

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

2025

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

POWER TO DECIDE

EIN or SSN

52-1974611

Name and title of officer or person subject to tax

**MARILYN AYRES
INTERIM CO-CEO/VP**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,413,118.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **26891**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **04/27/2026**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52230498693

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **04/24/2026**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2025) Created 5/1/25

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)

2025

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2025 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 F Name and address of principal officer: RACHEL FEY SAME AS C ABOVE G Gross receipts \$: 28,330,051 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.POWERTODECIDE.ORG K Form of organization: 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... 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.

Sign Here: Signature of officer: MARILYN AYRES, INTERIM CO-CEO/CFO Date: Preparer's name: RICHARD J. LOCASTRO, CPA Preparer's signature: Richard J. Locastro Date: 04/24/2026 PTIN: P00288314 Firm's name: GELMAN, ROSENBERG & FREEDMAN Firm's EIN: 52-1392008 Firm's address: 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 Phone no.: 301-951-9090

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 \$ 4,849,896. including grants of \$) (Revenue \$ 61,728.) 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 14 YEARS, BEDSIDER HAS HELPED NEARLY 90 MILLION USERS TO MAKE AUTONOMOUS, FULLY INFORMED CHOICES ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH. BEDSIDER IS 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 ITS TARGET AUDIENCE (PEOPLE AGED 18-29) AS WELL AS ITS

4b (Code:) (Expenses \$ 4,038,765. including grants of \$ 590,942.) (Revenue \$ 214,888.) SYSTEMS AND PRACTICES: POWER TO DECIDE'S PROGRAMS TEAM LEADS COMMUNITY AND CAMPUS-BASED INITIATIVES THAT EXPAND ACCESS TO TRUSTED SEXUAL AND REPRODUCTIVE HEALTH INFORMATION WHILE STRENGTHENING LOCAL CAPACITY TO SUPPORT REPRODUCTIVE WELL-BEING. REPRODUCTIVE WELL-BEING (RWB) EFFORTS FOCUS ON EMPOWERING INDIVIDUALS AND COMMUNITIES TO MAKE INFORMED CHOICES ABOUT THEIR REPRODUCTIVE FUTURES. BY FOSTERING COLLABORATION AND PARTNERSHIPS, POWER TO DECIDE ENGAGES LOCAL STAKEHOLDERS TO DESIGN AND IMPLEMENT SOLUTIONS TAILORED TO THE UNIQUE NEEDS OF EACH COMMUNITY, ENSURING RESOURCES AND SUPPORT ARE ACCESSIBLE TO ALL, ESPECIALLY THOSE FACING THE GREATEST ACCESS BARRIERS.

OVER THE PAST THREE YEARS, THROUGH ITS CONTRACEPTIVE EQUITY INITIATIVE

4c (Code:) (Expenses \$ 1,921,519. including grants of \$) (Revenue \$ 1,665.) MARKETING & COMMUNICATIONS: THE MARKETING AND COMMUNICATIONS TEAM AT POWER TO DECIDE PLAYS A PIVOTAL ROLE IN ADVANCING THE ORGANIZATION'S MISSION, ENSURING THAT EVERYONE HAS THE INFORMATION AND RESOURCES THEY NEED TO ACHIEVE AND MAINTAIN THEIR REPRODUCTIVE WELL-BEING. THROUGH STRATEGIC PRESS OUTREACH, ENTERTAINMENT MEDIA PARTNERSHIPS, AND THE CREATION AND DISSEMINATION OF RELEVANT, TIMELY CONTENT, THE TEAM AMPLIFIES KEY MESSAGES AND DRIVES MEANINGFUL ENGAGEMENT.

IN NOVEMBER 2025, POWER TO DECIDE CELEBRATED THE 13TH ANNIVERSARY OF THANKS, BIRTH CONTROL DAY, ITS CORNERSTONE MULTI-PLATFORM CAMPAIGN THAT EMPOWERS EVERYONE TO SPEAK OPENLY ABOUT ALL THAT BIRTH CONTROL MAKES POSSIBLE WHILE REINFORCING THE CRITICAL IMPORTANCE OF ACCESS. THE

4d Other program services (Describe on Schedule O.) (Expenses \$ 548,080. including grants of \$) (Revenue \$)

4e Total program service expenses 11,358,260.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. Pre-filled 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

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

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, 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 columns for question number, question text, and Yes/No columns. Includes 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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 CHIEF EXEC. OFFICER (UNTIL 10/2025)	40.00			X				309,120.	0.	37,460.
(2) MARK ADAM BOARD SECRETARY/COTO	40.00			X				277,124.	0.	18,776.
(3) GILLIAN SEALY CHIEF PROGRAM OFFICER	40.00				X			255,661.	0.	38,699.
(4) MARILYN AYRES, CFO THEN INT. CO-CEO/CFO (FROM 10/2025)	40.00			X				221,755.	0.	31,618.
(5) JENNIFER JOHNSON VP, DIGITAL PROGRAMS & EDUC.	40.00					X		215,978.	0.	26,949.
(6) RACHEL FEY, VP POL & ST. PTNR. THEN INT. CO-CEO/ VP POL. & ST. PTNR	40.00			X				198,696.	0.	22,404.
(7) DANIELLE LAPIERRE VP, COMMUNICATIONS & MARKETING	40.00					X		180,066.	0.	20,227.
(8) CASEY RONCORONI VP, STRATEGY & DEVELOPMENT	40.00					X		177,671.	0.	19,873.
(9) SARAH AXELSON SR DIR, INNOV, TRAINING & TECH ASSIS	40.00					X		157,052.	0.	22,514.
(10) JENEEN ANDERSON SR DIRECTOR, HEALTH EQUITY	40.00					X		153,845.	0.	20,110.
(11) VINCENT GUILAMO-RAMOS CHAIR	1.00	X		X				0.	0.	0.
(12) BRUCE KUHLIK VICE CHAIR	1.00	X		X				0.	0.	0.
(13) VICKI SHEPARD TREASURER	1.00	X		X				0.	0.	0.
(14) FOREST ALTON DIRECTOR	1.00	X						0.	0.	0.
(15) CHRIS BRANDT DIRECTOR	1.00	X						0.	0.	0.
(16) CHARLES W. DENT DIRECTOR	1.00	X						0.	0.	0.
(17) LAUREN DOLGRAN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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) CRAIG ERWICH DIRECTOR	1.00	X						0.	0.	0.
(19) MARY FLIPSE DIRECTOR (FROM 4/2025)	1.00	X						0.	0.	0.
(20) TAMANDRA MORGAN DIRECTOR	1.00	X						0.	0.	0.
(21) LAUREN POWELL DIRECTOR	1.00	X						0.	0.	0.
(22) KIAH WILLIAMS DIRECTOR (UNTIL 4/2025)	1.00	X						0.	0.	0.
1b Subtotal								2,146,968.	0.	258,630.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,146,968.	0.	258,630.

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 21

	Yes	No
3 Did the organization list any former 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) Name and business address	(B) Description of services	(C) Compensation
CHILD TRENDS, INC., 12300 TWINBROOK PARKWAY, SUITE 235, ROCKVILLE, MD 20852	EVALUATION SERVICES	685,362.
NITID BIT, LLC, 855 FULSOM STREET, APT 910, SAN FRANCISCO, CA 94107	WEB DEVELOPMENT SERVICES	540,371.
CITIZENS TECH COLLABORATIVE 26 3RD STREET, APT 1R, BROOKLYN, NY 11231	UX DESIGN AND WEB SERVICES	425,374.
EMILY GOODSTEIN LLC DBA GRTR GOOD STRTGY 4455 CONN. AVE, NW APT 934, WASH., DC 20008	MARKETING STRATEGY SERVICES	149,000.
BONDAD, INC. DBA EXUDE HUMAN CAP. CNSLTNG, 325 CHSTNT ST, SUITE 1000, PHIL., PA 19106	HUMAN RESOURCES SERVICES	145,521.

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 13

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,478,018.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,761,810.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,508,839.			
	h	Total. Add lines 1a-1f		13,239,828.			
Program Service Revenue	2 a	CONSULTING REVENUE	Business Code				
			900099	191,330.	191,330.		
	b	PATIENT EDUCATION	900099	50,000.	50,000.		
	c	TRAINING REVENUE	900099	23,558.	23,558.		
	d	BEDSIDER PROVIDER PLUS REVENUE	900099	11,728.	11,728.		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		276,616.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		598,069.		598,069.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		102,300.		102,300.	
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					14,091,959.		
	b	Less: cost or other basis and sales expenses	7b	13,916,933.			
	c	Gain or (loss)	7c	175,026.			
d	Net gain or (loss)		175,026.		175,026.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	1,665.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory		1,665.	1,665.			
Miscellaneous Revenue	11 a	OTHER	Business Code				
			900099	19,614.		19,614.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		19,614.				
12	Total revenue. See instructions		14,413,118.	278,281.	0.	895,009.	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	590,942.	590,942.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,411,313.	1,062,652.	281,553.	67,108.
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	4,430,894.	3,920,795.	156,024.	354,075.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	190,805.	170,902.	4,029.	15,874.
9 Other employee benefits	312,374.	275,852.	12,177.	24,345.
10 Payroll taxes	442,698.	378,849.	31,659.	32,190.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,001.	8,959.	5,452.	590.
c Accounting	59,273.	35,402.	21,542.	2,329.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	14,984.			14,984.
f Investment management fees	56,458.		56,458.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,441,030.	2,152,232.	265,894.	22,904.
12 Advertising and promotion	1,028,597.	1,027,730.	742.	125.
13 Office expenses	69,104.	51,006.	5,123.	12,975.
14 Information technology	940,529.	892,354.	34,374.	13,801.
15 Royalties				
16 Occupancy	167,194.	129,439.	27,813.	9,942.
17 Travel	325,504.	305,678.	14,481.	5,345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	220,303.	213,265.	6,577.	461.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,118.	1,635.	356.	127.
23 Insurance	77,808.	64,861.	9,382.	3,565.
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 PROF. DEVELOPMENT	32,132.	16,566.	14,364.	1,202.
b BOOKS/SUBSCR./REFER.	30,647.	27,883.	849.	1,915.
c MEMBERSHIP DUES	19,888.	15,370.	4,518.	
d PAYROLL SERVICES	16,666.	14,605.	1,804.	257.
e All other expenses	2,638.	1,283.	253.	1,102.
25 Total functional expenses. Add lines 1 through 24e	12,898,900.	11,358,260.	955,424.	585,216.
26 Joint costs. 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	237,915.	1	227,642.
	2 Savings and temporary cash investments	8,857,513.	2	8,053,352.
	3 Pledges and grants receivable, net	1,158,340.	3	2,714,664.
	4 Accounts receivable, net	56,858.	4	222,470.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,120.	9	97,489.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,400.		
	b Less: accumulated depreciation	10b 6,182.		
	11 Investments - publicly traded securities	13,785,620.	11	15,636,937.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	816,882.	15	718,941.
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,004,584.	16	27,671,713.	
Liabilities	17 Accounts payable and accrued expenses	747,341.	17	645,099.
	18 Grants payable		18	
	19 Deferred revenue	20,000.	19	6,300.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	904,463.	25	797,829.
	26 Total liabilities. Add lines 17 through 25	1,671,804.	26	1,449,228.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,832,538.	27	15,160,996.
	28 Net assets with donor restrictions	9,500,242.	28	11,061,489.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,332,780.	32	26,222,485.
	33 Total liabilities and net assets/fund balances	25,004,584.	33	27,671,713.

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	14,413,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,898,900.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,514,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,332,780.
5	Net unrealized gains (losses) on investments	5	1,375,487.
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	26,222,485.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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? _____	X	
3b	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 _____	X	

Form 990 (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization <p style="text-align: center;">POWER TO DECIDE</p>	Employer identification number <p style="text-align: center;">52-1974611</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3908498.	10839754.	7933237.	13656478.	13239828.	49577795.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3908498.	10839754.	7933237.	13656478.	13239828.	49577795.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20233559.
6 Public support. Subtract line 5 from line 4.						29344236.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	3908498.	10839754.	7933237.	13656478.	13239828.	49577795.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	542,452.	584,841.	729,236.	690,251.	700,369.	3247149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	140.		2,714.	6,156.	19,614.	28,624.
11 Total support. Add lines 7 through 10						52853568.
12 Gross receipts from related activities, etc. (see instructions)					12	5,445,589.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	55.52	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	55.49	%
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. 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) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (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; 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) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (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 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 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 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2025. 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 - 2024. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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, 3b, and 3c below. Sub-rows a, b, c.

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

Schedule B (Form 990)

(Rev. December 2024) 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 for the latest information.

OMB No. 1545-0047

Name of the organization

POWER TO DECIDE

Employer identification number

52-1974611

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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) (Rev. 12-2024)

Name of organization POWER TO DECIDE	Employer identification number 52-1974611
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>5,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>3,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,478,018.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>687,093.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>2,505,669.</u>	<u>10/07/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization POWER TO DECIDE	Employer identification number 52-1974611
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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.	6,182.	218.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				218.

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)		
Total. (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)		
Total. (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)	
Total. (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	797,829.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	797,829.

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MYHEALTHED, INC. 223 KIRKWOOD DRIVE CHAPEL HILL, NC 27514	81-3615827	501(C)(3)	60,279.	0.			EVALUATION AWARD
CHILD TRENDS, INC. 12300 TWINBROOK PARKWAY, SUITE 235 ROCKVILLE, MD 20852	13-2982969	501(C)(3)	418,972.	0.			EVALUATION AWARD
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	20,691.	0.			EVALUATION AWARD
COMPASSION OUTREACH OF AMERICA 1228 HORACE STREET NEW ORLEANS, LA 70114	27-2421127	501(C)(3)	15,000.	0.			RWB SHARED LEARNING COLLABORATIVE AWARD
THE UNIVERSITY OF TEXAS AT ARLINGTON - 701 S. NEDDERMAN DRIVE - ARLINGTON, TX 76019	75-6000121	501(C)(3)	15,000.	0.			RWB SHARED LEARNING COLLABORATIVE AWARD
I BE BLACK GIRL 7914 W DODGE ROAD, SUITE 254 OMAHA, NE 68114	87-3551841	501(C)(3)	16,000.	0.			RWB SHARED LEARNING COLLABORATIVE AWARD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9.
- 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) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY START COALITION OF HILLSBOROUGH COUNTY, INC. - 2806 NORTH ARMENIA AVENUE, SUITE 100 - TAMPA, FL 33607	59-3127943	501(C)(3)	15,000.	0.			RWB SHARED LEARNING COLLABORATIVE AWARD
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	15,000.	0.			RWB SHARED LEARNING COLLABORATIVE AWARD
FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY FOUNDATION, INC. - 625 EAST TENNESSEE STREET, SUITE 100 - TALLAHASSEE, FL 32308	59-6175096	501(C)(3)	15,000.	0.			RWB SHARED LEARNING COLLABORATIVE AWARD

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

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 EXPERTISE IN THE FIELD OR THROUGH A COMPETITIVE, PEER REVIEWED PROCESS. POWER TO DECIDE MONITORS GRANT RECIPIENTS TO ENSURE SUBSTANTIVE PROGRAMMATIC 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)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

POWER TO DECIDE

Employer identification number

52-1974611

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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 CHIEF EXEC. OFFICER (UNTIL 10/2025)	(i)	309,120.	0.	0.	18,502.	18,958.	346,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK ADAM BOARD SECRETARY/COTO	(i)	271,123.	6,001.	0.	16,561.	2,215.	295,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GILLIAN SEALY CHIEF PROGRAM OFFICER	(i)	255,011.	650.	0.	16,226.	22,473.	294,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARILYN AYRES, CFO THEN INT. CO-CEO/CFO (FROM 10/2025)	(i)	208,505.	13,250.	0.	13,463.	18,155.	253,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER JOHNSON VP, DIGITAL PROGRAMS & EDUC.	(i)	215,328.	650.	0.	13,530.	13,419.	242,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RACHEL FEY, VP POL & ST. PTNR. THEN INT. CO-CEO/ VP POL. & ST. PTNR	(i)	180,346.	18,350.	0.	12,182.	10,222.	221,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIELLE LAPIERRE VP, COMMUNICATIONS & MARKETING	(i)	179,416.	650.	0.	10,877.	9,350.	200,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CASEY RONCORONI VP, STRATEGY & DEVELOPMENT	(i)	177,021.	650.	0.	10,961.	8,912.	197,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SARAH AXELSON SR DIR, INNOV, TRAINING & TECH ASSIS	(i)	155,802.	1,250.	0.	9,543.	12,971.	179,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENEEN ANDERSON SR DIRECTOR, HEALTH EQUITY	(i)	153,195.	650.	0.	9,526.	10,584.	173,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

MERIT-BASED BONUS COMPENSATION IS REPORTED IN SCHEDULE J, PART II, COLUMN (B) (II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

POWER TO DECIDE

Employer identification number

52-1974611

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	2	2,508,839.	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 Acknowledgment **29** **0**

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?

	Yes	No
30a		X
31		X
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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) 2025 Created 12/29/25

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):

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS.

Lined area for supplemental information input.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 BY WORKING DIRECTLY WITH ITS 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 AND BEDSIDER PROVIDERS+, OUR SUBSCRIPTION CHANNEL, ARE DIGITAL PLATFORMS THAT SERVE AS A COMPANION SITE TO BEDSIDER AND ALLOWS POWER TO DECIDE THE ABILITY TO REACH AND ENGAGE WITH PROVIDER AUDIENCES. THESE PLATFORMS OFFER HIGH-QUALITY, EVIDENCE-INFORMED SEXUAL AND REPRODUCTIVE HEALTH CARE INFORMATION IN SUPPORT OF PEOPLE'S REPRODUCTIVE WELL-BEING GOALS. BEDSIDER PROVIDERS+ GIVES PROVIDERS TOOLS AND MESSAGES TO COMBAT PREVALENT MISINFORMATION THAT PATIENTS ENCOUNTER ONLINE AND IN SOCIAL MEDIA. POWER TO DECIDE EVALUATES, DISSEMINATES, AND DEVELOPS BEDSIDER CLINIC MATERIALS AND TOOLS IN ENGLISH AND SPANISH.

ABORTIONFINDER.ORG SIMPLIFIES THE PROCESS OF LEARNING WHERE AND HOW TO GET AN ABORTION IN THE U.S. THIS EASY-TO-USE SEARCH TOOL IS BUILT ON A DATABASE OF MORE THAN 800 IN-PERSON AND TELEHEALTH ABORTION PROVIDERS ACROSS THE COUNTRY. IT ALSO CONTAINS INFORMATION ABOUT ABORTION FUNDS AND PRACTICAL SUPPORT ORGANIZATIONS, A BREAKDOWN OF EACH STATE'S ABORTION LAWS, AND OTHER RESOURCES TO SUPPORT ABORTION SEEKERS. THE DATABASE IS REGULARLY VERIFIED AND UPDATED BY STAFF AT POWER TO DECIDE. ABORTIONFINDER.ORG IS AVAILABLE IN BOTH ENGLISH AND SPANISH, AND VIA TEXT MESSAGE SERVICES. SINCE LAUNCHING IN 2020, ABORTIONFINDER.ORG HAS HELPED MILLIONS OF ABORTION SEEKERS LEARN ABOUT THEIR CARE OPTIONS.

UTILIZING THE SAME DATABASE AS ABORTIONFINDER.ORG, THE NAVIGATE PLATFORM IS 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 MORE THAN 500K VISITORS IN 2025. THE WEBSITE SERVES AS A CLEARINGHOUSE OF INFORMATION ON THE ORGANIZATION AND ITS MYRIAD INITIATIVES, OFFERING CLEAR AND ACTIONABLE RESEARCH, THE LATEST

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
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RELEVANT INFORMATION ON POLICY, AND WAYS INDIVIDUALS CAN GET INVOLVED IN IMPROVING REPRODUCTIVE WELL-BEING FOR ALL.

THE MISSOURI-BASED THE RIGHT TIME INITIATIVE IS THE ONLY EFFORT OF ITS KIND THAT FOCUSES ON IMPROVING ACCESS TO CONTRACEPTIVE SERVICES TO THOSE MOST IN NEED BY REDUCING COST, ACCESS, AND KNOWLEDGE BARRIERS. THROUGH A NETWORK OF AFFILIATED HEALTH CENTERS AND A ROBUST COMMUNICATIONS EFFORT LED BY POWER TO DECIDE, THE RIGHT TIME MAKES ALL METHODS OF CONTRACEPTION AVAILABLE AT LOW- OR NO-COST TO THOSE WHO NEED THEM. SINCE 2019, THE INITIATIVE HAS EMPOWERED INDIVIDUALS IN MISSOURI TO TAKE CONTROL OF THEIR OWN HEALTH BY IMPROVING INFORMATION ABOUT, AND REMOVING BARRIERS TO, QUALITY CONTRACEPTIVE SERVICES. TO DATE, THE INITIATIVE HAS PROVIDED QUALITY CONTRACEPTIVE SERVICES TO MORE THAN 180,000 PEOPLE. THE RIGHT TIME INITIATIVE USES A STRATEGIC, MULTI-CHANNEL ADVERTISING APPROACH TO REACH MISSOURIANS WITH CLEAR, ACCESSIBLE INFORMATION ABOUT BIRTH CONTROL AND AVAILABLE SERVICES. CAMPAIGNS SPAN DIGITAL, SOCIAL, INFLUENCER PARTNERSHIPS, SMS, AND OUT-OF-HOME PLACEMENTS. MESSAGING IS INFORMED BY ONGOING RESEARCH AND PERFORMANCE DATA, ALLOWING FOR CONTINUOUS OPTIMIZATION AND MORE EFFECTIVE ENGAGEMENT WITH PRIORITY AUDIENCESULTIMATELY SUPPORTING INCREASED UTILIZATION OF CARE AND MORE INFORMED DECISION-MAKING AROUND CONTRACEPTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: (CEI), POWER TO DECIDE PARTNERED WITH ORGANIZATIONS AND INITIATIVES ACROSS THE COUNTRY WHO ARE WORKING TO EXPAND CONTRACEPTIVE ACCESS. THESE EFFORTS, KNOWN AS CONTRACEPTIVE ACCESS INITIATIVES (CAIS), BRING TOGETHER PARTNERS ACROSS HEALTHCARE, PUBLIC HEALTH, AND COMMUNITY ORGANIZATIONS TO IMPROVE ACCESS IN WAYS THAT REFLECT LOCAL NEEDS. WITH COMMUNITY GUIDANCE AND COLLABORATION, POWER TO DECIDE DEVELOPED A CONTRACEPTIVE ACCESS INITIATIVE (CAI) TOOLKIT DESIGNED TO HELP COMMUNITIES CREATE AND IMPLEMENT THEIR OWN STRATEGIES TO IMPROVE CONTRACEPTIVE ACCESS. THIS DIGITAL TOOLKIT ALSO PROVIDES COMMUNITIES WITH THE AUTONOMY TO DESIGN A CAI THAT TAKES INTO ACCOUNT LOCAL NEEDS, PARTNERSHIPS AND OPPORTUNITIES.

THROUGH ITS CAMPUS SEXUAL HEALTH PROGRAM, POWER TO DECIDE PARTNERS WITH INSTITUTIONS LIKE HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCUS) TO IMPROVE CAMPUS-WIDE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AND SERVICES. SINCE 2023, POWER TO DECIDE HAS SPEARHEADED A STUDENT-LED INITIATIVE CALLED BEYOND THE SHEETS. THE GOAL OF THIS INITIATIVE IS TO EMPOWER STUDENTS ON HBCU CAMPUSES TO PROMOTE A CULTURE OF SEXUAL AND REPRODUCTIVE WELL-BEING THROUGH STUDENT-LED ENGAGEMENT STRATEGIES AIMED AT RAISING AWARENESS, PROVIDING EDUCATION, REDUCING STIGMA, AND PROMOTING ADVOCACY AND MOVEMENT BUILDING. RESEARCH (AVAILABLE AT [HTTPS://WWW.ROUTLEDGE.COM/SEXUAL-HEALTH-AND-BLACK-COLLEGE-STUDENTS-EXPLORING-THE-SEXUAL-MILIEU-OF-HBCUS/HALL/P/BOOK/9781032015705](https://www.routledge.com/sexual-health-and-black-college-students-exploring-the-sexual-milieu-of-hbcus/hall/p/book/9781032015705)) HAS SHOWN THAT BLACK STUDENTS AT HBCUS BEAR A DISPROPORTIONATE BURDEN OF POORER SEXUAL HEALTH OUTCOMES.

BY BLENDING COMMUNITY ENGAGEMENT, CULTURAL COMPETENCE, AND SYSTEMIC CHANGE, POWER TO DECIDE'S WORK ON COLLEGE CAMPUSES ENSURES STUDENTS AND COMMUNITIES HAVE THE TOOLS AND RESOURCES THEY NEED TO THRIVE.

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

Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
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CAMPAIGN ENGAGED A DIVERSE ARRAY OF PARTICIPANTS - INCLUDING MEDIA OUTLETS, POLICYMAKERS, AND PARTNER ORGANIZATIONS THROUGH INFLUENCER PARTNERSHIPS AND NEW CREATIVE ASSETS. IN JUST ONE MONTH, #THXBIRTHCONTROL SPARKED MORE THAN 89.8M ENGAGEMENTS ACROSS SOCIAL MEDIA PLATFORMS, EXPANDING THE CONVERSATION AND DEEPENING ITS IMPACT.

BY LEVERAGING RAPID RESPONSE EFFORTS, TARGETED OUTREACH, AND PROMPT PRESS RELEASE DISTRIBUTION, POWER TO DECIDE'S EXPERT INSIGHTS, QUOTES, AND RESOURCES RECEIVED WIDESPREAD COVERAGE IN LEADING NATIONAL AND LOCAL MEDIA OUTLETS INCLUDING CBS NEWS, REPOS FIGHT BACK, COSMOPOLITAN, ESSENCE GU, MS. MAGAZINE, HER CAMPUS, CNN, SLATE, REWIRE NEWS GROUP, AND NEWSBREAK. AS WELL AS A NUMBER OF LOCAL MEDIA OUTLETS SUCH AS KANSAS PUBLIC RADIO, PITT NEWS, AND THE DAILY CARDINAL. SINCE JANUARY 2025, MEDIA COVERAGE OF SRH ISSUES HAS BECOME INCREASINGLY CONSTRAINED, WITH OUTLETS LIMITING OR SCALING BACK CONTENT AND JOURNALISTS FACING INTERNAL RESTRICTIONS MAKING IT HARDER TO SECURE ACCURATE COVERAGE AS MISINFORMATION CONTINUES TO SPREAD. POWER TO DECIDE CONTINUES TO PURSUE WAYS TO INFORM AND SUPPORT DECISION-MAKERS IN JOURNALISM AND ENTERTAINMENT TO REACH THEIR AUDIENCES IN WHATEVER WAY THEY CAN.

FOR 30 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 GREY'S ANATOMY AND TELL ME LIES TO UNIVISION AND ABC, WE COLLABORATE WITH STORYTELLERS AND MEDIA DECISION-MAKERS ACROSS THE POP CULTURE LANDSCAPE TO PORTRAY SEXUAL HEALTH, RELATIONSHIPS, AND BIRTH CONTROL IN A RELEVANT, APPROACHABLE WAY. THROUGH COMEDIES, DRAMAS, UNSCRIPTED AND DIGITAL/SOCIAL CONTENT, ITS MEDIA PARTNERS REACH AUDIENCES WHERE THEY ARE WITH HELPFUL MESSAGES AND TRUSTED RESOURCES LIKE BEDSIDER AND ABORTIONFINDER. POWER TO DECIDE ENGAGED WITH MORE THAN 330 MEDIA LEADERS THROUGH EVENTS, TAILORED OUTREACH, BRIEFINGS, CONSULTATIONS, AND REGULAR EMAIL UPDATES. TOGETHER, THESE CREATIVE COLLABORATIONS SPARK CONVERSATIONS AND HELP CATALYZE A CULTURE OF REPRODUCTIVE WELL-BEING FOR ALL.

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 AN EMPHASIS ON ADDRESSING THE NEEDS OF THOSE WHO FACE THE GREATEST BARRIERS TO INFORMATION AND CARE. THESE POLICIES AND PROGRAMS ENABLE PEOPLE TO ACHIEVE AND MAINTAIN THEIR REPRODUCTIVE WELL-BEING.

POWER TO DECIDE'S FEDERAL POLICY WORK FOCUSES ON ADVOCACY TO SUPPORT POLICIES THAT PROTECT AND EXPAND ACCESS TO CONTRACEPTION, ABORTION AND SEXUAL HEALTH INFORMATION. SOME KEY EXAMPLES INCLUDE DEVELOPING NEW RESOURCES FOR POLICYMAKERS TO COMBAT CONTRACEPTIVE MIS AND DISINFORMATION, WORKING TO PUSH FOR A COMPLETE BAN ON ABORTION AT THE VETERANS ADMINISTRATION, AND PUSHING FOR CONTINUED FUNDING FOR THE TITLE X FAMILY PLANNING PROGRAM.

LIKE ITS 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. POWER TO DECIDE MAINTAINS A STATE CONTRACEPTIVE ACCESS TOOLKIT THAT TRACKS STATE POLICIES THAT IMPROVE CONTRACEPTIVE ACCESS. POWER TO DECIDE HAS ALSO PROVIDED TECHNICAL

Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
ASSISTANCE TO ADDITIONAL STATES AS THEY THINK THROUGH HOW TO MOVE THESE POLICIES FORWARD. ITS STATE POLICY WORK ALSO ADDRESSES ABORTION ACCESS AT THE STATE LEVEL. POWER TO DECIDE MONITORS STATE LEGISLATION AND LITIGATION IMPACTING ABORTION ACCESS AS WELL AS CONTRACEPTION, AND THAT INFORMATION INFORMS THE STATE-BY-STATE GUIDE ON ABORTIONFINDER.ORG (AVAILABLE AT HTTPS://WWW.ABORTIONFINDER.ORG/ABORTION-GUIDES-BY-STATE). EXPENSES \$ 548,080. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

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

THE BOARD CONDUCTED A FULL REVIEW OF ITS BYLAWS TO ENSURE THAT THEY FULLY CONFORMED TO CURRENT PRACTICES AND APPROVED THE AMENDED AND RESTATED BYLAWS IN JANUARY 2025. MOST SIGNIFICANTLY, UNDER THE RESTATED BYLAWS THE CHIEF EXECUTIVE OFFICER IS NO LONGER A MEMBER OF THE BOARD AND UPDATES WERE MADE TO THE COMMITTEE STRUCTURE.

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 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 2025. 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 ADAM WAS FOR SERVICES IN HIS CAPACITY

Name of the organization POWER TO DECIDE	Employer identification number 52-1974611
AS CHIEF OPERATING AND TECHNOLOGY OFFICER AND WAS UNRELATED TO HIS DUTIES AS SECRETARY.	

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

OTHER CONSULTANTS & CONTRACTORS:

PROGRAM SERVICE EXPENSES	1,434,737.
MANAGEMENT AND GENERAL EXPENSES	177,252.
FUNDRAISING EXPENSES	15,268.
TOTAL EXPENSES	1,627,257.

DESIGN & EDITING SERVICES:

PROGRAM SERVICE EXPENSES	457,250.
MANAGEMENT AND GENERAL EXPENSES	56,490.
FUNDRAISING EXPENSES	4,866.
TOTAL EXPENSES	518,606.

EVALUATION SERVICES:

PROGRAM SERVICE EXPENSES	260,245.
MANAGEMENT AND GENERAL EXPENSES	32,152.
FUNDRAISING EXPENSES	2,770.
TOTAL EXPENSES	295,167.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,441,030.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

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

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

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

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.

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

