 7312993. | 3810505. | 3908498. | 10839754. | 7933237. | 33804987. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |           |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |           |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 7312993. | 3810505. | 3908498. | 10839754. | 7933237. | 33804987. |
| <b>5</b> 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, column (f) ..... |          |          |          |           |          | 13079896. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |           |          | 20725091. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023 | (f) Total                |
|---|----------|----------|----------|-----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 7312993. | 3810505. | 3908498. | 10839754. | 7933237. | 33804987.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 769,948. | 858,495. | 542,452. | 584,841.  | 729,236. | 3484972.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |           |          |                          |
| <b>10</b> 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.                   |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |           |          | 37295007.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |           | 12       | 6,277,753.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |           |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 55.57 %                             |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | 55.91 %                             |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the 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           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable 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   | <b>Total</b> 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: \$   |  |   |
| a   | 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 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   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2019  |  |   |
| b   | Excess from 2020  |  |   |
| c   | Excess from 2021  |  |   |
| d   | Excess from 2022  |  |   |
| e   | Excess from 2023  |  |   |

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**POWER TO DECIDE**

Employer identification number

**52-1974611**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

**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)

|  |   |
|--|---|
| Name of organization<br><br><b>POWER TO DECIDE</b> | Employer identification number<br><br><b>52-1974611</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ <u>2,400,210.</u>       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ <u>891,203.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ <u>838,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ <u>804,950.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ <u>800,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ <u>686,203.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><br><b>POWER TO DECIDE</b> | Employer identification number<br><br><b>52-1974611</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ 300,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><br><b>POWER TO DECIDE</b> | Employer identification number<br><br><b>52-1974611</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given          | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|---|---|----------------------|
| <u>1</u>                     | PUBLICLY TRADED SECURITIES<br>_____<br>_____<br>_____ | \$ <u>2,400,210.</u>                            | <u>11/16/23</u>      |
| _____                        | _____<br>_____<br>_____                               | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                               | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                               | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                               | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                               | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                               | \$ _____  | _____                |



|  |   |
|--|---|
| Name of organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**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](http://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.

|  |   |
|--|---|
| Name of organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals                              |                     |                               |  |  |  |  |   |   |                    |              |  |  |
|--|--|--|---------------------|-------------------------------|--|--|--|--|---|---|--------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | 7,417.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 74,693.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   | 82,110.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   | 11,439,754.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   | 11,521,864.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 726,093.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is:                       | not over \$500,000, | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000, | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000, | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000, | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000, | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| not over \$500,000,  | 20% of the amount on line 1e.                      |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$500,000 but not over \$1,000,000,   | \$100,000 plus 15% of the excess over \$500,000.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,000,000 but not over \$1,500,000,   | \$175,000 plus 10% of the excess over \$1,000,000. |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$1,500,000 but not over \$17,000,000,  | \$225,000 plus 5% of the excess over \$1,500,000.  |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| over \$17,000,000,   | \$1,000,000.                                       |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   | 181,523.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.   |  |                     |                               |  |  |  |  |   |   |                    |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                               |  |  |  |  |   |   |                    |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 577,908. | 592,943. | 663,475. | 726,093. | 2,560,419. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 3,840,629. |
| <b>c</b> Total lobbying expenditures                                | 72,848.  | 85,826.  | 86,800.  | 82,110.  | 327,584.   |
| <b>d</b> Grassroots nontaxable amount                               | 144,477. | 148,236. | 165,869. | 181,523. | 640,105.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 960,158.   |
| <b>f</b> Grassroots lobbying expenditures                           | 11,347.  | 10,401.  | 8,302.   | 7,417.   | 37,467.    |

Schedule C (Form 990) 2023

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization POWER TO DECIDE Employer identification number 52-1974611

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment   |                                      | 6,400.                          | 1,946.                       | 4,454.         |
| e Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 4,454.         |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (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-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**Part IX Other Assets**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OPERATING LEASE LIABILITY   | 973,457.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |            |             |
|----------|--|-----------|------------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>   | 11,104,902. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 2,292,408. |             |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 1,191,483. |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 28,003.    |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> |            | 3,511,894.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>   | 7,593,008.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 57,354.    |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |            | 57,354.     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>   | 7,650,362.  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |            |             |
|----------|---|-----------|------------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>   | 12,759,920. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 1,191,483. |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |             |
| <b>c</b> | Other losses  | <b>2c</b> |            |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 28,003.    |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |            | 1,219,486.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>   | 11,540,434. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 57,354.    |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> |            | 57,354.     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>   | 11,597,788. |

**Part XIII Supplemental Information**

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.





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**POWER TO DECIDE**

Employer identification number

**52-1974611**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity          | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
|   |                        | Yes  | No |                                   |   |   |
| APERIO PHILANTHROPY, LLC -<br>175 PEARL ST, 1ST FL, #55,  | FUNDRAISING CONSULTANT |  | X  | 0.                                | 15,000.   | -15,000.  |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
|   |                        |  |    |                                   |   |   |
| <b>Total</b>  |                        |  |    |                                   | 15,000.   | -15,000.  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events | (d) Total events                |  |
|-----------------|----|--|--------------|------------------|---------------------------------|--|
|                 |    | (event type)   | (event type) | (total number)   | (add col. (a) through col. (c)) |  |
| Revenue         | 1  | Gross receipts .....   |              |                  |                                 |  |
|                 | 2  | Less: Contributions .....  |              |                  |                                 |  |
|                 | 3  | Gross income (line 1 minus line 2) .....                           |              |                  |                                 |  |
| Direct Expenses | 4  | Cash prizes .....  |              |                  |                                 |  |
|                 | 5  | Noncash prizes .....   |              |                  |                                 |  |
|                 | 6  | Rent/facility costs .....  |              |                  |                                 |  |
|                 | 7  | Food and beverages .....   |              |                  |                                 |  |
|                 | 8  | Entertainment .....  |              |                  |                                 |  |
|                 | 9  | Other direct expenses .....  |              |                  |                                 |  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) .....  |              |                  |                                 |  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) ..... |              |                  |                                 |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo                   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|--|-----------------------------|---|---|---|
|                 |  | 1                           | Gross revenue .....   |   |   |
| Direct Expenses | 2  | Cash prizes .....           |   |   |   |
|                 | 3  | Noncash prizes .....        |   |   |   |
|                 | 4  | Rent/facility costs .....   |   |   |   |
|                 | 5  | Other direct expenses ..... |   |   |   |
|                 | 6  | Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) .....        |                             |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                             |   |   |   |

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  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: APERIO PHILANTHROPY, LLC

(I) ADDRESS OF FUNDRAISER: 175 PEARL ST, 1ST FL, #55, BROOKLYN, NY 11201



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **POWER TO DECIDE** Employer identification number **52-1974611**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                                    |
|--|----------------|--|---------------------------------|---|--|--|--|
| APPALSHOP, INC.<br>91 MADISON AVENUE<br>WHITESBURG, KY 41858         | 61-0890210     | 501(C)(3)                              | 105,600.                        | 0.                                      |  |  | ALL ACCESS EASTERN KENTUCKY PROJECT  |
| MYHEALTHED, INC.<br>223 KIRKWOOD DRIVE<br>CHAPEL HILL, NC 27514      | 81-3615827     | 501(C)(3)                              | 139,968.                        | 0.                                      |  |  | EVALUATION OF THE REAL TALK INTERVENTION FOR ADOLESCENT PREGNANCY PREVENTION |
| CHILD TRENDS, INC.<br>12300 TWINBROOK PARKWAY<br>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) and government organizations listed in the line 1 table ..... **3.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2023

**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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance                               |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---|
| BC BENEFITS                     | 1250                     | 0.                       | 180,230.                          | COST  | COUPONS FOR CONTRACEPTIVES/GIFT CARDS FOR CONTRACEPTIVES AND TRAVEL |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |
|                                 |                          |                          |                                   |   |   |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**POWER TO DECIDE**

Employer identification number

**52-1974611**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2023



**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.

| (A) Name and Title                                       |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) RAEGAN MCDONALD-MOSLEY<br>CHIEF EXECUTIVE OFFICER    | (i)  | 335,884.   | 50,000.                             | 0.                                  | 19,800.  | 17,552.                 | 423,236.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) GILLIAN SEALY<br>CHIEF OF STAFF                      | (i)  | 297,930.   | 0.                                  | 0.                                  | 18,693.  | 15,672.                 | 332,295.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JENNIFER JOHNSON<br>VP, DIGITAL & EDUCATION PROGRAMS | (i)  | 201,425.   | 500.                                | 0.                                  | 12,541.  | 9,444.                  | 223,910.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) MARILYN AYRES<br>CHIEF FINANCIAL OFFICER             | (i)  | 192,017.   | 5,300.                              | 0.                                  | 12,035.  | 13,619.                 | 222,971.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) WILLIAM ALBERT<br>SENIOR DIRECTOR, CONTENT           | (i)  | 188,385.   | 0.                                  | 0.                                  | 12,294.  | 20,903.                 | 221,582.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) RACHEL FEY<br>VP, POLICY & STRAT. PARTNERSHIPS       | (i)  | 169,124.   | 0.                                  | 0.                                  | 10,256.  | 7,510.                  | 186,890.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) KIMBERLIE BURKE<br>SENIOR DIRECTOR, PEOPLE & CULTURE | (i)  | 145,073.   | 3,000.                              | 0.                                  | 8,978.   | 7,155.                  | 164,206.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) CASEY RONCORONI<br>VICE PRESIDENT, DEVELOPMENT       | (i)  | 148,530.   | 0.                                  | 0.                                  | 5,667.   | 6,549.                  | 160,746.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (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

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**POWER TO DECIDE**

Employer identification number

**52-1974611**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 1   | 2,400,210.   | FMV   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) 2023

**Part II** **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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

POWER TO DECIDE

Employer identification number

52-1974611

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

|  |   |
|--|---|
| Name of the organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
|--|---|

COUNTRY, AS WELL AS ABORTION FUNDS, PRACTICAL SUPPORT ORGANIZATIONS, AND OTHER RESOURCES TO SUPPORT ABORTION SEEKERS. OUR DATABASE IS REGULARLY VERIFIED AND UPDATED BY STAFF AT PTD. OUR STATE-BY-STATE GUIDE WAS DEVELOPED TO PROVIDE INFORMATION ABOUT WHAT TO EXPECT IN EACH STATE. ABORTIONFINDER.ORG IS AVAILABLE IN BOTH ENGLISH AND SPANISH, AND VIA TEXT MESSAGE SERVICES. ABORTIONFINDER.ORG HAD NEARLY 4.2 MILLION VISITS IN 2024. UTILIZING THE SAME DATABASE, THE NAVIGATE PLATFORM-A CENTRALIZED DIGITAL TOOL FOR PATIENT NAVIGATORS ACROSS ORGANIZATIONS TO USE FOR MAKING REFERRALS AND CONNECTING WITH OTHER PATIENT NAVIGATORS. THE GOALS OF NAVIGATE ARE TO HELP PATIENT NAVIGATORS REMOVE THE BARRIERS ABORTION SEEKERS EXPERIENCE, TO EMPOWER NAVIGATORS TO HELP ABORTION SEEKERS QUICKLY AND EFFECTIVELY GET THE CARE AND SUPPORT THEY NEED, AND TO PROVIDE A SECURE, SHARED COMMUNITY SPACE THAT CAN FACILITATE IMPROVED CARE COORDINATION ACROSS ORGANIZATIONS. POWERTODECIDE.ORG WELCOMED NEARLY ONE MILLION VISITORS IN 2023. THE WEBSITE SERVES AS A CLEARINGHOUSE OF INFORMATION ON THE ORGANIZATIONS AND ITS MYRIAD INITIATIVES, PROVIDES CLEAR AND ACTIONABLE RESEARCH, PROVIDES THE LATEST RELEVANT INFORMATION ON POLICY, AND PROVIDES WAYS INDIVIDUALS CAN BE INVOLVED IN IMPROVING REPRODUCTIVE WELL-BEING FOR ALL.

THE RIGHT TIME INITIATIVE IS THE ONLY EFFORT OF ITS KIND THAT FOCUSES ON IMPROVING ACCESS TO CONTRACEPTIVE SERVICES TO THOSE MOST IN NEED WITH SPECIAL ATTENTION TO ELIMINATING HEALTH INEQUITIES BY REDUCING COST, ACCESS, AND KNOWLEDGE BARRIERS. THROUGH A NETWORK OF AFFILIATED HEALTH CENTERS AND A ROBUST COMMUNICATIONS EFFORT, THE RIGHT TIME MAKES ALL METHODS OF CONTRACEPTION AVAILABLE AT LOW OR NO-COST TO ALL THOSE WHO NEED THEM. THE INITIATIVE EMPOWERS INDIVIDUALS IN MISSOURI TO TAKE CONTROL OF THEIR OWN HEALTH BY IMPROVING INFORMATION ABOUT, AND

|  |   |
|--|---|
| Name of the organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
|--|---|

REMOVING BARRIERS TO, QUALITY CONTRACEPTIVE SERVICES. TO DATE, THE INITIATIVE HAS PROVIDED QUALITY CONTRACEPTIVE SERVICES TO MORE THAN 60,000 PEOPLE. THE RIGHT TIME IS SUPPORTED BY A LARGE COMMUNICATIONS CAMPAIGN THAT IS LED BY POWER TO DECIDE AND INCLUDES A WEBSITE THAT WELCOMES ABOUT 45,000 MISSOURI VISITORS EACH YEAR, A LARGE DIGITAL ADVERTISING CAMPAIGN, AND MARKETING MATERIALS FOR HEALTH CENTERS AND SUPPORTING ORGANIZATIONS.

LAUNCHED IN JULY 2022, ARKANSASBIRTHCONTROL.ORG, HAS WELCOMED 440,000 VISITS IN ITS FIRST THREE YEARS AND HAS REACHED MORE THAN ONE MILLION YOUNG PEOPLE IN ARKANSAS THROUGH DIGITAL ADVERTISING MESSAGES. WITH INPUT FROM YOUNG PEOPLE IN ARKANSAS, THE WEBSITE INCLUDES AUTHORITATIVE, ACCESSIBLE, AND DETAILED INFORMATION ON BIRTH CONTROL METHODS, AN ONLINE TOOL THAT ALLOWS USERS TO COMPARE DIFFERENT METHODS SIDE-BY-SIDE, A COMPREHENSIVE DATABASE OF HEALTH CENTERS ACROSS THE STATE, ANSWERS TO FREQUENTLY ASKED QUESTIONS FROM YOUNG PEOPLE ABOUT CONTRACEPTION, AND A SERIES OF ARTICLES ON TOPICS OF PARTICULAR INTEREST TO YOUNG PEOPLE IN ARKANSAS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IMPLEMENTATION OF THE RWB FRAMEWORK. ADOPTING A COMMUNITY CENTRIC APPROACH, POWER TO DECIDE ACTIVELY SUPPORTS COMMUNITY ACTIVATION AND ENGAGEMENT STRATEGIES THAT ARE CRITICAL TO ADDRESSING BARRIERS TO REPRODUCTIVE WELL-BEING THROUGH SHARED LEARNING COLLABORATIVES. THIS 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

|  |   |
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| Name of the organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
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EXAMPLE OF THIS SLC MODEL. IN THIS INITIATIVE, WE AIM TO ADDRESS BIRTH CONTROL ACCESS BARRIERS BY EXPANDING RESEARCH EFFORTS TO ELUCIDATE AND FURTHER DESCRIBE THE NATURE OF THESE BARRIERS AND FURTHER DEFINE THE PREFERENCE OF PEOPLE AND COMMUNITIES REGARDING CONTRACEPTIVE ACCESS. THIS PROJECT ALSO SEEKS TO BOLSTER POLICY EFFORTS REGARDING CONTRACEPTIVE ACCESS AND CONVENE LEADERS FROM STATE AND REGIONAL CONTRACEPTIVE ACCESS PROJECTS TO FOSTER SHARED LEARNING, SYNERGY, AND EFFICIENCY AMONG THESE INITIATIVES. THE THREE CORE ASPECTS OF THIS EFFORT INCLUDE: EXPANDING RESEARCH EFFORTS RELATED TO CONTRACEPTIVE ACCESS; BOLSTER POLICY EFFORTS TO SUPPORT CONTRACEPTIVE ACCESS; AND CONVENING A SHARED LEARNING COLLABORATIVE OF REGIONAL & STATE-BASED CONTRACEPTIVE ACCESS PROJECTS. TO LEARN MORE ABOUT THESE CORE ASPECTS, PLEASE VISIT [POWERTODECIDE.ORG/CEI](http://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



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| Name of the organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
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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.

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| Name of the organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC POLICY: POWER TO DECIDE'S POLICY WORK FOCUSES ON PROTECTING 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 BARRIERS TO INFORMATION AND CARE. THESE POLICIES AND PROGRAMS ENABLE 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 WORKING WITH THE ADMINISTRATION TO PUSH FOR CLARIFICATION AND ENFORCEMENT OF THE ACA CONTRACEPTIVE COVERAGE REQUIREMENT, RESULTING IN NEW GUIDANCE IN JANUARY 2024. WE HAVE ALSO PROVIDED TECHNICAL ASSISTANCE ON AN UNPRECEDENTED VOLUME OF BILLS INTRODUCED IN CONGRESS, INCLUDING WORKING TO PASS THE ACCESS TO CONTRACEPTION FOR SERVICEMEMBERS AND DEPENDENTS ACT. LIKE OUR FEDERAL WORK, POWER TO DECIDE'S STATE WORK AIMS TO INFORM AND ADVANCE POLICIES THAT REDUCE INEQUITIES IN REPRODUCTIVE HEALTH CARE COVERAGE, ACCESS, AND INFORMATION. WE MAINTAIN A STATE CONTRACEPTIVE ACCESS TOOLKIT THAT TRACKS STATE POLICIES THAT IMPROVE CONTRACEPTIVE ACCESS. LAST YEAR, THIS TOOLKIT WAS USED BY ADVOCATES IN AT 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 THE STATE LEVEL. WE MONITOR STATE LEGISLATION AND LITIGATION IMPACTING ABORTION ACCESS AS WELL AS CONTRACEPTION, AND THAT INFORMATION INFORMS THE STATE-BY-STATE GUIDE ON ABORTIONFINDER.ORG.

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

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| Name of the organization<br>POWER TO DECIDE | Employer identification number<br>52-1974611 |
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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

|   |  |
|---|--|
| Name of the organization<br>POWER TO DECIDE | Employer identification number<br>52-1974611 |
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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 ASSISTANT AND UNRELATED TO HIS DUTIES AS SECRETARY.

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

DESIGN & EDITING SERVICES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 810,890. |
| MANAGEMENT AND GENERAL EXPENSES | 31,446.  |
| FUNDRAISING EXPENSES            | 4,248.   |
| TOTAL EXPENSES                  | 846,584. |

EVALUATION SERVICES:

|  |   |
|--|---|
| Name of the organization<br><b>POWER TO DECIDE</b> | Employer identification number<br><b>52-1974611</b> |
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| <b>PROGRAM SERVICE EXPENSES</b>        | <b>224,577.</b> |
| <b>MANAGEMENT AND GENERAL EXPENSES</b> | <b>8,709.</b>   |
| <b>FUNDRAISING EXPENSES</b>            | <b>1,177.</b>   |
| <b>TOTAL EXPENSES</b>                  | <b>234,463.</b> |

**OTHER CONSULTANTS & CONTRACTORS:**

|   |                   |
|---|-------------------|
| <b>PROGRAM SERVICE EXPENSES</b>                               | <b>930,417.</b>   |
| <b>MANAGEMENT AND GENERAL EXPENSES</b>                        | <b>36,080.</b>    |
| <b>FUNDRAISING EXPENSES</b>                                   | <b>4,875.</b>     |
| <b>TOTAL EXPENSES</b>   | <b>971,372.</b>   |
| <b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b> | <b>2,052,419.</b> |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **POWER TO DECIDE** Employer identification number **52-1974611**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity             | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|---|---|---------------------|---------------------------|-------------------------------------|
| BEDSIDER, LLC - 27-5460689<br>1015 15TH ST, NW, SUITE 1225<br>WASHINGTON, DC 20005 | MAKE MISSION-RELATED<br>SOFTWARE APPS AVAILABLE IN<br>AN ONLINE STORE | DELAWARE  | 0.                  | 0.                        | POWER TO DECIDE                     |
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**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
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**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
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| <b>1s</b> |     |    |

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





**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.









# 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 |

## "Power to Decide PD Form 2023" History

-  Document created by Marilyn Ayres (mayres@powertodecide.org)  
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2024-04-30 - 2:46:31 PM GMT
-  Email viewed by raegan@powertodecide.org  
2024-05-02 - 2:42:43 PM GMT
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