Form	9	9	0
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Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

		nue Service			►	Inform	nation	about	Form	990 a	nd its	ins	truction	ns is a	at ww	w.irs.go	ov/fo	orm9	90.			In	specti	on
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_			Name	of organiz	ation												0) En	nployer					
Bc	heck if ap	plicable:	IMP	OWER,	INC.																			
	Addres			Business /														65	5-043	397	78			
	-	change	Numb	er and str	eet (or F	P.O. box	if mail is	s not del	livered	to street	addres	ss)		Roo	m/sui	te	E Telephone number							
	Initial	return	229	0 N RO	ONALE) REA	GAN	BLVD) STI	E. 11	L6							(4	407)	215	5-009	5		
	Termir	nated	City or town, state or province, country, and ZIP or foreign postal code																					
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	IMPOWE:	R, INC.	65-0)439778
For	m 990 (2021)			Page 2
Pa	art III Statement of Program Service			
	Check if Schedule O contains a	response or note to any line in this Part	. III	х
1	Briefly describe the organization's mission	ו:		
	IMPOWER IS DEDICATED TO THE	MISSION OF CHANGING LIVES	BY PROTECTING,	
	COUNSELING, TEACHING AND IN	SPIRING INDIVIDUALS AND FA	MILIES TO REACH	
	THEIR FULL POTENTIAL.			
2	Did the organization undertake any signi	ficant program services during the ye	ar which were not listed on the	e
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on S			
3	Did the organization cease conducting	, or make significant changes in h	ow it conducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on Scheo			
4	Describe the organization's program se expenses. Section $501(c)(3)$ and $501(c)$ the total expenses, and revenue, if any, fo	(4) organizations are required to rep		
4a	(Code:) (Expenses \$ 9,4	428,191. including grants of \$) (Revenue \$	6,966,532.)
	IMPOWER IS A LEADING REGION	AL NON-PROFIT MENTAL HEALT	H AND CHILD	
	WELL-BEING ORGANIZATION COM	MITTED TO EMPOWERING THE L	IVES OF THOSE	
	IN NEED BY OFFERING PERSONA	L ATTENTION, ASSISTANCE AN	D INSPIRATION	
	TO HELP THEM REACH THEIR FU	LL POTENTIAL AND ACHIEVE I	NDIVIDUAL	
	SUCCESS. EACH YEAR, IMPOWER	SERVES MORE THAN 9,000 IN	DIVIDUALS AND	
	FAMILIES IN THE HOME, SCHOOL	L AND COMMUNITY-BASED SETT	INGS THROUGH	
	A CONTINUUM OF SERVICES DED	ICATED TO HELPING INDIVIDU	ALS AND	
	FAMILIES ACHIEVE THE SKILLS			
	HEALTHY, MEANINGFUL AND PRO			
	COUNCIL OF ACCREDITATION (C			
	RIGOROUS PROFESSIONAL AND S	ERVICE DELIVERY STANDARDS	OF QUALITY.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
<u></u>	Other program services (Describe on Scho	edule O)		
Ψu	(Expenses \$ including gra		\$	
4e		9,428,191.	- /	
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Part	V 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,	<u> </u>		
Ũ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
0	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		v
7		0		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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
14 a	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2021)

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Form **990** (2021)

Form	990	(2021)	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J.	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
h		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Form 990 (2021)

Par	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 207			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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).			
	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			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 9	90 (2021	I) IMPOWER, INC. 65-0439	778	F	Page 6
Part	: VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A.	Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 14			
	If ther	e 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 ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent			
2	Did ar	ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any ot	her officer, director, trustee, or key employee?	2		X
3	Did th	e organization delegate control over management duties customarily performed by or under the direct			
	superv	vision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the	e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the	e organization have members or stockholders?	6		X
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint			
		more members of the governing body?	7a		X
b		ny governance decisions of the organization reserved to (or subject to approval by) members,			
		nolders, or persons other than the governing body?	7b		X
8		e organization contemporaneously document the meetings held or written actions undertaken during			
	the ye	ar by the following:	_		
а		overning body?	8a	X	
b		committee with authority to act on behalf of the governing body?	8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	,	X
Sect	on B.	Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
			40-	res	
		e organization have local chapters, branches, or affiliates?	10a		X
b		s," did the organization have written policies and procedures governing the activities of such chapters,	4.01-		
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b		ibe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	37	
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give	126	v	
		conflicts?	12b	X	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
		be on Schedule O how this was done	120	X	
13		e organization have a written whistleblower policy?	14	X	
14		e organization have a written document retention and destruction policy?	14	Λ	
15		e process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a h		ganization's CEO, Executive Director, or top management official	15a 15b	X	
b		officers or key employees of the organization		17	
40-					
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?	16a		х
h		s," did the organization follow a written policy or procedure requiring the organization to evaluate its	lou		
b		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		zation's exempt status with respect to such arrangements?	16b		
Secti		Disclosure	100		
17		e states with which a copy of this Form 990 is required to be filed ▶			
		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	[(000	tion F	01(0)
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- nly) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	1011 0	UT(C)
		Dwn website X Another's website X Upon request Other (explain on Schedule O)			
10			f into	oct -	oliov
19		be on Schedule O whether (and if so, how) the organization made its governing documents, conflict on nancial statements available to the public during the tax year.	i intel	εδι β	oncy,
20		the name, address, and telephone number of the person who possesses the organization's books and record	c 🕨		
20		EL VELASQUEZ 2290 N RONALD REAGAN BLVD STE.116 LONGWOOD, FL 32750	ა 📂		
		215-0095	Form	990	(2021)
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Form 990 (2021) IMPOWER, INC.	65-0439778 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hig Independent Contractors	ghest Compensated Employees, and
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 I	Employees
1a Complete this table for all persons required to be listed. Report compensation for the organization's tax year.	e calendar year ending with or within the

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

• 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 dotted line)	box, office or direct	not ch unles	s pe	ition more rson	e than c is both or/trust employee	an	(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
(1) ANNA KESIC	40.00									
PRESIDENT & CEO	NONE			Х				145,250.	NONE	33,854.
(2) AMY BLAKELY	40.00									
VP - BEHAVIORAL OPS	NONE			х				131,949.	NONE	4,136.
(3) DR. AUSTIN GIOVANETTI	40.00									
PHYSICIAN	NONE					x		105,700.	NONE	22,860.
(4) ISABEL VELASQUEZ	40.00									
CHIEF OPERATING OFFI	NONE			Х				101,177.	NONE	23,681.
(5) MARCIE DEARTH	40.00									
VP - RESIDENTIAL PROGRAMS	NONE			Х				102,953.	NONE	8,836.
(6) JENNIFER JOYCE	40.00									
PHYSICIAN ASSISTANT	NONE					Х		104,190.	NONE	4,332.
(7) BARRY GAINER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) BILL STUEBER	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) ERIKA HIGGINS	1.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) GEORGIA LORENZ, PH.D	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(11) BRYAN BEYER	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(12) MICHELLE BILLHARTZ	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) RUSSEL FRANK, ESQ	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) JOSHUA JENSEN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles r and	Posi neck ss pei d a d	ition more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) BRUCE REID	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
16) CHUCK BOSWORTH	1.00									
DIRECTOR 17) KEITH TRACE, PE	NONE 1.00	X						NONE	NONE	NON
DIRECTOR	$+\pm \cdot 00$ NONE	x						NONE	NONE	NON
18) CAROLINE HORTON	1.00	- 21						NONE	NONE	11011
DIRECTOR	NONE	x						NONE	NONE	NON
19) JASON MCCORMICK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
20) ALEX GARCIA-BARBON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
21) TERI YANNOVITCH	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON
22) TRAVIS SCHMITT	1.00									
DIRECTOR	NONE 1 00	X						NONE	NONE	NON
23)_JERRI_WEATHERS DIRECTOR	<u>1.00</u>	x						NONE	NONE	NON
24) SCOTT TUCKER	1.00							NONE	NONE	NON
DIRECTOR	NONE	x						NONE	NONE	NON
1b Sub-total								691,219.	NONE	97,699
c Total from continuation sheets to Part VII.						• • •	5	NONE	NONE	NON
d Total (add lines 1b and 1c)	· ·		-				•	691,219.	NONE	97,699
2 Total number of individuals (including but n reportable compensation from the organiza	ot limited to t					e) who	o re		\$100,000 of	
						0				Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3 X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	0,0	00?	If	"Yes	s," (complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive										

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) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
Its	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b					
Ē	с	Fundraising events 1c					
ar	d	Related organizations 1d					
	е	Government grants (contributions) 1e	3,600,114.				
5	f	All other contributions, gifts, grants,					
e		and similar amounts not included above . 1f	427,886.				
5	g	Noncash contributions included in					
g		lines 1a-1f 1g	53,806.				
5	h	Total. Add lines 1a-1f		4,028,000.			
			Business Code				
Kevenue	2a	PATIENT SERVICE REVENUE	624100	6,966,532.	6,966,532.		
ъ	b						
	0						
2	с 						
2	u						
	e						
	f g	All other program service revenue	•	6,966,532.			
+		Investment income (including dividends,		0,000,002.			
	3	· •		3,135.			3,13
		other similar amounts).		NONE			5,13
	4 5	Income from investment of tax-exempt bond		NONE			
	5	Royalties	(ii) Personal	NONE			
	6a	Gross rents 6a 87,737.					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 87,737.	NONE				
	d	Net rental income or (loss)		87,737.			87,73
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a	98,243.				
	b	Less: cost or other basis					
		and sales expenses 7b	301,140.				
	с	Gain or (loss) 7c	-202,897.				
	d	Net gain or (loss)	<u></u> ▶	-202,897.			-202,89
	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	57,969.				
	b	Less: direct expenses	19,400.				
	c	Net income or (loss) from fundraising events		38,569.			38,56
	9a	Gross income from gaming					
	Ja	activities. See Part IV, line 19 9a	NONE				
			NONE				
	b c	Less: direct expenses		NONE			
- I				Home			
	10a	Gross sales of inventory, less	NONE				
		returns and allowances 10a	NONE				
		Less: cost of goods sold		NONE			
	b	THE THE OT (1055) HOLE SALES OF HIVEHLOLY		NONE			
	b C		Buoinooc Code				
	b C		Business Code				
	b c 11a	OTHER INCOME	Business Code 624100	48,761.	48,761.		
	C			48,761.	48,761.		
	с 11а	OTHER INCOME		48,761.	48,761.		
	с 11а b	OTHER INCOME		48,761.	48,761.		
	c 11a b c d	OTHER INCOME	624100	48,761.	48,761.		

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Form 990 (2021)

IMPOWER, INC.

65-0439778

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 (B) Program service (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees 169,942. 154,898. 15,044. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8,133,986. 7,413,919. 720,067. NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) NONE NONE 10 Payroll taxes 11 Fees for services (nonemployees): NONE a Management 34,041 19,648 14,393. **b** Legal 20,705 15,167. 35,872 c Accounting 45,000 45,000 d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 36,449 21,038 15,411. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion NONE 49,092. 26,922. 22,170. 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy 279,600 216,000 63,600. 16 36,417 29,831 6,586. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest 24,260. 24,260. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 119,624 80,623. 39,001 22 332,295. 332,295. Insurance 23 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 CLIENT FOOD AND RECREATION 370,950 370,950 CONTRACT LABOR 285,751 285,751 b 26,694. c COMPUTER EXPENSES 144,824 118,130. 16,899 5,251. d STORAGE 11,648. 275,759 256,573. 19,186. e All other expenses Total functional expenses. Add lines 1 through 24e 10,390,761. 9,428,191. 962,570. NONE 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

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following SOP 98-2 (ASC 958-720)

Form 990 (2021)

n 990 (IMPOWER, INC. 2021)		05-0	0439778 Page 1 1
art X				raye I
	Check if Schedule O contains a response or note to any line in this Pa	art X		X
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,498,639.	1	3,343,579
2	Savings and temporary cash investments.	NONE	2	NO
3	Pledges and grants receivable, net	NONE	3	NO
4	Accounts receivable, net	1,186,363.	4	1,020,47
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	NONE	5	NC
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)	NONE	6	NC
7	Notes and loans receivable, net	NONE	7	NC
7 8	Inventories for sale or use	NONE	8	NC
9	Prepaid expenses and deferred charges	36,660.	9	113,93
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 4,101,099.			
b	Less: accumulated depreciation	1,944,649.	10c	1,130,55
11	Investments - publicly traded securities SEE SCHEDULE .O	83,247.	11	33,24
12	Investments - other securities. See Part IV, line 11	NONE	12	NC
13	Investments - program-related. See Part IV, line 11.	NONE	13	NO
14	Intangible assets	NONE	14	NO
15	Other assets. See Part IV, line 11	3,585.	15	б,47
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,753,143.	16	5,648,25
17	Accounts payable and accrued expenses	371,268.	17	356,70
18	Grants payable	NONE	18	NO
19	Deferred revenue	95,451.	19	52,64
20	Tax-exempt bond liabilities	NONE	20	NC
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NC
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE		NC
23	Secured mortgages and notes payable to unrelated third parties	NONE		NO
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NC
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	749,460.	25	122,87
26	Total liabilities. Add lines 17 through 25	1,216,179.	26	532,21
27 28 29 30 31 32 22	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	4,346,407.	27	4,933,15
28	Net assets with donor restrictions.	190,557.	28	182,88
	Organizations that do not follow FASB ASC 958, check here ► 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	
1		4,536,964.	32	5,116,04
32	Total net assets or fund balances			

Form 990 (2021)

	IMPOWER, INC. 65-0	43977	/8			
-	90 (2021)				Pa	ge 12
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	10),9	69,	<u>837</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	10),3	90,	<u>761</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		5	79,	<u>076</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	.,5	36,	<u>964</u> .
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10	5	5,1	16,	<u>040</u> .
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were of	ompiled	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were an					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent account	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year,					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in t	he			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not u	ndergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b	Х	
				F	000	(

SCHEDULE	A
(Form 990)	

1

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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury	
Internal Revenue Service	

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

Name	e of tl	ne organization	Employer identification number
IME	OWI	ER, INC.	65-0439778
Pa	rt I	Reason for Public Charity Status. (All organizations must complete this part.) Se	e instructions.
The	orga	anization is not a private foundation because it is: (For lines 1 through 12, check only one box	x.)
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)(i	iii).
4		A medical research organization operated in conjunction with a hospital described in section	on 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and state:	

5	An organization operated for the	benefit of	f a college	or university	v owned	or	operated b	by a	governmental	unit	described	in
	section 170(b)(1)(A)(iv). (Comple	te Part II.)										

6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
---	--	--

7	X	An organization that	normally	receives a	a substantial	part of	its support	from a	a governmental	unit o	r from	the	general	public
		described in section	170(b)(1)((A)(vi). (C	omplete 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to carble income (less section 511 tax) from businesses 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.)

1		An organization	organized and	l operated	exclusively to	o test for pu	blic safety. S	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.

а	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.

с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

е	Check this box if the organization received a written determination from the IRS that it is a Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

functionally integrated, d	or Type III non-tun	ictionally integrated sup	porting c	organizati	ion.	
f Enter the number of supporte	d organizations .					• • • • • •
g Provide the following informat	ion about the sup	ported organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes No		,	,
(A)						
(В)						
(C)						
(D)						
(E)						
Total						
For Paperwork Reduction Act Notice, see t	he Instructions for Fo	rm 990 or 990-EZ.			Sc	hedule A (Form 990) 202 [,]

16

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,931,792.	3,312,662.	3,389,264.	4,992,783.	4,028,000.	17,654,501.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,931,792.	3,312,662.	3,389,264.	4,992,783.	4,028,000.	17,654,501.
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).						NONE
6	Public support. Subtract line 5 from line 4						17,654,501.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,931,792.	3,312,662.	3,389,264.	4,992,783.	4,028,000.	17,654,501.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,870.	4,351.	1,721.	104,325.	90,872.	206,139.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE				43,064.	57,969.	101,033.
11	Total support. Add lines 7 through 10						17,961,673.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	32,023,863.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	98.29 %
15	Public support percentage from 2020	Schedule A, Pa	rt II, line 14			15	99.22 %
16a	331/3% support test - 2021. If the org	anization did n	ot check the bo	x on line 13, ar	d line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			► X
b	331/3% support test - 2020. If the org	anization did no	ot check a box c	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	ı 		▶∟
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	ck this box ar	d stop here. E	xplain in
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization.						▶ 🗌
b	10%-facts-and-circumstances test - 2	020. If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circ	umstances test,	check this boy	and stop here	. Explain
	in Part VI how the organization meets	the facts-and-	-circumstances t	est. The organi	zation qualifies	as a publicly su	upported
	organization						
18	Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b	17a, or 17b,	check this box	and see
	instructions						<u>▶∟</u>

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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.)	L					504(.)(0)
14	First 5 years. If the Form 990 is fo	•					
800	organization, check this box and stop here tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8	•	0	(f))		15	%
16	Public support percentage from 2020 Sche		-			16	<u> </u>
	tion D. Computation of Investmen			<u></u>		10	70
17	Investment income percentage for 2021 (li			13 column (f))		17	%
18	Investment income percentage for 2021 (in Investment income percentage from 2020					18	%
	331/3% support tests - 2021. If the o						
	17 is not more than 331/3%, check thi	-					
h	331/3% support tests - 2020. If the org	-	-			•••••	
5	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

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1

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Voe	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
		H

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ictions	s).
-		١	Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yea " then in Part VI identify			

ч.	Did babblandany an of the organization of dolivities daring the tax year anothy further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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Schedule A (Form 990) 2021

2a

2b

3a

3b

Schedule A (Form 990) 2021		_	Page			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 (<i>expla</i>				
Section A - Adjusted Net Income (A) Prior Year						
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 Yea (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 (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 0.035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	· · · · · · · · · · · · · · · · · · ·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from				
4					
	Section D, line 7: \$			_	
	Applied to underdistributions of prior years			_	
	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if			_	
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			_	
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2021

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
GROSS FUNDRAISING INCOME				43,064.	57,969.	101,033.
TOTALS				43,064.	57,969.	101,033.

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

IMPOWER, INC.		65-0439778
Organization type (check o	ne):	
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	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	ivate foundation
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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Schedule B (Form 990) (2021)	Page 2
Name of organization	Employer identification number
IMPOWER, INC.	65-0439778
Dest L Or statitutions (and instructions). Use during the engine of Dest Life dubling langes is	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>N/A</u>	\$79,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	<u>N/A</u>	\$501,083.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$2,299,015.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$159,922.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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IMPOWER, INC.	65-	Employer identification number 65-0439778		
Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	 \$			
	(b) Description of noncash property given (b) Description of noncash property given	(b) FWV (or estimate) (See instructions.) (b) (c) Description of noncash property given \$		

26

Page 3

Schedule B (Form 990) (2021)

	(Form 990) (2021)			Page 4
Name of or	•			Employer identification number
	IMPOWER, INC.			65-0439778
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. (It III, enter the total of ormation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I				(u) Description of now git is new
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 Relations		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	ier of gift	
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee
				1
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		fer of gift		
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee
JSA				Schedule B (Form 990) (2021)

(6)					-
For Paperwork R	eduction	Act Notice, see th	ne Instructions fo	r Form 990 or	- 990-E7
		,			550-LZ.
		,			330-L2.
		,			- 330- E2.
					550-L2.
JSA					550-LL.
·					
JSA 1E1264 2.000		05/11/2023			9049432

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

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

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

Nam	e of organization	Employer identification number
IMI	POWER, INC.	65-0439778
Pa	rt I-A Complete if the organization is exempt under section 501(c) or is a sect	ion 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activ	vities in Part IV. See instructions for
	definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	
Pa	rt I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	. ▶\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955 .	. ► \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	
4a	Was a correction made?	Yes No
	If "Yes," describe in Part IV.	
Pa	rt I-C Complete if the organization is exempt under section 501(c), except sec	ction 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt fund	
	activities	. ▶\$
2	Enter the amount of the filing organization's funds contributed to other organizations for se	
	527 exempt function activities	. ▶\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-line 17b	
4	Did the filing organization file Form 1120-POL for this year?	

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)		_		
(2)		-		
(3)		-		
(4)		-		
(5)		-		
(6)				
For Paperwork Reduction Act Noti	ce, see the Instructions for Form 990 o	r 990-EZ.	1	Schedule C (Form 990) 2021

OMB No. 1545-0047 **Open to Public**



Sch	edule C (Form 990) 2021 IMPOWE	R, INC.	65-	-0439778 Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		ongs to an affiliated group (and list in Part IV e nd share of excess lobbying expenditures).	ach affiliated group meml	per's name,
В	Check ► if the filing organization che	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
k	Total lobbying expenditures to influence	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b)		
	 Other exempt purpose expenditures Total exempt purpose expenditures (additional exemption) 	I lines 1c and 1d). e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		% of line 1f)		
ł		ess, enter -0-		
i		ss, enter -0		
j		on either line 1h or line 1i, did the organiza		
				Yes No
	4	I-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

		Lobbying Exper	nditures During 4-Ye	ear Averaging Period		-
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

For	and "Van" rangenes on lines to through the below provide in Port IV a detailed	(8	a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		Х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х	
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			45,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
j	Total. Add lines 1c through 1i			45,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х	
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection

	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	
_	Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

SCHEDULE C, PART II-B, LINE 1G

FAC ADVOCATES FOR BEHAVIORAL HEALTH SUPPORT ON BEHALF OF IMPOWER TO HELP THOSE WE SERVE. IMPOWER CEO MEETS WITH LEGISLATIVE DELEGATION ON ISSUES RELATED TO BEHAVIORAL HEALTH AND CHILD WELFARE. ACTS AS AN INFORMATION EXPERT AND ALSO ADVOCATES FOR LEGISLATION AND DOLLARS TO SUPPORT SERVICES PROVIDED BY IMPOWER.

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

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.

G 12 **Open to Public** Inspection

OMB No. 1545-0047

Interr	nal Revenu	ue Service	► Go to www.irs.gov/	Form990 for instructions and the late	est information.	Inspection
Name	e of the or	rganization			Employer identific	ation number
IME	OWER,	INC.			65-0439	778
	rt l		tions Maintaining Donor Advi	sed Funds or Other Similar Fu		
		-	-	"Yes" on Form 990, Part IV, line		
			3	(a) Donor advised funds		d other accounts
	Tatal		ad of your	(1)	(4)	
1			nd of year			
2		-	of contributions to (during year)			
3		•	of grants from (during year)			
4		-	at end of year			
5		-		advisors in writing that the asse		
		-		organization's exclusive legal con		Yes No
6		-	-	nd donor advisors in writing that	-	
	-			it of the donor or donor advisor,		
_				<u> </u>		Yes No
Pa	rt II		tion Easements.			
				"Yes" on Form 990, Part IV, line	e 7.	
1	Purpo	se(s) of con	servation easements held by the	organization (check all that apply).		
		Preservatio	n of land for public use (for example	recreation or education) Prese	rvation of a historically ir	nportant land area
		Protection of	of natural habitat	Prese	rvation of a certified hist	oric structure
		Preservatio	n of open space			
2	Comp	lete lines 2a	through 2d if the organization he	eld a qualified conservation contrib	oution in the form of a co	nservation
	easem	nent on the l	ast day of the tax year.		Held at the	e End of the Tax Year
а	Total r	number of c	onservation easements		2a	
b						
с		-	-	historic structure included in (a)		
d) acquired after 7/25/06, and not		
ũ						
3			-	nsferred, released, extinguished, o		nanization during the
5		ar 🕨	rvation casements mouned, tra			Jamzation during the
4			where property subject to conse	vation easement is located		
5				arding the periodic monitoring,	inspection handling of	
3		-				
~				sements it holds?		
6	Starr a	na volunteer	nours devoted to monitoring, insp	ecting, handling of violations, and er	nforcing conservation ease	ments during the year
-	P					
7		-	ses incurred in monitoring, inspect	ing, handling of violations, and enfo	orcing conservation easer	nents during the year
_	▶\$_					
8				(d) above satisfy the requirements		
	and se	ection 170(h)(4)(B)(ii)?			🗀 Yes 📖 No
9			c .	conservation easements in its reve	•	
				f the footnote to the organization's	s financial statements that	t describes the
			ounting for conservation easeme			
Pa	rt III			of Art, Historical Treasures, o		S.
		Complete	e if the organization answered	"Yes" on Form 990, Part IV, line	e 8.	
1a	If the	organizatior	n elected, as permitted under FA	SB ASC 958, not to report in its sheld for public exhibition, edu	revenue statement and	balance sheet works
	of art,	historical f	treasures, or other similar asset	s held for public exhibition, edu o its financial statements that des	ication, or research in f	urtherance of public
h		•				lance chect works of
b				SB ASC 958, to report in its rev d for public exhibition, education		
			ing amounts relating to these iter			ise of public service,
					▶ 9	6
	(ii) Ac	sots includo	ad in Form 990 Part Y		•	\$\$
2				t, historical treasures, or other s		
2		-				iai yain, provide the
~				ASB ASC 958 relating to these iter		2
a b						·
-			Act Notice, see the Instructions for			p hedule D (Form 990) 2021
JSA	aperwo				30	

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Schee	dule D (Form 990) 2021 IMP	OWER,	INC.							65-0	439778	Page	2
Ра	rt III Organizations Maintaini			Art, His	torical Tre	easure	s, or	Other	Similar A				-
3	Using the organization's acquisition											,	-
	collection items (check all that app	ly):											
а	Public exhibition			d	Loan	or exch	ange	progra	m				
b	Scholarly research			e	Other								
С	Preservation for future gene	rations		-									
4	Provide a description of the organ	nization's	collections	and exp	olain how	they fu	rther	the or	ganization's	s exempt	purpose	in Part	;
	XIII.												
5	During the year, did the organization	on solicit c	or receive c	donations	of art, hist	orical t	reasu	res, or	other simila	ar			
	assets to be sold to raise funds rath	ner than to	o be mainta	ained as	part of the	organiz	ation'	s colleo	ction?	[Yes	No)
Ра	rt IV Escrow and Custodial A	rrangem	ents.										
	Complete if the organiza	tion ans	wered "Ye	es" on Fo	orm 990, F	Part IV	, line	9, or r	eported a	n amoun	t on For	m	
	990, Part X, line 21.												_
1a	Is the organization an agent, trus				-					ets not _			
	included on Form 990, Part X?									L	Yes	No	,
b	If "Yes," explain the arrangement i	n Part XII	I and comp	olete the	following tal	ble:							
										Amount			
С	Beginning balance						1c						_
d	Additions during the year						1d						_
е	Distributions during the year						1e						_
f	Ending balance						1f						_
2a	Did the organization include an am										Yes)
	If "Yes," explain the arrangement i	n Part XII	I. Check he	ere if the	explanatior	n has be	en pr	ovided	on Part XIII				_
Pa	rt V Endowment Funds.						P	4.0					
	Complete if the organiza					-							_
		(a) Cur	rent year	(b) P	rior year	(c) Iv	vo year	s back	(d) Three ye	ears back	(e) Four y	ears back	_
1a	Beginning of year balance												_
b	Contributions												_
С	Net investment earnings, gains,												
	and losses												_
d	Grants or scholarships												_
е	Other expenditures for facilities												
	and programs												_
f	Administrative expenses												_
g	End of year balance												_
2	Provide the estimated percentage	of the cu	rrent year		nce (line 1g	, columi	n (a))	held as	:				
a	Board designated or quasi-endown			_%									
b	Permanent endowment	%											
С	Term endowment The percentages on lines 20, 2h of			1000/									
20	The percentages on lines 2a, 2b, a Are there endowment funds not in		-		zation that	oro ho		l odmir	viotorod for	the			
Ja	organization by:	the posse	3551011 01 11	le organi	zation that	are ne	iu and	aumi	iistered for	une	Y	es No	-
	(i) Unrelated organizations										3a(i)		-
	(ii) Related organizations										3a(ii)		-
h	If "Yes" on line 3a(ii), are the related										3b		-
4	Describe in Part XIII the intended u	•		•			\:						-
_	rt VI Land, Buildings, and Equ					103.							-
ı a	Complete if the organize	ation ans	wered "Ye	es" on F	orm 990,	Part IV	', line	11a. S	See Form	990, Pa	rt X, line	10.	
	Description of property		(a) Cost or (invest			or other b other)	asis		cumulated eciation	(d)	Book valu	е	
1a	Land		(11762	anony	``	283,0	00	uepi	oolauOII		283	,000.	-
b	Buildings	F				776,98		1 2	72,048.			,938.	_
c	Leasehold improvements					451,8			68,537.			,323.	_
d	Equipment					550,7			24,134.			,525.	_
e	Other					938,5			05,829.			,693.	_
	I. Add lines 1a through 1e. (Column	(d) must	equal Forr	n 990. Pa				c.)_	<u>↓</u>			,551.	_
_	U 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			, -			2	/			, 200		_

Schedule D (Form 990) 2021

JSA 1E1269 1.000

Part VII	Investments - Other Securities.			Dont Villing 10
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
. ,	al derivatives			
.,	held equity interests			
• • –				
(A)				
(B)				
(C)				
(D) (E)				
,				
(F) (G)				
(G) (H)				
,	(h) must actual Form 000, Part V, and (P) line 12.)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) . 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 valuatio	
	(a) Description of investment	(b) BOOK value	Cost or end-of-year marke	
(1)			· · · ·	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11e or 11f. See Forn	n 990, Part X,
	line 25.		1	() () ()
$\frac{1}{(1)}$ Foder		tion of liability		(b) Book value
	ral income taxes			105.005
	PAYABLE			106,229.
	TERM NOTES PAYABLE			16,641.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)			122,870.

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 .

Schedu	INPOWER, INC.	65-	-0439778 Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	10,991,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	21,900.
3	Subtract line 2e from line 1	3	10,969,837.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,969,837.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1			
	Total expenses and losses per audited financial statements	1	10,412,661.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	10,412,661.
2 a		1	10,412,661.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	10,412,661.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	10,412,661.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1	10,412,661.
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2d	1 2e	10,412,661.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther losses		
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d	2e	21,900.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1	2e	21,900.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	21,900.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bAdd lines 4a and 4b	2e	21,900.
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 12dAmounts included on Form 990, Part IX, line 25, but not on line 1:4aInvestment expenses not included on Form 990, Part VIII, line 7b4aOther (Describe in Part XIII.)4b	2e 3	21,900.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

OTH AMTS INCLUDED IN FINANCIALS NOT IN THE RETURN EXPENSE

FUNDRAISING EXPENSES: \$19,400

OTH AMTS INCLUDED ON RETURN NOT IN FINANCIALS REVENUE

FUNDRAISING EXPENSES: \$19,400

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. THEREFORE, THE ORGANIZATION HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2022 AND 2021.

IN ACCORDANCE WITH FASB ASC TOPIC 740, INCOME TAXES ("TOPIC 740"), ALL ENTITIES ARE REQUIRED TO EVALUATE AND DISCLOSE INCOME TAX RISKS. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES GUIDANCE RELATED TO THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION IF THE TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE TECHNICAL

9049432

MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2022 AND 2021, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE, OR OTHER TAXES. FURTHER, THERE ARE NO INCOME TAX RELATED PENALTIES INCLUDED IN THE FINANCIAL STATEMENTS

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	g Activities	OMB No. 1545-0047		
(Form 990)	Complete if t	he organization answer organization entered n				9, or if the	2021		
Department of the Treasury) or Form 99			Open to Public Inspection		
Internal Revenue Service Name of the organization		Go to www.irs.gov/Form990 for instructions and the latest information. Employer identific							
IMPOWER, INC.									
	g Activities. Comp	plete if the organi	ization ar	nswered "	Yes" on Form 99				
Form 990-	EZ filers are not re	equired to comple	te this pa	art.					
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.			
a Mail solicita	tions	е			non-government g				
b Internet and	email solicitations	f			government grant	S			
c Phone solic		g	Spee	cial fundra	ising events				
d In-person so									
2a Did the organiza	ition have a written o es listed in Form 990						Yes No		
	10 highest paid indi								
	least \$5,000 by the		(
(i) Name and add or entity (fu		(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
4									
5									
5									
6									
7									
8									
9									
10									
Total	<u></u>			►					
3 List all states in registration or lic	which the organiza	tion is registered c	or licensed	d to solicit	contributions or	has been notified	it is exempt from		

Schedule G (Form 990) 2021 IMPOWER, INC 65-0439778 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TAKES A VILLAGE SYFR 2 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 23,977. 1 Gross receipts 33,992. 57,969. 2 Less: Contributions3 Gross income (line 1 minus line 2)... 23,977. 33,992. 57,969. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 60. 1,050. 1,110. 7 Food and beverages 803. 803. 8 Entertainment 2,200. 2,200. 9 Other direct expenses 1,914. 13,373. 15,287. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► 19,400. 11 Net income summary. Subtract line 10 from line 3, column (d) 38,569. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No

8 Net gaming income summary. Subtract line 7 from line 1, column (d).

7 Direct expense summary. Add lines 2 through 5 in column (d)

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

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

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

Schedule G (Form 990) 2021

►

►

Sched	lule G (Form 990 or 990-EZ) 2021 IMPOWER, INC.	65-0	439778	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	3a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name ▶			
	Address ►			
	Does the organization have a contract with a third party from whom the organization receives garevenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ a		Yes	No
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proc retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organ or spent in the organization's own exempt activities during the tax year > \$		Yes	No
Part				

SCHI	SCHEDULE J Compensation Information					OMB No.	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എത	91	
				isated Employees iswered "Yes" on Form 990, Part IV, line 2	23	ZU	<u> </u>	
	ent of the Treasury	· · · · · · · · · · · · · · · · · · ·	Attac	ch to Form 990.		Open to		
Internal Revenue Service Control to www.irs.gov/Form990 for instructions and the latest information.							ectio	n
	MPOWER, INC. 65-0439778							
Part		s Regarding Compensation			05 04577	70		
							Yes	No
1a		propriate box(es) if the organization pro				m 📃		
	990, Part VII,	Section A, line 1a. Complete Part III to	prov	ide any relevant information regarding	g these items.			
	First-cla	ss or charter travel		Housing allowance or residence for	personal use			
	Travel for companions Payments for business use of personal residence							
	Tax inde	mnification and gross-up payments		Health or social club dues or initiation	on fees			
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	ses described above? If "No," com	plete Part III 1	0		
_	explain	• • • • • • • • • • • • • • • • • • • •	• •			1b		
2	•	anization require substantiation prior		e				
		stees, and officers, including the CEC			checked on lir			
_						2		
3		n, if any, of the following the organization CEO/Executive Director. Check all the						
		ization to establish compensation of th						
		isation committee	x	Written employment contract				
		dent compensation consultant		Compensation survey or study				
		00 of other organizations	X	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990,						
4		or a related organization:	Fan	t vii, Section A, line Ta, with respect to	o the hilling			
а		verance payment or change-of-control p	ayme	ent?		4a		х
b	Participate in	or receive payment from a supplemen	tal n	onqualified retirement plan?		4b		Х
С	Participate in	or receive payment from an equity-bas	sed c	ompensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	e the applicable amounts for each it	em in Part III.			
	-	501(c)(3), 501(c)(4), and 501(c)(29) of	-	-				
5	-	listed on Form 990, Part VII, Secti	on A	A, line 1a, did the organization pa	ly or accrue ar	iy		
	•	contingent on the revenues of:				_		
		ion?						X
b		rganization?	• •			5b		X
~		e 5a or 5b, describe in Part III.		V line to did the exercisetion of				
6		listed on Form 990, Part VII, Section contingent on the net earnings of:		A, me ra, unu me organization pa	iy of accrue ar	iy		
а		ion?				6a		x
		rganization?						X
-	-	e 6a or 6b, describe in Part III.	• •					
7		listed on Form 990, Part VII, Sectio	nΔ	line 1a, did the organization prov	ide anv nonfixe	d		
		described on lines 5 and 6? If "Yes," d						х
8		ounts reported on Form 990, Part VII,						
		contract exception described in				e		
								X
9		ine 8, did the organization also fol						
	Regulations s	ection 53.4958-6(c)?		<u></u>		. 9		
For Pa	aperwork Reduc	tion Act Notice, see the Instructions for Fe	orm 9	90.	Sch	edule J (Fo	orm 990	0) 2021

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

Schedule J	(Form 990) 2021	IMPOWER, I	INC.	65-0439778	Page 2
Part II	Officers, Directors, Trustees, Key	Employees, a	and Highest Compensated Employ	/ees. 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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(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	Bonus & incentive compensation (iii) Other reportable compensation	other deferred compensation	benefits		
ANNA KESIC	(i)	145,250.			29,754.	4,100.	179,104.	
1 PRESIDENT & CEO	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
13	(ii)							
	(i)							
4	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public Inspection

Name of the organization IMPOWER, INC.

-
65-0439778
05 0157770

Par	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	(c Method of c noncash contri	determinir	0	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
12	Qualified conservation							
15	contribution - Historic							
14	structures Qualified conservation							
14								
45	contribution - Other Real estate - Residential							
15								
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles		4.0	4 000				
19	Food inventory		40	4,888.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		1.5.4	E1 410				
25	Other ►(<u>SEE SUPP PAGE</u>)		151.	51,419.				
26	Other ►()							
27	Other ►()							
28	Other ►()				<u> </u>			
29	Number of Forms 8283 received							
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29		_ . .	
						Yes	No	
30a	During the year, did the organizat				-			
	28, that it must hold for at least th	-						
	to be used for exempt purposes for		olding period?			30a	X	
	If "Yes," describe the arrangement i							
31	5			-				
_	contributions?							
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule I	ብ (Form 99	90) 2021	

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.

PART I, COLUMN B

TOTAL NUMBER OF CONTRIBUTIONS ARE BASED ON THE NUMBER OF ITEMS

CONTRIBUTED

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	- OTHER N	NONCASH CONTRIBUTION	1S 	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CARDS	Х	27	7,480.	FMV
CLOTHING & GROO	Х	20	3,399.	F'MV
CLIENT GIFTS	Х	41	15,375.	FMV
FURNISHINGS	Х	11	11,140.	FMV
HOUSEHOLD SUPPL	Х	19	2,563.	FMV
MISC	Х	17	7,307.	FMV
OFFICE & SCHOOL	Х	1	100.	FMV
SCHOOL SUPPLIES	Х	10	1,335.	FMV
MARKETING	Х	5	2,720.	FMV
	-			
TOTALS		151.	51,419.	
	=		=================	

Schedule M (Form 990) (2021)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

IMPOWER, INC.

Employer identification number 65-0439778

FORM 990, PART VI, LINE 15A & 15B

THE FULL BOARD REVIEWS ANNUAL SALARY DURING EVALUATION AND THE FULL BOARD

DECIDES ON FINAL COMPENSATION.

FORM 990, PART VI, LINE 12C

ALL CONFLICTS OF INTEREST GO BEFORE THE BOARD AND A DECISION IS MADE AT THAT POINT. FOR EMPLOYEES, A CONFLICT OF INTEREST FORM IS COMPLETED AND GOES TO THE HR DEPARTMENT FOR APPROVAL OR DENIAL. TO DATE, NO CONFLICTS OF INTEREST EXIST.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11B

THE FORM 990 IS PRESENTED TO THE INTERNAL AFFAIRS COMMITTEE BY THE AUDIT TEAM AND APPROVED BY THE BOARD PRIOR TO FILING WITH THE IRS.

Schedule O (Form 990 or 990-EZ) 2021			Page 2
Name of the organization		Employer identificatio	n number
IMPOWER, INC.		65-0439778	
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST	PAID IND. CONTRACTORS		
NAME AND ADDRESS	DESCRIPTION OF SERV	ICES	COMPENSATION
HALDER, RANJAY			
6110 BAYOU GRANDE BLVD.			
SAINT PETERSBURG, FL 33703	PSYCHIATRIC SERVI	CES	107,191.

Schedule O (Form 990 or 990-EZ) 2021

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
IMPOWER, INC.	65-0439778
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	113,936.
TOTALS	113,936.

Schedule O (Form 990 or 990-EZ) 2021

Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization		Employer i	dentification number	
IMPOWER, INC.		65-04	39778	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES				
	ENDING		COST	
DESCRIPTION	BOOK VAI	LUE	OR FMV	
INVESTMENTS	33,	,247.	FMV	

TOTALS

33,247.

Schedule O (Form 990 or 990-EZ) 2021

Schedule O (Form 990 or 990-EZ) 2021	Page 2
Name of the organization	Employer identification number
IMPOWER, INC.	65-0439778
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	52,640.

TOTALS

52,640.

Schedule O (Form 990 or 990-EZ) 2021