SPICER JEFFRIES LLP 4601 DTC BOULEVARD, SUITE 700 DENVER, CO 80237

PRODUCTS THAT COUNT 419 14TH STREET SAN FRANCISCO, CA 94103

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CLIENT'S COPY

Spicer Jeffries, LLP 4601 DTC Blvd., Suite 700 Denver, CO 80237

Products That Count 419 14th Street San Francisco, CA 94103

Products That Count:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

No payment is required.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very Truly Yours,

Michael W. Callahan

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN PRODUCTS THAT COUNT 46-4993127 SOPHIE C. MOATTI Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1, 256, 735. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SPICER JEFFRIES LLP 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 84412712345 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. SPICER JEFFRIES LLP ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

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

Form **8879-TE** (2023)

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.

and ending

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

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

В	Check if applicabl	C Name of organization		D Employer identific	cation number
Г	Addre	S PROPUGEG EURE GOURE			
F	Name chang			46-499312	27
Ē	Initial return		oom/suite	E Telephone number	
Ē	Final return	/10 1/mg cmprrm		408-781-2	
	termin			G Gross receipts \$	1,256,735.
2	Amen			H(a) Is this a group re	•
Ē	Applic	F Name and address of principal officer: SOPHIE C. MOATTI		for subordinates	
	pendi	9 419 14TH STREET, SAN FRANCISCO, CA 9410	3	H(b) Are all subordinates in	
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or			list. See instructions
	Websi			H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other	L Year o		State of legal domicile; CA
Р	art I	Summary	•		<u> </u>
	1	Briefly describe the organization's mission or most significant activities: PRODUC	CTS T	HAT COUNT IS	S A
Governance	:	COMMUNITY OF PRODUCT MAKERS, DATA-MINDED TO	HINKE	RS AND INNO	VATORS WHO
2	2	Check this box if the organization discontinued its operations or disposed	d of more t	than 25% of its net ass	ets.
٥	3	Number of voting members of the governing body (Part VI, line 1a)		3	2
Ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ď	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			0
:≧	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			2.
٥	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		1,347,915.	1,256,733.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		150.	2.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,348,065.	1,256,735.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ų	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		508,658.	280,279.
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		796,390.	587,614.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,305,048.	867,893.
	19	Revenue less expenses. Subtract line 18 from line 12		43,017.	388,842.
Net Assets or	3		Beg	jinning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,878,525.	2,225,727.
t As	21	Total liabilities (Part X, line 26)		1,146,143.	1,104,503.
뢸	22	Net assets or fund balances. Subtract line 21 from line 20		732,382.	1,121,224.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules ar		•	knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	nas any knowledge.	
		Cignature of officer		Doto	
Sig		Signature of officer		Date	
He	re	SOPHIE C. MOATTI, PRESIDENT Type or print name and title			
			In	ata Ohiii E	DTIN
		Print/Type preparer's name Preparer's signature	ا	ate Check If	PTIN
Pai		MICHAEL W. CALLAHAN		self-employe	
	parer	Firm's name SPICER JEFFRIES LLP		Firm's EIN 8	4-1210311
US	Only	Firm's address 4601 DTC BOULEVARD, SUITE 700		Dis / 2	N2 \ 7E2 10E0
		DENVER, CO 80237		Phone no. (3	03) 753-1959
ıvıa	y tne II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: PRODUCTS THAT COUNT IS A COMMUNITY OF PRODUCT MAKERS, DATA-MINDED	
	THINKERS AND INNOVATORS WHO COME TOGETHER TO LEARN, NETWORK AND GET	
	INSPIRED. WE ORGANIZE EVENTS MONTHLY TO DISCUSS TOPICS RELATED TO	
	BUILDING GREAT PRODUCTS USING BEST PRACTICES FROM SILICON VALLEY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	The state of the s] No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.] 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
3	If "Yes," describe these changes on Schedule O.] 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
40	F1C 1C	<u> </u>
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u></u>)
	WORKSHOPS THAT WERE RELATED TO BUILDING GREAT PRIDUCTS USING BEST	
	PRACTICES FROM SILICON VALLEY.	
	FRACTICES FROM STUTCON VALUET.	
	-	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
40	Total program service expenses	

Form 990 (2023) PRODUCTS THAT COUNT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	└		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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	Х	
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
12a	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		_V
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 (2023) PRODUCTS THAT COUN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		\vdash
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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			l
	"Yes," complete Schedule L, Part IV	28a		<u> X</u>
	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			7.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
UZ.	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	1
Par	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued to containe a recipolist of floto to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)

Form 990 (2023) PRODUCTS THAT COUNT

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
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	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					Х
	to file Form 8282?	7d	1	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year			70		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		tt?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		X
9 h	If the organization received a contribution of qualified intellectual property, and the organization file of			79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_		•		8		Х
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		Х
b				9b		Х
10	Section 501(c)(7) organizations. Enter:	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	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.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	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	13b				
С	Enter the amount of reserves on hand	13c				
14a			1	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
•	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
				_	$\Omega\Omega\Omega$	

Par	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	·	
	Check if Schedule O contains a response or note to any line in this Part VI		X
Sec	tion 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 2		
	If there are material differences in voting rights among members of the governing body, or if the governing		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		
	officer, director, trustee, or key employee?		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		
	of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		
	more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		
	persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_	
		Yes	_
10a	Did the organization have local chapters, branches, or affiliates?	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	_	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	on Schedule O how this was done		_
13	Did the organization have a written whistleblower policy?		_
14	Did the organization have a written document retention and destruction policy?	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1,,
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		v
	taxable entity during the year?	1	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
500	exempt status with respect to such arrangements? 16I)	
17 18	List the states with which a copy of this Form 990 is required to be filed <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	
.0	for public inspection. Indicate how you made these available. Check all that apply.	, avalla	.DIG
	Own website Another's website X Upon request Other (explain on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final	ncial	
.5	statements available to the public during the tax year.	Joiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records		
_0	SOPHIE C. MOATTI - 408-781-2046		
	419 14TH STREET, SAN FRANCISCO, CA 94103		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	ነ than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation	amount of
	week		l ai		T	T	(66)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	ruste	l trus		99/	npen		1099-NEC)	1099-1420)	and related
	below	dual t	rtiona	L	oldu	st cor	_	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			
(1) YANN KRONBERG	0.00		_	Ť		"				
TREASURER		Х		Х				0.	0.	0.
(2) SOPHIE C. MOATTI	10.00									
PRESIDENT		Х		Х				0.	0.	0.
		-								
			_			┢				
		1								
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	1 990 (2023) PRODUCTS	THAT CC	UN	ſΤ						46-49	931	27	Pa	age 8
Pa	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fr org and	pensa om the anizati d relate anizatio	e ion ed
		iii16)	드	드	JO Of	Ke	ΞE	9						
_														
1b c <u>d</u>	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 0. 0.		0. 0.			0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual									[3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
Soc	rendered to the organization? If "Yes." com											5		Х
1	Complete this table for your five highest countries or the organization. Report compensation for the organization for the organization.	•	-							· · · · · · · · · · · · · · · · · · ·	ensati	on fro	om	
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Co	(C ompe) nsatio	า
2	Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than				
	+						-				F	orm	990 (2	2023)

Form 990 (2023) PRODUCT
Part VIII Statement of Revenue

			Check if Schedule O con	ntains a	response o	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues		1b					
S S			Fundraising events		1c					
fts,			Related organizations		1d					
ij gi										
ons,			Government grants (contribu		1e					
utic		T	All other contributions, gifts, gra			256,733.				
ĕ			similar amounts not included ab			230,733.				
ont		-	Noncash contributions included in lines		1g \$		1 256 722			
O g		n	Total. Add lines 1a-1f				1,256,733.			
						Business Code				
ce	2	а								
ervi		b								
S		С								
ran Sev		d								
Program Service Revenue		е								
<u>-</u>		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	g divide	nds, intere	st, and				
			other similar amounts)				2.		2.	
	4		Income from investment of ta							
	5		Royalties							
				(i) Real	(ii) Personal				
	6	а	Gross rents6	а						
			Less: rental expenses 6	b						
		С	Rental income or (loss) 6	С						
			Net rental income or (loss)							
	7		Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory 7	a						
		b	Less: cost or other basis							
<u>o</u>		_	and sales expenses7	ь						
her Revenue		c	Gain or (loss) 7							
ě			Net gain or (loss)							
푸	٥		Gross income from fundraising 6							
Oth	0	а	including \$	-						
١			contributions reported on line		-					
			· ·	•						
		L	Part IV, line 18							
			Less: direct expenses							
	_		Net income or (loss) from fun Gross income from gaming a							
	9	а	0 0							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gar							
	10	а	Gross sales of inventory, less		I					
			and allowances							
			Less: cost of goods sold							
-		С	Net income or (loss) from sal	es of inv	ventory					
က္						Business Code				
e e	11	а								
Miscellaneous Revenue		b								
cel.		С								
Mis			All other revenue							
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instructions				1,256,735.	0.	2.	0.

Form 990 (2023) PRODUCTS THAT COUNT Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	242,353.		242,353.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4.4 =		12 = ::	
9	Other employee benefits	18,740.		18,740.	
10	Payroll taxes	19,186.		19,186.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	397,552.		397,552.	
12	Advertising and promotion	47,743.		47,743.	
13	Office expenses	48,515.		48,515.	
14	Information technology				
15	Royalties				
16	Occupancy	22.424		22 424	
17	Travel	33,434.		33,434.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Characteristics of the surgery of the sur				
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 0.) MEALS	28,416.		28,416.	
a b	OTHER BUSINESS EXPENSES	13,425.		13,425.	
D	REPAIRS & MAINTENANCE	7,970.		7,970.	
d	OFFICE SUPPLIES	7,687.		7,687.	
	All other expenses	2,872.		2,872.	
е 25	Total functional expenses. Add lines 1 through 24e	867,893.	0.	867,893.	0.
26	Joint costs. Complete this line only if the organization	001,000	<u></u>	307,0331	•
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22001	1) 12-21-23			1	Form 990 (2023)

Form 990 (2023)
Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,131,998.	1	1,383,172
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		634,113.	4	760,165	
	5	Loans and other receivables from any current of	officer, director,				
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		22.252			
		basis. Complete Part VI of Schedule D		23,968.	11 060		
				23,968.	11,968.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	100 446	14	02 200		
	15	Other assets. See Part IV, line 11			100,446.	15	82,390
	16	Total assets. Add lines 1 through 15 (must equ		1,878,525. 9,344.	16	2,225,727	
	17	Accounts payable and accrued expenses	9,344.	17	35,903		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities				20 21	
	22	Escrow or custodial account liability. Complete Loans and other payables to any current or form				21	
ies	22	trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
E.	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	-				
		of Schedule D	,	·	1,136,799.	25	1,068,600
	26	Total liabilities. Add lines 17 through 25			1,146,143.	26	1,104,503
		Organizations that follow FASB ASC 958, ch					
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			732,382.	27	1,121,224
Bal	28	Net assets with donor restrictions				28	
미		Organizations that do not follow FASB ASC					
ᇎᅵ		and complete lines 29 through 33.					
SO	29	Capital stock or trust principal, or current funds	3			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in	ncome,	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			732,382.	32	1,121,224
·	33	Total liabilities and net assets/fund balances			1,878,525.	33	2,225,727 Form 990 (202

Par	T 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			735.
2	Total expenses (must equal Part IX, column (A), line 25)	2			893.
3	Revenue less expenses. Subtract line 2 from line 1	3			842.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		732	382.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	121	224.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			_	Y	es 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Γ		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	
				Form 9	90 (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization

Inspection
Employer identification number

OMB No. 1545-0047

		PROD	UCTS THAT (COUNT				4	6-499312	:7
Pa	rt I	Reason for Public (Charity Status. (All organizations must c	omplete th	nis part.) S	ee instructions			
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect								
3	一	A hospital or a cooperative		•		(b)(1)(A)(ii	i).			
4	一	A medical research organiz					•	iii). Enter	the hospital's n	ame.
		city, and state:		,				,.		,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operati	ed by a go	vernmental uni	t describe	ed in	
5		section 170(b)(1)(A)(iv). (0		lege of armiversity owned	гог орогас	ca by a go	verminental am	t describe	JG 111	
6				antal unit described in	aaatian 17	70/6//4// 8//	()			
6	H	A federal, state, or local go	•						anda Barata a a Stala	
7	Ш	An organization that norma		itiai part of its support if	om a gove	ernmentai t	unit or from the	generai p	Dublic described	ıın
_		section 170(b)(1)(A)(vi). (C								
8	Н	A community trust describe			•					
9		An agricultural research org				-		-	-	
		or university or a non-land-o	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of th	ne college	or	
		university:								
10	X	An organization that norma								
		activities related to its exen	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross inves	tment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the orga	nization a	fter June 30, 19	975.
		See section 509(a)(2). (Co	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to carr	y out the	purposes of one	e or
		more publicly supported or	ganizations described	d in section 509(a)(1) o	r section :	509(a)(2).	See section 50)9(a)(3). 🤇	Check the box o	n
		lines 12a through 12d that	describes the type of	supporting organization	n and comp	plete lines	12e, 12f, and 1	2g.		
а			anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typ	ically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	pporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage	the supp	orted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	d with,	
		its supported organization	- '				•	· ·		
d		Type III non-functionally						ed organiz	ation(s)	
		that is not functionally int						-	* *	
		requirement (see instruct	-	•	-		-			
е		Check this box if the orga	,	• ′	,			Type III		
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,		
f	Ente	er the number of supported of		,9	.9 9					
		vide the following information	•	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of r	nonetary	(vi) Amount of	fother
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see inst	ructions)
				above (ede indiractione))						

332021 12-21-23

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi					T I		
	Public support percentage for 2023 (I			column (f))		14	%	
	Public support percentage from 2022					15	%	
16a	33 1/3% support test - 2023. If the o							
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
D		-						
47.	and stop here. The organization qual	•			- 40 40 40-			
1/a	10% -facts-and-circumstances test							
	and if the organization meets the fact		•	•	•	vi now the organiz	zauon	
L	meets the facts-and-circumstances te	-	•	*	-	170 and line 15 :-	L	
O	10% -facts-and-circumstances test	-					1070 UI	
	more, and if the organization meets the				-			
12	organization meets the facts-and-circu Private foundation. If the organization		-					
18	rivate iounuation. Il the organization	n did not check a	DOX OF HIRE 13, 10	a, 100, 17a, 01 171	o, oneon this box a		(Form 990) 2023	

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	.,	,	,	.,
	include any "unusual grants.")	825,152.	669,510.	896,337.	646,665.	634,747.	3672411.
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 bus-	105 005	05 011	05 400	F06 104	F16 160	4520200
	iness under section 513	187,385.	25,211.	95,428.	706,134.	516,162.	1530320.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1012537.	694,721.	991,765.	1352799.	1150909.	5202731.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5202731.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 5202731.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1012537.	694,721.	991,765.	1352799.	1150909.	3202731.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1012537.	694,721.	991,765.	1352799.	1150909.	5202731.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						<u></u>
	ction C. Computation of Publi						100 00
	Public support percentage for 2023 (li		•	olumn (f))			100.00 %
	Public support percentage from 2022 ction D. Computation of Inves					16	100.00 %
	·			- 40 1 (0)		47	.00 %
	Investment income percentage for 20	•	•			17	
	Investment income percentage from 2022 Schedule A, Part III, line 17						
136	more than 33 1/3%, check this box ar						T
t	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization		•	•		-	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
0-		
3a		
3b		
- CL		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
. Ju		
10b		

332024 12-21-23

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion 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 instructions).			
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 ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 "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	0-		
L	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	_,,		
а	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.	3a		
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.	3b		

Schedule	Δ	(Form	990)	2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

<u>4</u> 5

6

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
ее	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
_	Evenes from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PRODUCTS THAT COUNT

46-4993127

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or General	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or				
	-	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., neplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

PRODUCTS THAT COUNT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMAZON SMILE 419 14TH STREET SAN FRANCISO, CA 94103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPGEMINI 79 FIFTH AVENUE, 3RD FLOOR NEW YORK, NY 10003	\$ 735,303.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COGNIZANT TECH SOLUTIONS 5000 EXECUTIVE PKWY STE 295 SAN RAMON, CA 94583	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COGNIZANT/TRIZETTO 5000 EXECUTIVE PKWY STE 295 SAN RAMON, CA 94583	\$106,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GALILEO FINANCIAL TECHNOLOGIES 9800 MONROE ST 7TH FLOOR SANDY, UT 84070	\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MIGHTY CAPITAL MANAGEMENT, LLC 419 14TH STREET SAN FRANCISO, CA 94103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PRODUCTS THAT COUNT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MIKE JOZWIK 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SHANE ELENIAK 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ARNO HARN 419 14TH STREET SAN FRANCISO, CA 94103	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	AVIJIT SINHA 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	BRIAN WALKER 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CARELON 419 14TH STREET SAN FRANCISO, CA 94103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	·		Calcadula D (Farms 000) (0000)

Name of organization

Employer identification number

PRODUCTS THAT COUNT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	EFFI FUKS LEICHTAG 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GREG JONES 419 14TH STREET SAN FRANCISO, CA 94103	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	GREGORY WRIGHT 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	JAMES SELBY 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	NICK REED 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	OKTA 100 1ST ST., STE 600 SAN FRANCISO, CA 94105	\$36,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PRODUCTS THAT COUNT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	PRODUCTBOARD 612 HOWARD ST 4TH FLOOR SAN FRANCISO, CA 94105	\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	RAMPUP LABS 400 MONTGOMERY ST SUITE 1100 SAN FRANCISO, CA 94111	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	SPIKE HUANG 419 14TH STREET SAN FRANCISO, CA 94103	\$6,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
22	STANFORD 450 SERRA MALL STE 170 STANFORD, CA 94305	\$ 644.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

PRODUCTS THAT COUNT

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
3453 12-26	22	·	Schedule B (Form 990) (202

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** PRODUCTS THAT COUNT 46-4993127 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PRODUCTS THAT COUNT

Employer identification number 46-4993127

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, III	ganization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other a						
	-	(b) Funds and other accounts						
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	_						
•	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o	• • •						
Par		ganization answered "Vas" on Form 200 J						
1			Fait IV, line 7.					
'	Purpose(s) of conservation easements held by the organization. Preservation of land for public use (for example, recreation)		a historically important land area					
	Protection of natural habitat	· —	a historically important land area a certified historic structure					
	Preservation of open space	Freservation of	a certified historic structure					
2	Complete lines 2a through 2d if the organization held a qualit	find consequation contribution in the form	of a consequation easement on the last					
2	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year					
a	Total number of conservation easements							
	Number of conservation easements on a certified historic stri		0-					
	Number of conservation easements included on line 2c acqu	***************************************						
_	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rel							
_	year	isassa, skiingaishoa, sh tollimiatsa by the	organization danning the tank					
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year					
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the					
	organization's accounting for conservation easements.							
Pai	t III Organizations Maintaining Collections of	-	her Similar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	, .						
	of art, historical treasures, or other similar assets held for put	, ,	•					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1							
2	If the organization received or held works of art, historical tre		I gain, provide					
	the following amounts required to be reported under FASB A	· ·						
	Revenue included on Form 990, Part VIII, line 1							
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023					

Pai	rt III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sig	gnificant u	se of its		-	
	collection items (check all that apply).										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how the	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the (organizatior	answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for o	contribution	s or other as	sets not i	ncluded		_		_
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ıstodial acco	unt liabilit	y?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds Complete if										
		(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	years	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 curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administer	ed for the	9		ſ		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)	\longrightarrow	
									3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipm					D 1 1 1					
	Complete if the organization answered		T								
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Boo	k value	е
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										
b	Buildings										
С	Leasehold improvements				2 0 6 0		00.00				
	Equipment			2	3,968.		23,96	08.			0.
	Other										
rotal	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X line 10	oc column	(R))			I			0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 PRODUCTS TH	AT COUNT	46	-4993127 Page 3
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(4) The social decision is	(b) Book value	(c) Wethod of Valuation. Cost of circ	or year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of circ	or year market value
(2)			
(3)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	11d. Gee 1 om 1 ood, 1 dit X, iiile 10.	(b) Book value
- 	Bescription		(b) Book value
(2)			
(3)			
(5)			
<u>(6)</u>			
(9)	/ /D)\\		
Total. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 99			<u> </u>
Complete if the organization answered "Yes"	on ⊦orm 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 060 600
(2) EIDL LOAN			1,068,600.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	•	es per Return	
	Complete if the organization answered "Yes" on Form 990, Part		Г	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.	
C E	Add lines 4a and 4b			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information	ne 18.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pa	t V line 1: Part Y line 2: Part	- YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		11 V, III 16 4, 1 alt 7, III 16 2, 1 alt	Λi,
111103	20 and 45, and 1 are An, intes 20 and 45. Also complete this part to provi	ac any additional information.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PRODUCTS THAT COUNT

Employer identification number 46-4993127

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

COME TOGETHER TO LEARN, NETWORK AND GET INSPIRED. WE ORGANIZE EVENTS

MONTHLY TO DISCUSS TOPICS RELATED TO BUILDING GREAT PRODUCTS USING BEST

PRACTICES FROM SILICON VALLEY.

AMENDED TAX RETURN

THE 2023 TAX RETURN FOR PRODUCTS THAT COUNT (THE "TAXPAYER") IS BEING

AMENDED BECAUSE THE TAXPAYER OVERSTATED REVENUE SIGNIFICANTLY ON THE

ORIGINALLY FILED TAX RETURN. THE OVERSTATEMENT OF REVENUE WAS CAUSED BY

A MISTAKE IN THE ACCOUNTING REGARDING THE TAXPAYER'S ECONOMIC INJURY

DISASTER LOAN ("EIDL"). THE TAX PREPARER WAS UNDER THE IMPRESSION THAT

THE TAXPAYER'S EIDL HAD BEEN FORGIVEN DURING 2023. AS SUCH, THE TAX

PREPARER INCLUDED THE AMOUNT THOUGHT TO HAVE BEEN FORGIVEN IN THE

TAXPAYER'S REVENUE FOR 2023. THE SPECIFIC PART AND LINE NUMBERS

AFFECTED BY THE ERROR IN ACCOUNTING ARE DISCUSSED BELOW.

PART VIII (LINE 11A); PART X (LINE 25)

THE EIDL AMOUNT WAS \$1,134,600 AND WAS REPORTED AS REVENUE ON LINE 11A,

PART VIII OF THE ORIGINALLY FILED RETURN. IN REALITY, THE EIDL WAS NOT

FORGIVEN DURING 2023 AND HAS NOT BEEN FORGIVEN TO THIS DATE. THE

TAXPAYER IS MAKING REGULAR PAYMENTS TO REPAY THE LOAN. THE INCLUSION OF

THE EIDL AS REVENUE CAUSED THE TAXPAYER'S TOTAL REVENUE FOR 2023 TO BE

SIGNIFICANTLY OVERSTATED. THE AMENDED RETURN NOW INCLUDES THE EIDL AS A

LIABILITY IN PART X, LINE 25 AND THE AMENDED RETURN NOW REPORTS \$0

REVENUE ON LINE 11A OF PART VIII.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Employer identification number Name of the organization 46-4993127 PRODUCTS THAT COUNT PART VIII (LINE 1F); SCH B; PART IX ADDITIONALLY, THE TAXPAYER AMENDED REGULAR CONTRIBUTION REVENUE REPORTED ON LINE 1F OF PART VIII, INCREASING IT FROM \$1,150,909 TO \$1,256,733. THIS CHANGE IN REVENUE CONTRIBUTIONS CAN BE SEEN IN SCH B, ALLOCATED TO CAPGEMINI. THERE WERE ALSO AMENDMENTS TO EXPENSES IN PART IX. TOTAL EXPENSES REPORTED ON THE ORIGINALLY FILED RETURN WERE \$1,054,382. TOTAL EXPENSES REPORTED ON THE AMENDED RETURN ARE \$867,893. THE NET CHANGE FROM THESE OTHER AMENDMENTS TO REVENUE/EXPENSES IS AN INCREASE TO NET INCOME OF \$80,663. THESE ERRORS WERE ALSO A RESULT OF INACCURATE ACCOUNTING. FORM 990, PART VI, SECTION B, LINE 11B: BOARD OF DIRECTORS RECEIVED AND REVIEWED THE COPY OF THE TAX RETURN BEFORE FILING FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY DURING BOARD MEETINGS. ADDITIONALLY, THE ORGANIZATION HAS RETAINED GENERAL COUNSEL TO ASSIST WITH MONITORING OF COMPLIANCE. FORM 990, PART VI, SECTION C, LINE 19: BOARD OF DIRECTORS HAS ALL RECORDS AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSIDE CONTRACT SERVICES:

Schedule O (Form 990) 2023

MIG110.2

PROGRAM SERVICE EXPENSES

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
PRODUCTS THAT COUNT	46-4993127
MANAGEMENT AND GENERAL EXPENSES	385,862.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	385,862.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,690.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,690.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	397,552.

TAXABLE YEAR 2023

California Exempt Organization Annual Information Return

328941 12-26-23 **FORM**

199

Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy)			, and ending	(mm/dd/yyy	/y)			
Corporation/Org	anization name				Cali	fornia corpo	ration n	umber	
PRODUC	TS THAT COUNT					2222	222		
Additional inform	nation. See instructions.				FE	IN			
						46-4	993	127	
Street address (PMB no.			
<u>419 14</u>	TH STREET				•				
City					State	ZIP code	_		
SAN FR	ANCISCO				CA	9410	3		
Foreign country	name For	eign province/state/c	county			Foreign po	ostal cod	de	
		- TT							
A First retu		Yes X No I							
B Amended		Yes No		orted to the FTB					10
		Yes X No							NI -
	rmation return?			d in political acti					
	Dissolved Surrendered (Withdrawn) Merged	l/Reorganized		rganization exen					10
	(mm/dd/yyyy) Counting method: (1) Cash (2) X Accrual (3			enter the gross rganization a lim					 \ o
	eturn filed? (1) \bullet 990T (2) \bullet 990PF (3) \bullet	<u>^</u>		organization a file				165 22 10	VO.
	Other 990 series							• Yes X N	۷lo
	group filing? See instructions	Yes X No I	N Is the o	rganization unde	er audit by th	ne IRS or	has the		••
		Yes X No						• Yes X N	۷o
	/hat is the parent's name?			al Form 1023/10					
•	·			ed with IRS					
Part I	omplete Part I unless not required to file this form. S								
	1 Gross sales or receipts from other sources. From	m Side 2, Part II,	line 8				1	2	00
	2 Gross dues and assessments from members an	d affiliates				•	2		00
	3 Gross contributions, gifts, grants, and similar ar	mounts received			STMT	.1 •	3	1,256,733	00
Receipts	4 Total gross receipts for filing requirement test. A							4 056 505	
and	This line must be completed. If the result is les						4	1,256,735	00
Revenues	5 Cost of goods sold			6		00			
	6 Cost or other basis, and sales expenses of asset					00	T	Т	
							7	1,256,735	00
	8 Total gross income. Subtract line 7 from line 4						8	867,893	
Expenses	9 Total expenses and disbursements. From Side 210 Excess of receipts over expenses and disbursen						10	388,842	00
	10 Excess of receipts over expenses and disbursen11 Total payments						11		00
	12 Use tax. See General Information K						12		00
	13 Payments balance. If line 11 is more than line 13	2. subtract line 19	? from line	11			13		00
Payments	14 Use tax balance. If line 12 is more than line 11,						14		00
	15 Penalties and interest. See General Information					ſ	15		00
	16 Balance due. Add line 12 and line 15. Then sub						16		00
0:	16 Balance due. Add line 12 and line 15. Then sub Under penalties of perjury, I declare that I have examined this rel it is true, correct, and complete. Declaration of preparer (other th	turn, including accon nan taxpayer) is base	npanying sch d on all inforr	edules and stateme mation of which pre	ents, and to the parer has any	e best of my knowledge.	knowle	dge and belief,	
Sign Here			Title		Date		I	Telephone	
	Signature of officer	þ	PRESI					408-781-2046	
				Date	Check	if		PTIN	
	Preparer's signature				self-en	nployed		P00286130	
Paid	Firm's name							Firm's FEIN	
Preparer's	(or yours, if self-		=					84-1210311	
Use Only	employed) 4601 DTC BOULEVARD and address	, SUITE	700					• Telephone	ا ۾ ا
	DENVER, CO 80237						, .	(303) 753-195	9
	May the FTB discuss this return with the preparer sho	own above? See ir	nstructions		·····	• X	Yes	No	

PRODUCTS THAT COUNT

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951	12-26-2

							_	T .			T
			Gross sales or receipts from all but					1_			00
			Interest					2		2	00
	3 Dividends •							3			00
Receip	eceipts 4 Gross rents							4			00
from	,							5			00
Other		6	Gross amount received from sale of	of assets (See instructions)			•	6			00
Source	s	7						7			00
		8	Total gross sales or receipts from		-			8		2	00
		9	Contributions, gifts, grants, and sir					9			00
		10	$\label{eq:definition} \mbox{Disbursements to or for members}$				•	10			00
		11	Compensation of officers, directors	s, and trustees		SEE STA	TEMENT 3 •	11		0	
		12	Other salaries and wages					12		242,353	00
Expens	es	13	Interest					13			00
and			Taxes					14		19,186	00
Disbur	se-	15	Rents				•	15			00
ments		16	Depreciation and depletion (See ins	structions)			···················	16			00
		17	Other expenses and disbursements	8		SEE STA	TEMENT 4 ●	17		606,354	
			Total expenses and disbursements					18		867,893	00
Sche	dule	<u> </u>	Balance Sheet	Beginning of	taxable ye	ear	End	of tax	cable y	ear	
Assets				(a)		(b)	(c)	_		(d)	
1 Ca					1	L,131,998			•	1,383,1	
			receivable			634,113			•	760,1	<u>.65</u>
			ceivable						•		
4 Inv	ventor	ies							•		
			state government obligations						•		
			in other bonds						•		
7 In	vestm	ents	in stock						•		
8 M	ortgag	e loa	ins						•		
	her inv								•		
10 a	Depre	ciabl	e assets	23,968			23,9				
			mulated depreciation	12,000		11,968	23,96	8			
11 La	nd		STMT 5						•		
12 Ot	her as	sets	STMT 5			100,446			•	82,3	
13 To	tal as	sets			1	L,878,525				2,225,7	27
			t worth								
			/able			9,344			•	35,9	03
			s, gifts, or grants payable						•		
			otes payable						•		
17 Mo	ortgag	es pa	ayable STMT 6			1 1 2 6 17 2 2			•	1 060 6	
					1	L,136,799				1,068,6	00
			or principal fund						•		
			al surplus. Attach reconciliation			7 00 000			•	1 101 0	-
			nings or income fund		<u> </u>	732,382			•	1,121,2	
			es and net worth			L,878,525				2,225,7	27
Sche	edule	e M	 Reconciliation of income pe Do not complete this schedul 			3, column (d), is less	s than \$50,000.				
1 Ne	1 Net income per books • 388,842 7 Income recorded on books this year										
	2 Federal income tax not included in this return. Attach schedu						е	•			
3 Ex	3 Excess of capital losses over capital gains • Beductions in this return not charged							•••			
	4 Income not recorded on books this year.										
	Attach schedule Attach schedule							•			
	5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8										
	deducted in this return. Attach schedule 10 Net income per return.										
			e 1 through line 5	222						388,8	42
					•						

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
CAPGEMINI	79 FIFTH AVENUE, 3RD FLOOR NEW YORK, NY 10003	735,303.
COGNIZANT TECH SOLUTIONS	5000 EXECUTIVE PKWY STE 295 SAN RAMON, CA 94583	100,000.
COGNIZANT/TRIZETTO	5000 EXECUTIVE PKWY STE 295 SAN RAMON, CA 94583	106,000.
GALILEO FINANCIAL TECHNOLOGIES	9800 MONROE ST 7TH FLOOR SANDY, UT 84070	50,000.
MIGHTY CAPITAL MANAGEMENT, LLC	419 14TH STREET SAN FRANCISO, CA 94103	90,266.
MIKE JOZWIK	419 14TH STREET SAN FRANCISO, CA 94103	6,000.
SHANE ELENIAK	419 14TH STREET SAN FRANCISO, CA 94103	6,000.
ARNO HARN	419 14TH STREET SAN FRANCISO, CA 94103	10,000.
AVIJIT SINHA	419 14TH STREET SAN FRANCISO, CA 94103	6,000.
BRIAN WALKER	419 14TH STREET SAN FRANCISO, CA 94103	6,000.
CARELON	419 14TH STREET SAN FRANCISO, CA 94103	16,000.
EFFI FUKS LEICHTAG	419 14TH STREET SAN FRANCISO, CA 94103	6,000.
GREG JONES	419 14TH STREET SAN FRANCISO, CA 94103	8,000.
GREGORY WRIGHT	419 14TH STREET SAN FRANCISO, CA 94103	6,000.

PRODUCTS THAT COUNT			46-4993127
JAMES SELBY		EET SAN FRANCISO,	6.000
NICK REED		EET SAN FRANCISO,	6,000.
OKTA	CA 94103 100 1ST ST.,	STE 600 SAN	6,000.
PRODUCTBOARD	FRANCISO, CA		36,000.
	FRANCISO, CA	94105	50,000.
SPIKE HUANG	419 14TH STR CA 94103	EET SAN FRANCISO,	6,000.
TOTAL INCLUDED ON LINE 3			1,255,569.
CA 199	AMENDED RET	URN INFORMATION	STATEMENT 2
DESCRIPTION			AMOUNT
ORIGINAL BALANCE DUE AMENDED BALANCE DUE NO PAYMENT REQUIRED			0 0 0
CA 199 COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
YANN KRONBERG 419 14TH STREET SAN FRANCISCO, CA 94103		TREASURER 0.00	0.
SOPHIE C. MOATTI 419 14TH STREET SAN FRANCISCO, CA 94103		PRESIDENT 10.00	0.
TOTAL TO FORM 199, PART I	I, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
MEALS OTHER BUSINESS EXPENSES REPAIRS & MAINTENANCE OFFICE SUPPLIES OTHER EMPLOYEE BENEFITS OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL ALL OTHER EXPENSES		28,416. 13,425. 7,970. 7,687. 18,740. 397,552. 47,743. 48,515. 33,434. 2,872.
TOTAL TO FORM 199, PART II, LIN	IE 17	606,354.

CA 199 OTHER ASSETS	S 	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER CURRENT ASSETS DUE FROM CREDIT INSTITUTION EMPLOYEE ADVANCES UNDEPOSITED FUNDS	98,716. 1,730. 0. 0.	0. 0. 4,222. 78,168.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	100,446.	82,390.

CA 199 OTHER LIABIL	ITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES EIDL LOAN	2,199. 1,134,600.	0. 1,068,600.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,136,799.	1,068,600.

022	
Date Accepted	

TAXABLE YEAR 2023

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

	Exe	empt Organiza	ations							
Exempt Organiza	ation name								Identifyin	ng number
DD ODIIG	ma m a	OTTOTAL STATE							4.0	4002125
	TS THAT C	OUNT Information (whole dolla	ro only)						46-4	4993127
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4	100 1	: F\				1 256 735
1 Total g	ross receipts or ur	related business taxable	e income (Form 199, line	4 or For	m 109, II	ine 5)			1.	1,256,735 1,256,735
		tal tax (Form 199, line 8 c ursements (Form 199, line							4.	867,893
	e (Form 109, line 2									
	,	line 24)								
Part II Se	ettle Your Accou	nt Electronically for Tax	able Year 2023						•	
		fund (Form 109 only.)								
	ectronic funds wit	,	nt		7b Wi	thdrawal o	date (mr	m/dd/yy	yy)	
Part III So	hedule of Estimate	d Tax Payments for Taxable	Year 2024 (These are NO	T installm	nent paym	ents for th	e current	t amount	the exe	empt organization owes.)
		First Payment	Second Paymen	t		Third Pa	yment			Fourth Payment
8 Amount										
9 Withdra										
Part IV Ba	anking Information	on (Have you verified the	exempt organization's b	anking i	nformati	on?)				
10 Routing	number									-
11 Account				12 T	ype of ac	ccount:	Ch	ecking		Savings
	eclaration of Office									
direct deposit	refund agrees with	n's account to be settled as the authorization stated on n nts listed on Part III, line 8 f	ny return. If I check Part II,	box 7, I a	úthorizé a					
organization v statements be	vill remain liable for transmitted to the F thorize the FTB to d	I that if the Franchise Tax Bo the tax liability and all applic TB by the ERO, transmitter, isclose to the ERO or intern	able interest and penalties. or intermediate service pro	I authoriz vider. If t e reason	e the exe he proce:	mpt organi ssing of the delay or t	zation re e exemp	turn and t organiz	accom ation's	panying schedules and return or refund is
Tiere -	Signature of officer		Date	Title						
Part VI D	eclaration of Elec	ctronic Return Originato	or (ERO) and Paid Prepa	arer.						
am only an intraccurately refl provided the of 1345, 2023 H the exempt or I declare that	termediate service p lects the data on the organization officer v andbook for Author ganization return is I have examined the	return.) I have obtained the with a copy of all forms and i ized e-file Providers. I will ke	am not responsible for revie organization officer's signa information that I will file w eep form FTB 8453-EO on f I will make a copy available s return and accompanying	wing the ture on foith the FT left for four schedule	exempt o orm FTB 8 B, and I h r years fro TB upon ro s and sta	rganization 3453-EO be ave followe om the due equest. If I	's return fore tran ed all oth date of am also	. I declar smitting er requir the retur the paid	e, howe this ret ements n or fou prepare	ever, that form FTB 8453-EO urn to the FTB. I have described in FTB Pub. ur years from the date er, under penalties of perjury,
ERC				Date		Check if also paid		Check if self-		ERO's PTIN
		ER JEFFRIES				preparer	X	employe]P00286130
if on	n's name (or yours elf-employed)	SPICER JEFF							Firm's F	EIN 84-1210311
	address	4601 DTC BO DENVER, CO	ULEVARD, SUI	TE 7	00				ZIP cod	te 80237
		re that I have examined the a and complete. I make this de						tements,	and to	the best of my knowledge
Paid Preparer	Paid preparer's signature				Date		Check if self- employe	ed] Pa	aid preparer's PTIN
Must	Firm's name (or yours	5			•		, ,		Firm's F	FEIN
Sign	if self-employed) and address								ZIP cod	
									2 000	

FTB 8453-EO 2023

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

Check if:

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

PRODUCTS THAT COUNT Name of Organization	Change of address X Amended report Organization requests email notifications					
List all DBAs and names the organization uses or has used 419 14TH STREET	State Charity Registration Number 0265353					
Address (Number and Street) SAN FRANCISCO, CA 94103 City or Town, State, and ZIP Code	Corporation or Organization No. 3649639					
City or Town, State, and ZIP Code 408-781-2046 Telephone Number SC@MIGHTY.CAPITAL.COM E-mail Address Federal Employer ID No. 46-4993127						
Telephone Number E-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)						
Make Check Payable to Department of Justice						
Total Revenue Fee Total Revenue Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million						
PART A - ACTIVITIES For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023) list:						
Total Revenue (including noncash contributions) \$ 1,256,735 Noncash Contributions \$ 0 Total Assets \$ 2,225,7						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note: All questions must be answered. If you answer "yes" to any of the ques	stions below, you must attach a separate page					
providing an explanation and details for each "yes" response. Please re	100 110					
 During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in w any financial interest? 	<u> </u>					
During this reporting period, was there any theft, embezzlement, diversion or r or funds?	misuse of the organization's charitable property					
3. During this reporting period, were any organization funds used to pay any pen	alty, fine or judgment?					
During this reporting period, were the services of a commercial fundraiser, funcommercial coventurer used?	draising counsel for charitable purposes, or					
During this reporting period, did the organization receive any governmental fur						
During this reporting period, did the organization hold a raffle for charitable pu						
7. Does the organization conduct a vehicle donation program?						
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.						
SOPHIE C. MOATTI PRESIDENT						
Signature of Authorized Agent Printed Name	Title Date					

CA RRF-1	AMENDED	RETURN	INFORMATION	STATEMENT	7
DESCRIPTION				AMOUNT	
ORIGINAL BALANCE DUE AMENDED BALANCE DUE NO PAYMENT REQUIRED					200 200 0

Electronic Filing PDF Attachment

October 4, 2024

Products That Count

419 14th Street

San Francisco, CA 94103

Amended tax return explanation:

Form 199, Part I, Line 1

The 2023 tax return for Products That Count (the "Taxpayer") is being amended because the Taxpayer overstated revenue significantly on the originally filed tax return. The overstatement of revenue was caused by a mistake in the accounting regarding the Taxpayer's Economic Injury Disaster Loan ("EIDL"). The tax preparer was under the impression that the Taxpayer's EIDL had been forgiven during 2023. As such, the tax preparer included the amount thought to have been forgiven in the Taxpayer's revenue for 2023. This amount was \$1,134,600 and was reported as revenue on line 1 of Part I of the originally filed Form 199. In reality, the EIDL was not forgiven during 2023 and has not been forgiven to this date. The Taxpayer is making regular payments to repay the loan. The amended return now appropriately reports the EIDL as a liability in Sch. L, and has removed the EIDL liability from revenue in Part I, line 1, resulting in only \$2 of interest in part I, line 1.

Form 199, Part I, Line 3 and Line 9

Additionally, the Taxpayer amended regular contribution revenue reported on line 3 of Part I, increasing it from \$1,150,909 to \$1,256,733. There were also amendments to expenses on line 9. Total expenses reported on the originally filed return were \$1,054,382. Total expenses reported on the amended return are \$867,893. The net change from these other amendments to revenue/expenses is a net increase to "Excess of receipts over expenses and disbursements" on line 10 of \$80,663 (not including removal of \$1,134,600 from Part I, line 1, discussed above). These smaller errors were also a result of inaccurate accounting.