Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service The section 501(c), 527, or 4947(a)(1) or the internal Revenue Code (except private roundations

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

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

Open to Public

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| Answer change Name change | _ | | | | | • | u, and end | iing | | | | |
| Name developes Name and stated for Pol. Soci if mail is not delivered to street addressed Pol. Soci if mail is not delivered to street addressed Socialist Electrophysiology Corp. Socialist Pol. Socialist Corp. So | | | | | WERING POTENTIAL INC | • | | | D Emp | • | | |
| Pos BOX 230973 | = | | • | | | | | | | | | |
| Special content content City or from, static or province, coursey, and ZPP or facing postal scale G Gross receipts G Gr | _ | Name o | change | Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | |
| New YORK, NY 10023 \$ 232,890 | Ц | Initial re | eturn | PO BOX 230973 | (929)265-1167 | | | | | | | |
| Application pending F Name and address of principal afforcis Majo Anni San Surginary instructs Anadoration Yes No. | Ш | Final re | eturn/terminated | minated City or town, state or province, country, and ZIP or foreign postal code G Gross receives | | | | | | | | |
| Take-servity soulose Schools S | | Amende | ded return | NEW YORK, NY 1 | .0023 | | | | \$ | 232,890 | | |
| The contributions and grants Contributions and grants (Part VIII, line 1h) Contributions and grants (Part VIII, line 2h) Contributions and grants (Part VIII, column (A), lines 5, 64, 6., 96, 106, and 11h) Contributions and similar amounts paid (Part IX, column (A), lines 1-3) Contributions and similar amounts paid (Part IX, column (A), lines 1-3) Contributions (Part IX, column (A), lines 1-3) Contributions (Part IX, column (A), lines 1-3) Contributions (Part IX, column (A), lines 5, 64, 6., 96, 106, and 11h) Contributions (Part IX, column (A), lines 1-3) Contri | | Applica | ation pending | F Name and address of pri | ncipal officer: | | | H(a) Is this a | group return | n for subordinates? Yes X No | | |
| Wester HTTPS://NWW.POWEINGPOINETIAL.ORG/ | | | | | | | | H(b) Are all | subordina | ates included? Yes No | | |
| Part Summary | ı | Tax-exe | empt status: X 501 | (c)(3) 501(c) (|) ◀ (insert no.) 4947(a)(1) o | r 527 | | If "No," | attach a l | list. See instructions | | |
| Part Summary | J | Websit | te: ► HTTPS: | ://WWW.POWERING | POTNEITAL.ORG/ | | | H(c) Group | exemptior | n number 🕨 | | |
| 1 Briefly describe the organization's mission or most significant activities: TO_USE_TECHNOLOGY_TO_ENHANCE_EDUCATION_AND STIMULATE_IMAGINATIONS_FOR_LEARNERS_IN_DEVELOPING_COUNTRIES_WHILE_RESPECTING_AND_INCORPORATIN_VALUES_OF_THE_LOCAL_CULTURE. 2 Check this box ▶ | K | Form of | of organization: X Corp | poration Trust Ass | ociation Other ► | L Year of for | mation: 20 | 15 M s | State of le | egal domicile: NY | | |
| 1 Briefly describe the organization's mission or most significant activities: TO_USE_TECHNOLOGY_TO_ENHANCE_EDUCATION_AND STIMULATE_IMAGINATIONS_FOR_LEARNERS_IN_DEVELOPING_COUNTRIES_WHILE_RESPECTING_AND_INCORPORATIN_VALUES_OF_THE_LOCAL_CULTURE. 2 Check this box ▶ | Pa | art I | Summary | | | | | | | | | |
| STIMULATE INAGINATIONS FOR LEARNERS IN DEVELOPING COUNTRIES WHILE RESPECTING AND INCORPORATING VALUES OF THE LOCAL CULTURE. 2 | | | | the organization's miss | ion or most significant activities: | TO USE TEC | HNOLOGY | TO ENH | ANCE | EDUCATION AND | | |
| Values OF THE LOCAL CULTURE. | | | • | = | = | | | | | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 | çe | | | | | | | | | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 | д | | VILLOUD OI I | IND DOCINE CODIC | | | | | | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 | /eri | 2 | Check this hov | if the organization | discontinued its operations or o | disposed of more th | an 25% of | its not asso | te | | | |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 | 9 | | | | | | | | 1 | 6 | | |
| Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta 0 | જ | | | - | | | | | | | | |
| Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta 0 | ies | | | | | | | | | | | |
| Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta 0 | Ĭ | | | | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 0 | Act | _ | | • | • • | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), lines 11e) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses. Add lines 13-17 (must equal Part X) (part IX, column (A), lines 5-10) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total fundraising fees (Part IX, column (A), lines 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total fundraising expenses. Subtract line 18 from line 12 10 Total liabilities (Part X, line 26) 10 Total assets (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature Block 10 Total complete, Decision of pripager (where han officer) is based on all information of which preparer has any knowledge and belief, it is too, correct, and complete, Decision of pripager (where than officer) is based on all information of which preparer has any knowledge. Part II Signature Block 10 Trype or print rame and dise 16 Prim's per priegraper's name 17 Christopher Nickolas 16 Christopher Nickolas 16 Christopher Nickolas 17 Prim's address 1 Firm's address 1 163 Gibson Blvd 18 Total liability of 46468-8111 | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) 239,000 232,887 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-2) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 14) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 1-10) 16 Total fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e-10 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 35, 335 35, 335 37, 638 Part II 3 Signature Block Under penalties of perjav, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (part than officior) is based on all information of which preparer has any knowledge. Part II 4 Christopher Nickolas Christopher Nickolas CPA Firm's address ➤ 163 Glibson Blvd Valley Stream NY 11581 Program service revenue and 239, 400 232, 887 10 10 12 239, 10 239 | | | b Net unrelated bu | isiness taxable income | from Form 990-1, Part I, line 11 | | • • • • • | | . 7b | | | |
| 9 Program service revenue (Part VIII, Ione 2g) | | | | | | | | | | _ | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4 3 3 1 1 1 1 1 1 1 1 | | | | = : | | | | 239 | ,000 | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 240,268 232,890 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 46,340 23,547 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61,411 67,772 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (D), line 25) 8,590 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 220,776 190,587 19 Revenue less expenses. Subtract line 18 from line 12 113,025 99,268 20 Total assets (Part X, line 16) 46,154 82,111 21 Total liabilities (Part X, line 26) 10,819 4,473 22 Net assets or fund balances. Subtract line 21 from line 20 35,335 77,638 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primity per perparer's name | Jue | 9 | - | • | - , | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 240,268 232,890 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 46,340 23,547 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61,411 67,772 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (D), line 25) 8,590 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 220,776 190,587 19 Revenue less expenses. Subtract line 18 from line 12 113,025 99,268 20 Total assets (Part X, line 16) 46,154 82,111 21 Total liabilities (Part X, line 26) 10,819 4,473 22 Net assets or fund balances. Subtract line 21 from line 20 35,335 77,638 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primity per perparer's name | ě | 10 | | | | | | | 4 | 3 | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 46,340 23,547 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61,411 67,772 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (D), line 25) 8,590 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 220,776 190,587 19 Revenue less expenses. Subtract line 18 from line 12 19,492 42,303 20 Total assets (Part X, line 16) 46,154 82,111 21 Total liabilities (Part X, line 26) 10,819 4,473 22 Net assets or fund balances. Subtract line 21 from line 20 35,335 77,638 Part II Signature Block MATTHEW COHEN Signature of officer Date MATTHEW COHEN Signature of officer Christopher Nickolas | æ | 11 | Other revenue (F | Part VIII, column (A), lir | nes 5, 6d, 8c, 9c, 10c, and 11e) | | | 1 | L , 264 | 0 | | |
| Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61,411 67,772 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 | | 12 | 2 Total revenue - a | add lines 8 through 11 (| must equal Part VIII, column (A) | , line 12) | | 240 | ,268 | 232,890 | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 61,411 67,772 | | 13 | 3 Grants and similar | ar amounts paid (Part | X, column (A), lines 1-3) | | | 46 | 340 | 23,547 | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 | | 14 | Benefits paid to | or for members (Part I) | K, column (A), line 4) | | | | | 0 | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Age and assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature COHEN Signature of officer MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Print/Type preparer's name Christopher Nickolas Christopher Nickolas D8-11-2021 Prims name Christopher Nickolas CPA Firm's address 163 Gibson Blvd Valley Stream NY 11581 Part II Sugnature Officer Date Check II if PTIN Firm's EIN Firm's EIN Phone no. Valley Stream NY 11581 | | 15 | Salaries, other co | ompensation, employee | ompensation, employee benefits (Part IX, column (A), lines 5-10) 6 | | | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Age and assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature COHEN Signature of officer MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Print/Type preparer's name Christopher Nickolas Christopher Nickolas D8-11-2021 Prims name Christopher Nickolas CPA Firm's address 163 Gibson Blvd Valley Stream NY 11581 Part II Sugnature Officer Date Check II if PTIN Firm's EIN Firm's EIN Phone no. Valley Stream NY 11581 | ses | 16 | a Professional fund | draising fees (Part IX, | column (A), line 11e) | | | | | 0 | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Age and assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature COHEN Signature of officer MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Print/Type preparer's name Christopher Nickolas Christopher Nickolas D8-11-2021 Prims name Christopher Nickolas CPA Firm's address 163 Gibson Blvd Valley Stream NY 11581 Part II Sugnature Officer Date Check II if PTIN Firm's EIN Firm's EIN Phone no. Valley Stream NY 11581 | ē | | b Total fundraising | expenses (Part IX, co | lumn (D), line 25) ► | 8,5 | 90 | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 19,492 42,303 | Ä | 17 | Other expenses | (Part IX, column (A), lin | nes 11a-11d, 11f-24e) | | | 113 | 3,025 | 99,268 | | |
| Beginning of Current Year End of Year | | 18 | Total expenses. | Add lines 13-17 (must | equal Part IX, column (A), line 2 | 25) | | 220 | 776 | 190,587 | | |
| Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Net assets or fund balances. Subtract line 21 from line 20 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Total liabilities (Part X, line 16) Net assets or fund balances. Subtract line 21 from line 20 Total assets (Part X, line 16) Total liabilities (Part X, line 16) Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) Total liabilities (Part X, line 46, 154 Total liabilities (Part X, line 26) Total liabiliti | | 19 | Revenue less ex | penses. Subtract line | 18 from line 12 | | | 19 | ,492 | 42,303 | | |
| Date PrintType preparer's name Preparer's signature | | SS | | | | | Beg | inning of Curr | ent Year | End of Year | | |
| Date PrintType preparer's name Preparer's signature | ets o | <u>ଞ</u> 20 | Total assets (Pa | rt X, line 16) | | | | 46 | 5,154 | 82,111 | | |
| Date PrintType preparer's name Preparer's signature Prim's name Prim's name Christopher Nickolas Ch | Asse | <u></u> | Total liabilities (F | Part X, line 26) | | | | 10 | ,819 | | | |
| Date PrintType preparer's name Preparer's signature Prim's name Prim's name Christopher Nickolas Ch | Ret | <u> 22</u> | Net assets or fur | nd balances. Subtract | line 21 from line 20 | | 🗀 | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign MATTHEW COHEN Signature of officer Date MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Date Check X if PTIN Paid Christopher Nickolas Christopher Nickolas 08-11-2021 Self-employed P01707557 Preparer Use Only Firm's address ▶ 163 Gibson Blvd Valley Stream NY 11581 646-468-8111 | | | Signature I | Block | | | | | • | , | | |
| Sign Here MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Christopher Nickolas Christopher Nickolas 08-11-2021 Prim's name Christopher Nickolas CPA Firm's address ▶ 163 Gibson Blvd Valley Stream NY 11581 Date Check ▼ if PTIN PTIN PTIN PTIN PTIN PTIN PTIN PTIN | | | alties of perjury, I declare t | that I have examined this retu | | | | wledge and be | lief, it is | _ | | |
| Sign Here MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Print/Type preparer's name Christopher Nickolas Christopher Nickolas Christopher Nickolas Christopher Nickolas Prim's name Christopher Nickolas Christopher Nickolas Prim's EIN Firm's EIN Valley Stream NY 11581 Date Check Date Check Firm's EIN PTIN PO1707557 Preparer Firm's EIN Phone no. 646-468-8111 | true | , correc | ct, and complete. Declarati | ion of preparer (other than off | icer) is based on all information of which p | oreparer has any knowled | lge. | | | | | |
| Sign Here MATTHEW COHEN, CHAIRMAN Type or print name and title Print/Type preparer's name Print/Type preparer's name Christopher Nickolas Christopher Nickolas Christopher Nickolas Christopher Nickolas Prim's name Christopher Nickolas Christopher Nickolas Prim's EIN Firm's EIN Valley Stream NY 11581 Date Check Date Check Firm's EIN PTIN PO1707557 Preparer Firm's EIN Phone no. 646-468-8111 | | | MATTHEW | / COHEN | | | | | | | | |
| Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer's signature Preparer's signature Date Check ▼ if PTIN Christopher Nickolas 08-11-2021 Self-employed P01707557 Preparer Firm's name ► Christopher Nickolas CPA Firm's EIN ► Use Only Valley Stream NY 11581 646-468-8111 | Sig | jn | | | | | | | D | ate | | |
| Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer's signature Christopher Nickolas Christopher Nickolas Christopher Nickolas Christopher Nickolas Preparer Firm's name Christopher Nickolas Christopher Nickolas CPA Firm's EIN Phone no. Valley Stream NY 11581 646-468-8111 | He | re | MATTHEW | COHEN, CHAIRM | AN | | | | | | | |
| Paid Christopher Nickolas Christopher Nickolas 08-11-2021 self-employed P01707557 Preparer Firm's name ► Christopher Nickolas CPA Firm's EIN ► Use Only Firm's address ► 163 Gibson Blvd Phone no. Valley Stream NY 11581 646-468-8111 | | - | | • | - | | | | | | | |
| Paid Christopher Nickolas Christopher Nickolas 08-11-2021 self-employed P01707557 Preparer Firm's name ► Christopher Nickolas CPA Firm's EIN ► Use Only Firm's address ► 163 Gibson Blvd Phone no. Valley Stream NY 11581 646-468-8111 | _ | | | | Preparer's signature | Date | | Chack | X : | PTIN | | |
| Preparer Firm's name ► Christopher Nickolas CPA Firm's EIN ► Use Only Firm's address 163 Gibson Blvd Phone no. Valley Stream NY 11581 646-468-8111 | Pai | id | | | | | 2021 | | _ | | | |
| Use Only Firm's address ▶ 163 Gibson Blvd Phone no. Valley Stream NY 11581 646-468-8111 | | | | | | ho-11- | | | ipioyea | F01101331 | | |
| Valley Stream NY 11581 646-468-8111 | | • | | _ | | | | | | | | |
| | US | e UII | rirm's address | | | | | rnone no. | c 4 - | 460 0111 | | |
| | N/a: | the I | PS discuss this return | | | | | | 046- | | | |

Form 990 (2020) POWERING POTENTIAL

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----------|--|------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | _ | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | • | | Λ |
| | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | х | |
| b | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | | 444 | | |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | | Х |
| • | the organization's separate of consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | | | Λ |
| 12u | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 40 | | |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | | v |
| 20 a | If "Yes," complete Schedule G, Part III | 19 20a | | X |
| zu a b | | 20a 20b | | Х |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | _55 | | |
| - | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |

Form 990 (2020) POWERING POTENTIAL INC. Page 4 47-3046472 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I. 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 х Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Part V

Yes No 1a 5 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

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

| | | | Yes | No |
|-----|--|------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | х |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | х |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | х |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | х |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | х |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 1 | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| 40 | If "Yes," see instructions and file Form 4720, Schedule N. | 4.5 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Section A. Governing Body and Management

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| | | | Yes | No |
|----------|--|-----|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | x |
| 6 | Did the organization have members or stockholders? | 6 | | x |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | x | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| _ | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 40' | | |
| 800 | organization's exempt status with respect to such arrangements? | 16b | | |
| | List the states with which a copy of this Form 990 is required to be filed . New Torque. New York | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed New Jersey, New York Section 6404 requires on experientian to make its Forms 4033 (4034 or 4034 A if applicable), 000 and 000 T (Section 504(a)) | | | |
| 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. | | | |
| 10 | Own website | | | |
| 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 | | | |
| 20 | | | | |
| | GREG OBENSHAIN (929)265-1167, PO BOX 230973, NEW YORK, NY 10023 | | | |

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

| Check this box if neither the organization nor any relat | ed organizat | ion co | mper | nsat | ed a | ny cur | rent | officer, director, or | trustee. | |
|--|---|--------|---|------|------|--------|---|--|--|-------|
| | | (C) | | | | | | | | |
| (A) | (B) | | Position | | | | | (D) | (E) | (F) |
| (A) Name and title | Average hours per week (list any hours for related organizations below dotted line) | box | (do not check more than one box, unless person is both an officer and a director/trustee) | | |) | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
| (1) JANICE LATHEN | 24.00 | | | | | | | | | |
| PRESIDENT | | х | | х | | | | 59,500 | 0 | 3,138 |
| (2) JANISA ANANDAMOHAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0 | 0 | 0 |
| (3) SONIA KARKARE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (4) LASZLO SCHNEIDER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (5) MATTHEW COHEN | 1.00 | | | | | | | | | |
| CHAIRMAN | | x | | х | | | | 0 | 0 | 0 |
| (6) GREG OBENSHAIN | 1.00 | | | | | | | | | |
| TREASURER | | x | | х | | | | 0 | 0 | 0 |
| (7) PHILIP BRANDT | 1.00 | | | | | | | | | |
| SECRETARY | | х | | х | | | | 0 | 0 | 0 |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| <u>(14)</u> | | | | | | | | | | |

| Part ' | 90 (2020) POWERING POTENTIA VII Section A. Officers, Directors, Trustee | | lovees | s. an | d Hi | ahes | st Co | mpe | ensated Employe | | <u>-30464</u> ed) | | Page 8 |
|--------|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---------------------------------------|---|----------------------|--------------------------------------|---------------|
| | , | -, · · · · , | | -, | ((| | | | | (************************************** | | | |
| | (A) Name and title | | Position (do not check more that box, unless person is burs officer and a director/tr | | | | | | (D) Reportable compensation from the | (E) Reportab compensat from relate | ion | (F) Estimated of ot | amount her |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizati (W-2/1099-M | I . | from t organizati related orga | ion and |
| 15) | | | | | | | | | | | | | |
| 16) | | | | | | | | | | | | | |
| 17) | | | | | | | | | | | | | |
| 18) | | | | | | | | | | | | | |
| 19) | | | | | | | | | | | | | |
| 20) | | | | | | | | | | | | | |
| 21) | | | | | | | | | | | | | |
| 22) | | | | | | | | | | | | | |
| 23) | | | | | | | | | | | | | |
| 24) | | | | | | | | | | | | | |
| 25) | | | | | | | | | | | | | |
| | Subtotal | | • • • | | | | | · · · | | | | | |
| | Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c) | | | | | | | 1 | 59,500 | | 0 | 2 | 3,138 |
| | Total number of individuals (including but not limit | | | | | | | | | of | 0 | | ,,130 |
| | reportable compensation from the organization | | | | , | | | | | | | | (|
| | | | | | | | | | | | | Ye | s No |
| 3 | Did the organization list any former officer, direct | | | | | _ | | | | | | | |
| | employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i> For any individual listed on line 1a, is the sum of re | | | | | | | | | | | 3 | X |
| | organization and related organizations greater th | • | • | | | | | • | | | | | |
| | individual | | | | | | | | | | | 4 | х |
| | Did any person listed on line 1a receive or accrue | | | | | | | | | | | | |
| | for services rendered to the organization? If "Yes | ," complete | Sched | ule J | for : | such | perso | on | | | | 5 | х |
| | on B. Independent Contractors | | | | | | | | | | | | |
| | Complete this table for your five highest compensation from the arganization. Report comp | | | | | | | | | | , vcc= | | |
| | compensation from the organization. Report comp (A) | ensation for t | uie cale | enda | ıı yea | ar en | ung \ | WIII | or within the organ (B) | ıızalıons ta | к уеаг. | (C) | |
| | Name and business addres | s | | | | | | | Description of servic | es | C | Compensation | ı |
| | | | | | | | | | | | | | |
| | | | | | | | | | - | | | | |
| | | | | | | | | | | | | | |

| (A) | (B) | (C) |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| | | |
| | | |
| | | |
| | | |
| | | |
| | • | |

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

47-3046472

Part VIII Statement of Revenue

| | | Check if Schedule O contains a respons | e or n | ote to any line in thi | s Part VIII | | | <u> </u> |
|--|-------------------------------------|---|-----------------------|------------------------|----------------------|--|--------------------------------------|-------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns | | | 232,887 | | | sections 512–514 |
| Program Service Revenue | b c d e f g | All other program service revenue Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 4 5 6a b c d 7a b c d 8a b c 9a b c | Investment income (including dividends, into other similar amounts) | es 8a 8b ss . 9a 9b | eeds | 3 | 3 | | |
| Miscellanous Revenue | 11a b c d | All other revenue | | Business Code | | | | |
| | 12 | Total revenue. See instructions | | | 232,890 | 3 | 0 | 0 |

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 | | | |
|----------|---|--------------------------|---------------------|--------------------|---------------------------|
| | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 8b, 9 | 9b, and 10b of Part VIII. | · | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 23,547 | 23,547 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 60,000 | 54,000 | 3,000 | 3,000 |
| 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 | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 933 | 839 | 47 | 47 |
| 9 | Other employee benefits | 2,205 | 1,985 | 110 | 110 |
| 10 | Payroll taxes | 4,634 | 4,170 | 232 | 232 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| С. | Accounting | 1,400 | | 1,400 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 4,654 | 4,188 | 233 | 233 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates | 575 | 575 | | |
| 23 | • | <u> </u> | | 101 | 101 |
| 23 24 | Insurance | 2,012 | 1,810 | 101 | 101 |
| 24 | 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.) | | | | |
| • | | 76 060 | 71 000 | 2 000 | 3 060 |
| a | OUTSIDE CONSULTANTS | 76,960 | 71,000 | 2,000 | 3,960 |
| b | STATIONARY, OFFICE & POSTAGE BANK FEES | 7,181 670 | 5,595 | 679 670 | 907 |
| c d | COMPUTER EQUIPMENT | | 5,816 | 670 | |
| a e | All other expenses | 5,816 | 3,816 | | |
| е 25 | Total functional expenses. Add lines 1 through 24e | 190,587 | 172 525 | 0 472 | 9 500 |
| 25 26 | Joint costs. Complete this line only if the | 130,38/ | 173,525 | 8,472 | 8,590 |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | |
| | | <u> </u> | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|--|-------------------|-----|-------------|
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 12,507 | 1 | 36,177 |
| | 2 | Savings and temporary cash investments | 17,295 | 2 | 30,157 |
| | 3 | Pledges and grants receivable, net | 15,000 | 3 | 15,000 |
| | 4 | Accounts receivable, net | | 4 | |
| | 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 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 2,640 | | | |
| | b | Less: accumulated depreciation 10b 2,456 | 759 | 10c | 184 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 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 | 593 | 15 | 593 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 46,154 | 16 | 82,111 |
| | 17 | Accounts payable and accrued expenses | 645 | 17 | 1,220 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 10,174 | 19 | 2,253 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| litie | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | 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 | 1,000 |
| | 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 | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 10,819 | 26 | 4,473 |
| | | Organizations that follow FASB ASC 958, check here ▶ ☒ | | | |
| Ś | | and complete lines 27, 28, 32, and 33. | | | |
| nce | 27 | Net assets without donor restrictions | 18,040 | 27 | 62,638 |
| ala | 28 | Net assets with donor restrictions | 17,295 | 28 | 15,000 |
| d B | | Organizations that do not follow FASB ASC 958, check here | | | |
| Fur | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | 35,335 | 32 | 77,638 |
| | 33 | Total liabilities and net assets/fund balances | 46,154 | 33 | 82,111 |

| Form | 1 990 (2020) POWERING POTENTIAL INC. 47 | -3046472 | | Pa | age 1 |
|------|---|----------|----|------|--------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 232, | 890 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 190, | 587 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 42, | 303 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 35, | 335 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 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 | | 77, | 638 |
| Par | rt 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: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2020) EEA

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the За

3b