efile Public Visual Render ObjectId: 202333199349331788 - Submission: 2023-11-15 TIN: 85-3989363 OMB No. 1545-0047

## **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.

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

**Open to Public** 

	Revenue Service	To to www.ms.igovy to mistractions and the	iatest illionii	acioni.		Inspection
A Fo	or the 2022 c	l alendar year, or tax year beginning 01-01-2022   , and ending 12-3	1-2022			
	ck if applicable:	C Name of organization POSSIBILITY LABS		D Employ	er identi	fication number
_	dress change	PUSSIBILITE LABS		85-3989	9363	
	me change tial return	Doing business as				
O Fina	l return/terminated			E Telephon	e numher	-
	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1410 FRANKLIN STREET 135	ite			
_ Арі	olication pending	City or town, state or province, country, and ZIP or foreign postal code		(213) 4	08-0508	1
		SAN FRANCISCO, CA 94109		<b>G</b> Gross re	ceipts \$ 4	7,233,419
		F Name and address of principal officer:	<b>H(a)</b> Is this	a group re	turn for	
		JILL SMITH 1410 FRANKLIN STREET 135	subor	dinates?		☐Yes ✔No
		SAN FRANCISCO, CA 94109	H(b) Are all include	l subordinat ed?	es	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527	If "No	," attach a l		instructions.
J W	ebsite:▶ WW	/W.POSSIBILITYLABS.ORG	H(c) Group	exemption	number	<b>&gt;</b>
<b>K</b> Forn	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 2020	<b>M</b> State	of legal domicile: CA
	rt I Sum	mary				
Га		scribe the organization's mission or most significant activities:				
an a		ION IS TO CO-CREATE A NEW ECONOMY WHERE BLACK, INDIGENOUS, PE TIES HAVE THE POWER OF SELF-DETERMINATION.	OPLE OF COLO	R, AND HIS	STORICA	LLY LOW-INCOME
nce	COMMON	TIES HAVE THE FOWER OF SELF-DETERMINATION.				
ша						
ove	2 Check thi	a hav b				
5		of voting members of the governing body (Part VI, line 1a)			3	4
S	4 Number	of independent voting members of the governing body (Part VI, line 1b) .		4	2	
Activities & Governance	5 Total num	nber of individuals employed in calendar year 2022 (Part V, line 2a)		5	38	
cti	6 Total num	nber of volunteers (estimate if necessary)			6	6
A	<b>7a</b> Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0
	<b>b</b> Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
			Pri	or Year		Current Year
2		ions and grants (Part VIII, line 1h)		5,966,7	_	44,743,879
Revenue	_	service revenue (Part VIII, line 2g)		200,2	_	1,985,697
Be		ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,2		8,889
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,3 6,183,5		4,376 46,742,841
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				
		nd similar amounts paid (Part IX, column (A), lines 1–3).... paid to or for members (Part IX, column (A), line 4)......		1,557,1	0	12,720,297
		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,514,3		3,655,714
Expenses	-	anal fundraising fees (Part IX, column (A), line 11e)		1,514,5	0	3,033,714
CH)		aising expenses (Part IX, column (D), line 25) ▶605,328				
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,170,3	368	4,543,741
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,241,8	_	20,919,752
	•	less expenses. Subtract line 18 from line 12		1,941,7	_	25,823,089
Ses.			Beginning	of Current Yo		End of Year
Net Assets or Fund Balances						
Ass Ba		ets (Part X, line 16)		2,326,5	_	30,143,060
det		ilities (Part X, line 26)		153,8	_	2,147,276
- LL	22 Net asset	s or fund balances. Subtract line 21 from line 20		2,172,6	95	27,995,784

**Signature Block** 

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

	Ī.				2023-11-15	
Sign	Sig	nature of officer			Date	
Here		L SMITH VP OF OPERATIONS				
	Тур	oe or print name and title				
	•	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	N 582463
Paid	t				self-employed	
	parer	Firm's name			Firm's EIN > 32-053	30003
Use	Only	Firm's address ► 3550 WILSHIRE BLVD	1660		Phone no. (213) 639	-3550
		LOS ANGELES, CA 900	010			
May t	he IRS disc	uss this return with the preparer show	vn above? See Instruction	ns		☐ Yes ☐ No
For P	aperwork	Reduction Act Notice, see the sep	arate instructions.	Cat	. No. 11282Y	Form <b>990</b> (2022
			Page 2			
Form	990 (2022)					Page 2
Par	t III <b>St</b> a	atement of Program Service A	ccomplishments			. 490 -
		eck if Schedule O contains a response	-	s Part III		🗆
1		cribe the organization's mission:	,	•		
		TO CO-CREATE A NEW ECONOMY W		S, PEOPLE OF COLOR,	AND HISTORICALLY L	OW-INCOME
COMM	MUNITIES H	AVE THE POWER OF SELF-DETERMIN	ATION.			
2	Did the or	ganization undertake any significant p	rogram services during th	ne vear which were not	listed on	
_		orm 990 or 990-EZ?				🗆 Yes 🗸 No
	•	escribe these new services on Schedu	le O.			
3	•	ganization cease conducting, or make		w it conducts, any prog	ram	
	services?					🗆 Yes 🔽 No
	If "Yes," de	escribe these changes on Schedule O				
4	•	ne organization's program service acc		its three largest progra	m services, as meas	ured by expenses.
	Section 50	1(c)(3) and $501(c)(4)$ organizations	are required to report the			
	and reveni	ue, if any, for each program service re	eported.			
4a	(Code:	) (Expenses \$	19,538,865 including gran	its of \$ 12,720,2	97 ) (Revenue \$	1,988,743 )
		ORGANIZATION'S FISCAL SPONSOR PROG				
		GANIZATION AS FISCALLY-SPONSORED PRO INCLUDING PROVIDING ADMINISTRATIVE				
4b	(Code:	) (Expenses \$	including gran	its of \$	) (Revenue \$	)
	-					
4c	(Code:	) (Expenses \$	including gran	ts of \$	) (Revenue \$	)
4d	Other prog	gram services (Describe in Schedule C	0.)			
	(Expenses	\$ includir	g grants of \$	) (Revenue	e \$	)

4e Total program service expenses▶

19,538,865

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Par	tiv 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)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>		Yes	140
7	Schedule D, Part I	6 7		No
	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? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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		No
	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		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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	Yes	

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Pai	Checklist of Required Schedules (continued)	Ī		I
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	Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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	_	No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> i	Yes	No
4_	Fakan kha manahan manahad in hasi 2 af Fanna 1000 Fakan 0 if mak annitashia		1 63	140

	, -	J		1			
тa	בווגפו נוופ וועוווטפו ופאסוגפע ווו טעס ט וו רטוווו ביסים. בווגפו יסי וו ווטג מאףוונמטופ .		1 4	70			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1b	0			
С	Did the organization comply with backup withholding rules for reportable payme (gambling) winnings to prize winners?				1c		
					F	orm <b>99</b>	0 (2022)

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orm	990 (2022)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	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		Voc	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	NI -
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			

10/31/2	/24, 12:10 PM Possibility Labs - Full Filing- Nonpr	ofit Explorer - ProPublica			
С	Enter the amount of reserves on hand	13c		.	
14a	a Did the organization receive any payments for indoor tanning services during the tax year	?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,00 parachute payment(s) during the year?	00 in remuneration or excess	15	ı	No
16		t investment income?	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person er would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	ngage in any activities that	17		
	11 Test, complete form 6005.		F	orm <b>99</b>	<b>0</b> (2022)
	Page 6 ————				
Form	n 990 (2022)				Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc Check if Schedule O contains a response or note to any line in this Part VI				<b>✓</b>
Se	ection A. Governing Body and Management				
	<u>,                                     </u>	1		Yes	No
1a	<b>a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 4			
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?	relationship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other performed by the company or other performed by the company or other performed by the company of the comp		3		No
4	Did the organization make any significant changes to its governing documents since the p	orior Form 990 was filed? .	4		No
5	3 ,	ization's assets? .	5		No
6	3		6		No
/a	a Did the organization have members, stockholders, or other persons who had the power to members of the governing body?	elect or appoint one or more	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?	members, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions u the following:	ndertaken during the year by			
а	The governing body?		8a	Yes	
b			8b		No
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	ection B. Policies (This Section B requests information about policies not require	red by the Internal Revenue	e Code	e.) <b>Yes</b>	No
102	a Did the organization have local chapters, branches, or affiliates?		10a	res	No
	<ul> <li>If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pu</li> </ul>		10b		140
11a	Has the organization provided a complete copy of this Form 990 to all members of its gov form?	•	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form	990			
	a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually inteconflicts?		12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the particle of the schedule O how this was done	policy? If "Yes," describe on	12c	Yes	
13	Did the organization have a written whistleblower policy?		13		No
14	Did the organization have a written document retention and destruction policy? $\ . \ .$		14	Yes	
15	Did the process for determining compensation of the following persons include a review a persons, comparability data, and contemporaneous substantiation of the deliberation and	nd approval by independent decision?			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	, , ,		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or sime tavable entity during the year?	nilar arrangement with a	162		No

10/31/24, 12:10 PM  Possibility Labs - Full Filing- Nonprofit Explorer - ProPublica  B If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  CA  Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	110
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
17 List the states with which a copy of this Form 990 is required to be filed ►  CA  18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O)	
Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)	
501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	
policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶NOBLE ACCOUNTING LLC 2780 SKYPARK DRIVE SUITE 201 TORRANCE, CA 90505 (213) 408-0508	
Form	<b>990</b> (2022)
Page 7	
Form 990 (2022)	Page <b>7</b>
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	. U
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizat year.	ion's tax
• 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 <b>current</b> key employees, if any. See the instructions for definition of "key employee."	
• List the organization's five <b>current</b> key employees, if any. See the instructions for definition of key employee. • List the organization's five <b>current</b> 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 \$10 the organization and any related organizations.	0,000 from
• List all of the organization's <b>former</b> officers, key employees, or 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 <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.	
See the instructions for the order in which to list the persons above.	
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.	
(A) (B) (C) (D) (E)	(F)
	stimated
hours per one box, unless person is both an compensation compensation a week (list officer and a director/trustee) from the from related	mount of other
any hours organization organizations cor	npensation from the

Check this box if neither the organization neither neither the organization neither the organ	or any related o	rganiz	ation compens	sate	d an	y curr	ent	officer, director,	or trustee.		
(A) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck erso	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(1) KHALID KADIR BOARD MEMBER	1.00	Х						0	0	0	
(2) ROSEMARY E FEI BOARD MEMBER	1.00	х						0	0	0	
(3) KEIKO MURASE CO-CEO	40.00	Х		x				229,266	0	6,987	
(4) LEM WHITECO-CEO	40.00	Х		x				227,921	0	16,343	
(5) JAIMEE ESTRELLER VICE PRESIDENT OF MARKETING AND COMMUNICATIONS	40.00				x			178,007	0	8,841	
(6) DEBORAH NELSON  EXECUTIVE DIRECTOR TO FSP	40.00				х			187,947	0	15,146	
(7) VANESSA HUANG VP OF PARTNERSHIPS	40.00				х			236,643	0	19,383	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A)  Name and title  (B)  Average bours per week (list any hours for related organizations below dotted line)  Institutional per per week (list any hours for related organizations below dotted organizations)  Institutional per																				
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D																				
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D																				
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D									Ħ											
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D									+											
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D									+											
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D									++											
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D									$\perp$											
Page 8  Image: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) Average week (list any hours for related organizations below dotted in the line)  (B) Average week (list any hours for related organizations below dotted in the line)  (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D																				
Page   P																	Form <b>99</b>	<b>0</b> (2022)		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A)  Name and title  (B)  Average rewek (list any hours for related organizations below dotted line)  (B)  Average dough a line of the compensation from the dough and the limited to those listed above) who received more than 100,000  (B)  (C)  (D)  (E)  (E)  (E)  (E)  (E)  (E)  (E						Pag	je 8	_												
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A)  Name and title  (B)  Average rewek (list any hours for related organizations below dotted line)  (B)  Average dough a line of the compensation from the dough and the limited to those listed above) who received more than 100,000  (B)  (C)  (D)  (E)  (E)  (E)  (E)  (E)  (E)  (E	orm 000 (2022)																			
(A) Name and title  A verage hours per week (list any hours for related organizations below dotted line)  Do Sub-Total  C Total from continuation sheets to Part VII, Section A  Did total (add lines 1b and 1c)  Did to granization is for the formation of the compensation from the organization is formation organization in the organization is formation organization organization (add) in the organization organization (but in the properties of t		. Directors.	Truste	es. K	ev En	volar	ees	s, aı	nd Hi	ahe	st C	omi	pensated	l Emp	lovees	(cont	tinued)	Page <b>8</b>		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Debugging the company of		Ī	1					-,		<b>J</b>				· - · · · ·		(	_	_		
week (list any hours for related organizations below dotted line)    Trustee:			Pos	sition (	(do not	t chec	k m	ore	than o	one				R		e				
any hours for related organizations below detected with the latest the latest and the latest the						ox, unless						cer	er compensation							
Do Sub-Total  Co Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule 1 for such individual  No			s q	Ţ ]			Q	증	뭐	Ţ	org	aniz 2/1	ation (W- .099-							
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b Sub-Total . c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c)			, 5					уве	mp											
b Sub-Total . c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c)			å	3					ensa											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \( \bullet \) 5  Total the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual \( \bullet \) . \( \bullet									ted											
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 5  Yes No  Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									•	: -  -										
of reportable compensation from the organization ▶ 5  Yes No  Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			•						•	$\vdash$		1	,059,784			0		66,700		
Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (in	ncluding but r	not limit	ed to t		isted	abov	ve) v	who re	eceiv	/ed m	ore	than \$100	0,000						
Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	of reportable compensation fr	om the organ	nization l	5													_	1		
line 1a? If "Yes," complete Schedule J for such individual																	Yes	No		
3 140								loye	e, or	nigh •	est c	omp •	ensated e	mploy •	ee on	,		No		
	, ,					=	-	י. וא חו	nd oth	er c	omne	nea	tion from	the		3	+	INO		

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Did any person listed on line 1a receive services rendered to the organization?If		•	-	ividual for	5 No
Section B. Independent Contractor	S				<u> </u>
L Complete this table for your five highest	compensated independ	dent contractors that	received more than	\$100,000 of comp	ensation
from the organization. Report compensa	(A)	ear ending with or wi	thin the organization	(B)	(C)
Name and	business address		Desc	cription of services	Compensation
2 Total number of independent contractors (	including but not limite	d to those listed abo	ve) who received m	ore than \$100,000 o	of
compensation from the organization $ ightharpoonup 0$					
					Form <b>990</b> (2022
		Page 9 ———			
		rage 9			
orm 990 (2022)					Page <b>S</b>
Part VIII Statement of Revenue					
Check if Schedule O contains a	response or note to an	í r		(C)	<u>U</u>
		<b>(A)</b> Total revenue	<b>(B)</b> Related or	Unrelated	<b>(D)</b> Revenue
			exempt function	business revenue	excluded from tax under sections
			revenue	revenue	512 - 514
Federated campaigns 1a					
ontributions,					
Membership dues 1b					
therAmt					
House raising events 1c					
d Related organizations 1d					
e Government grants (contributions) 1e					
f All other contributions, gifts, grants, and similar amounts not included					
above 1f					
44,743,879					
g Noncash contributions included in					
lines 1a - 1f:\$					
h Total. Add lines 1a-1f	44,743,879				
	Business Code				
2a PROGRAM FEES	000000	1,985,697	1,985,697		
9	900099				
٠ <u></u>	_				
- Rev	_				
Program Service Revenue					
-	_				
Ø 1					
Tar					
ğ •	_				
f All other program service revenue.					
	1,985,697	<u>                                       </u>			<u> </u>
9 Total. Add lines 2a-2f		<u> </u>		<u> </u>	I
<b>3</b> Investment income (including dividends similar amounts)	s, interest, and other	29			2
4 Income from investment of tax-exempt	bond proceeds				

(ii) Personal

(i) Real

1,988,743

10,219

10/37

Form **990** (2022)

11aOTHER INCOME

Other Revenue Misc Amt

10/31/24, 12:10 PM

6a Gross rents

Less: rental

expenses Rental income

or (loss)

7a Gross amount

from sales of

other basis and sales expenses

Gain or (loss)

(not including \$

**d** Net gain or (loss) .

 $\boldsymbol{\mathfrak z}$  Gross income from fundraising events

contributions reported on line 1c). See Part IV, line 18 . **b** Less: direct expenses .

**9a** Gross income from gaming activities. See Part IV, line 19 . . .

**b** Less: direct expenses . .

**10a**Gross sales of inventory, less returns and allowances .

**b** Less: cost of goods sold . .

c Net income or (loss) from gaming activities

assets other than inventory Less: cost or

6a

6b

6с

7a

. (i) Securities

487,485

478,625

8,860

8b

9a

9b

10a

10b

**d** Net rental income or (loss).

d All other revenue . e Total. Add lines 11a-11d . **12 Total revenue.** See instructions

**Statement of Functional Expenses** 

Page 10

3,046

46,742,841

Form 990 (2022) Page **10** 

Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	. All other organization	ons must complete c	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,700,297	12,700,297		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	20,000	20,000		
<b>3</b> 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				

Compensation of current officers, directors, trustees, and key employees	1,126,487	649,438	299,945	177,104
Compensation not included above, to disqualified persons (as				
defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	1,945,777	1,793,657	16,915	135,205
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
Other employee benefits	349,175	293,680	25,750	29,745
Payroll taxes	234,275	187,419	23,428	23,428
Fees for services (non-employees):				
Management				
Legal	162,042	81,021	81,021	
Accounting	130,835		130,835	
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,401,194	3,137,424	81,309	182,461
Advertising and promotion				
Office expenses	262,576	189,066	49,877	23,633
Information technology				
Royalties				
Occupancy	206,004	204,266	680	1,058
Travel	281,277	225,021	28,128	28,128
Payments of travel or entertainment expenses for any federal, state, or local public officials .				
Conferences, conventions, and meetings				
Interest	21,150		21,150	
Payments to affiliates				
Depreciation, depletion, and amortization				
Insurance	11,955		11,955	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
SUPPLIES	25,449	24,569	440	440
PROFESSIONAL DEVELOPMEN	23,962	19,170	2,396	2,396
EQUIPMENT	17,297	13,837	1,730	1,730
All other expenses				
Total functional expenses. Add lines 1 through 24e	20,919,752	19,538,865	775,559	605,328
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
			Fo	orm <b>990</b> (2022)
	Page 11 ———			
990 (2022)				Page <b>11</b>
				<u>-</u>

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>1</b> Ca	ash-non-interest-bearing	2,265,505	1	18,657,945
<b>2</b> Sa	avings and temporary cash investments		2	
<b>3</b> Pl	edges and grants receivable, net	43,750	3	11,394,075

	, I _					•
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in section $4958(f)(1)$			6	
s	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
4ss	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		<b>10</b> c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets	[		14	
	15	Other assets. See Part IV, line 11		17,302	15	91,040
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33)	2,326,557	16	30,143,060
	17	Accounts payable and accrued expenses		153,862	17	1,429,776
	18	Grants payable			18	17,500
	19	Deferred revenue	[		19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons			22	
Ξ	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		0	25	700,000
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		153,862	26	2,147,276
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
a	27	Net assets without donor restrictions		803,248	27	26,626,337
d Ba	28	Net assets with donor restrictions		1,369,447	28	1,369,447
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	ļ		29	
	30	Paid-in or capital surplus, or land, building or ec	juipment fund		30	
Assets	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
	32	Total net assets or fund balances		2,172,695	32	27,995,784
Net	33	Total liabilities and net assets/fund balances .		2,326,557	33	30,143,060

Form **990** (2022)

----- Page 12 ---

Form	990 (2022)		Page <b>12</b>
Pa	rt XI Reconcilliation 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	46,742,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,919,752
3	Revenue less expenses. Subtract line 2 from line 1	3	25,823,089
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,172,695
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 in 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	27,995,784

Part XII Financial Statements and Reporting

Charlet & Cabada Constrains a representation in the

	Check if Schedule O contains a response or note to any line in this Part XII			<b>~</b>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm <b>99</b>	<b>0</b> (2022
orm	990 (2022)			
	Hillian Land			

Additional Data Return to Form

Software ID: Software Version:

Form 990 Special Condition Description:

efile Public Visual Render

ObjectId: 202333199349331788 - Submission: 2023-11-15

TIN: 85-3989363

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

ormation. Open to Public
Inspection

		he organization					Employer identific	ation number
POSSI	BILITY	LABS					85-3989363	
	rt I	Reason for Public	Charity Stat	us (All organization	s must comp	lete this part.) S	See instructions.	
_	rganiz	zation is not a private fou		•	-			
1		A church, convention o	•			. , ,	(A)(i).	
2		A school described in <b>s</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(	iii).	
4		A medical research org name, city, and state:	anization operat	ed in conjunction with	a hospital desc	cribed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operation (Co.). (Co.)			rsity owned or	operated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or loca	al government or	governmental unit de	scribed in <b>sect</b>	ion 170(b)(1)(A	ı)(v).	
7	$\checkmark$	An organization that no section 170(b)(1)(A)	ormally receives )(vi). (Complete	a substantial part of it Part II.)	s support from	a governmental u	nit or from the genera	al public described in
8		A community trust des	cribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:	
10		An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	to its exempt fur I unrelated busir	nctions—subject to cer ness taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organization	zed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organized more publicly supporte on lines 12a through 12	d organizations	described in section 5	<b>09(a)(1)</b> or <b>s</b>	ection 509(a)(2	). See section 509(a	
а		Type I. A supporting organization(s) the pov complete Part IV, Se	organization oper wer to regularly a	rated, supervised, or cappoint or elect a major	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting management of the sumust complete Part 1	organization sup pporting organiz	pervised or controlled i ation vested in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-functio functionally integrated instructions). You must	nally integrate The organizatio	<b>d.</b> A supporting organ n generally must satis	ization operate fy a distribution	d in connection wing requirement and	th its supported organ	
е		Check this box if the or integrated, or Type III				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	r the number of supporte	ed organizations				<u> </u>	
g		de the following informa						
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	<u> </u>		+					
For F	aperv	work Reduction Act No or 990-EZ.	otice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Scheo	dule A	(Form 990) 2022						Page <b>2</b>
Pa	rt II			zations Described ne box on line 5, 7,				

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

10/31/24, 12:10 PM		Possibility Lab	s - Full Filing- Nonpr	•	Publica	
(or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	<b>(e)</b> 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not			380,000	5,996,708	44,743,879	51,120,587
include any "unusual grant.")			360,000	3,990,700	44,743,079	31,120,30
2 Tax revenues levied for the organization's benefit and either paid						
to or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			380,000	5,996,708	44,743,879	51,120,587
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						22,988,89
amount shown on line 11, column (f)						
S. Bublic summent Cubtract line F from						
<b>6 Public support.</b> Subtract line 5 from line 4.						28,131,692
Section B. Total Support	_			•	•	•
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	(e) 2022	(f) Total
7 Amounts from line 4			380,000	5,996,708	44,743,879	51,120,587
<b>8</b> Gross income from interest,						
dividends, payments received on securities loans, rents, royalties and				49	29	78
income from similar sources						
9 Net income from unrelated business activities, whether or not the						
business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						51,120,665
12 Gross receipts from related activities,	etc. (see instruc	ctions)			12	911,160
<b>13</b> First <b>5</b> years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	nization, check
this box and <b>stop here</b>					🕨 🗹	
Section C. Computation of Publi						
14 Public support percentage for 2022 (I	ine 6, column (f)	) divided by line 1	1, column (f))		14	
15 Public support percentage for 2021 Se					15	
16a 33 1/3% support test—2022. If the						
and <b>stop here.</b> The organization qua	lifies as a publicl	y supported orga	nization			▶□
<b>b 33 1/3% support test—2021.</b> If th	•		•		•	
box and stop here. The organization 17a 10%-facts-and-circumstances tes	n qualifies as a p s <b>t—2022.</b> If the	organization did r	organization not check a box on li			▶ □ )% or more.
and if the organization meets the "fac	ts-and-circumst	ances" test, check	this box and <b>stop</b>	here. Explain in Pa	art VI how the org	anization
meets the "facts-and-circumstances"						
b 10%-facts-and-circumstances te more, and if the organization meets	st-2021. If the	organization did	not check a box on	line 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
meets the "facts-and-circumstances"				=		
18 Private foundation. If the organizat	ion did not chec	k a box on line 13	s a publicly support , 16a, 16b, 17a, or	17b, check this bo	x and see	• 0
instructions						▶□
					Schedule A (	Form 990) 2022
		Page	e 3 <del></del>			
Schedule A (Form 990) 2022						Page <b>3</b>
Part III Support Schedule f						_
(Complete only if you the organization fails						ler Part II. If
Section A. Public Support	to quality und	iei tile tests list	ed below, please	complete Part II	)	
Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(a) 2022	(f) Total
(or fiscal year beginning in)	(a) 2018	<b>(B)</b> 2019	(6) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.") .					1	<u> </u>
2 Gross receipts from admissions, merchandise sold or services					1	1
performed, or facilities furnished in					1	1
any activity that is related to the organization's tax-exempt purpose					1	1
<b>3</b> Gross receipts from activities that ar	re				1	1
not an unrelated trade or business					1	
under section 513 4 Tax revenues levied for the					1	
aranization's honofit and aithor noi	a l	I	ı	I	I	1

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	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	<b>Total.</b> Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons 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.								
	Add lines 7a and 7b						-		
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
S	ection B. Total Support		•	•	•				
	endar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) 1	Total	
(or 9	fiscal year beginning in) Amounts from line 6	(4) 2010	(2) 2025	(4) 2020	(4) 2022	(0) 2022	(-)		
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
4.5	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for the	he organization's	first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	anizati	on, ch	neck
	this box and <b>stop here</b>			<del></del>				<u> l</u>	ightharpoons
	ection C. Computation of Public	Support Perce	entage	(6)					
15	Public support percentage for 2022 (lir Public support percentage from 2021 S					15			
16						16			
17	Investment income percentage for 202			v line 13. column	(f))	17			
18	Investment income percentage from 2					18			
	33 1/3% support tests-2022. If the						e 17 is	not	
134	more than 33 1/3%, check this box and								
b	<b>33</b> 1/3% support tests—2021. If the							l line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported org	janization	▶		
20	Private foundation. If the organization	on did not check	a box on line 14,	19a, or 19b, chec	k this box and see	instructions	•	• 🗆	
						Schedule A (	Form	990)	2022
			Page 4						
Sche	dule A (Form 990) 2022							P:	age <b>4</b>
Pa	rt IV Supporting Organization							•	<u> </u>
	(Complete only if you checked a		of Part I. If you c	hecked box 12a, c	of Part I, complete	Sections A and B.	If you	checl	ked
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			x 12c, of Part I, co	omplete Sections A	, D, and E. If you	check	ed box	X
S	ection A. All Supporting Organiz		ompiete Part v.)						
	section A. An Supporting Organiz	ations						Yes	No
1	Are all of the organization's supported	organizations list	ed by name in th	ne organization's o	overning documer	its?			
-	If "No," describe in Part VI how the su	upported organiza	ations are design	ated. If designate					
	describe the designation. If historic an	d continuing rela	tionship, explain.			F	1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in <b>P</b>	<b>Part VI</b> how the o	organization dete	rmined that the su	upported organizat	ion was			
	described in section 509(a)(1) or (2).						2		
За	Did the organization have a supported	organization des	cribed in section	501(c)(4), (5), or	(6)? If "Yes," ansi	wer lines 3b and			
	3c below.					F	3a		
b	Did the organization confirm that each								
	the public support tests under section	509(a)(2)? <i>If "Ye</i>	s," describe in <b>P</b> o	<b>art VI</b> when and l	now the organization	on made the			
	netermination					<b> -</b>			
	determination.  Did the organization ensure that all su						3b		

11 res, explain in **Part V1** what controls the organization put in place to ensure such use.

	n res, explain in <b>Part vi</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
L.	Did the consumer to have ultimate control and disposition in deciding whather to make to the fermion consumer	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
Ū	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 <b>Part VI</b> .	0-		
L.	Did are as assess discussified assessed (so defined on line Oo) hold a controlline interest in any outile, in which the assessment	9a		
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 <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	90		
	in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	<u> </u>		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	100		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	Page 5			
Sched	dule A (Form 990) 2022		F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)			5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		1
b	A family member of a person described on 11a above?	11b		1
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
	VI.			
Se	ction B. Type I Supporting Organizations		Yes	No
1	Did the efficers directors trustees or membership of one or more supported erganizations have the negularly.		165	NO
•	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations	1		I
_	······································		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			

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each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> now control or ma supporting organization was vested in the same persons that controlled or managed the supported			
Section D. All Type III Supporting Organizations	•		R.
		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth mont tax year, (i) a written notice describing the type and amount of support provided during the prior ta Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organizat	ax year, (ii) a copy of the		
documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the sorganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in organization maintained a close and continuous working relationship with the supported organizatio	n <b>Part VI</b> how the		
organization maintained a close and continuous working relationship with the supported organization	2		

#### Form 990 that was most recently filed as of the documents in effect on the date of notification, Were any of the organization's officers, directo organization(s) or (ii) serving on the governing organization maintained a close and continuou By reason of the relationship described in 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 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): 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. The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions) Activities Test. Answer lines 2a and 2b below. Yes No a 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 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI. За 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. 3h Schedule A (Form 990) 2022 Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	1 1		

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Schedule A (Form 990) 2022

Page 6

	, ,	•	•	
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting organiza	ation (see

Schedule A (Form 990) 2022

——— Page 7 —

Schedule A (Form 990) 2022

Page **7** 

Section D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
Distributable amount for 2022 from Section C, line 6	9	
Lo Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			

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c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part V See instructions.	7.		
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
<b>d</b> Excess from 2021			
e Excess from 2022			
	Page 8 ———		
Schedule A (Form 990) 2022	Page 8 ————		Page <b>3</b>
Schedule A (Form 990) 2022  Part VI Supplemental Information. Provide the escion A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Structions).	explanations required by Part II, l 3a, 9b, 9c, 11a, 11b, and 11c; Pa ction E, lines 1c, 2a, 2b, 3a and	rt IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sec	2; Part IV, Section C, line 1; tion B, line 1e; Part V
Part VI Supplemental Information. Provide the estate Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and B, lines D, lines B, lines D, line	explanations required by Part II, I Da, 9b, 9c, 11a, 11b, and 11c; Pa ction E, lines 1c, 2a, 2b, 3a and tion E, lines 2, 5, and 6. Also cor	rt IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sec nplete this part for any addit	7b; Part III, line 12; Part IV, 2; Part IV, Section C, line 1; tion B, line 1e; Part V
Part VI Supplemental Information. Provide the estate Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and B, lines D, lines B, lines D, l	explanations required by Part II, l 3a, 9b, 9c, 11a, 11b, and 11c; Pa ction E, lines 1c, 2a, 2b, 3a and	rt IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sec nplete this part for any addit	7b; Part III, line 12; Part IV, 2; Part IV, Section C, line 1; tion B, line 1e; Part V
Part VI Supplemental Information. Provide the estate Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and B, lines D, lines B, lines D, l	explanations required by Part II, I Da, 9b, 9c, 11a, 11b, and 11c; Pa ction E, lines 1c, 2a, 2b, 3a and tion E, lines 2, 5, and 6. Also cor Facts And Circumstances Tes	rt IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sec nplete this part for any addit	7b; Part III, line 12; Part IV, 2; Part IV, Section C, line 1; tion B, line 1e; Part V

Additional Data

Datum to Form

efile Public Visual Rende	Dbjectld: 202333199349331788 - Submission: 2023-11-15		TIN: 85-3989363
Schedule B	Schedule of Contributors	<u> </u>	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www.irs.gov/Form990</u> for the latest info		2022
Name of the organization POSSIBILITY LABS		Employer	identification number
Organization type (check	one).	85-398936	53
	•		
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation	
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private trust trust treated as a private trust trust trust treated as a private trust trus	vate foundation	
	☐ 501(c)(3) taxable private foundation		
Special Rules  For an organization	n described in section 501(c)(3) filing Form 990 or 990-EZ that	met the 33 <sup>1</sup> /3% support tes	t of the regulations
under sections 509 received from any	l(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990) one contributor, during the year, total contributions of the greate	0 or 990-EZ), Part II, line 1	3, 16a, or 16b, and that
	1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.		
during the year, tot	n described in section 501(c)(7), (8), or (10) filing Form 990 or 9 al contributions of more than \$1,000 <i>exclusively</i> for religious, cle prevention of cruelty to children or animals. Complete Parts I,	haritable, scientific, literary	any one contributor, , or educational
during the year, co If this box is check purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 9 ntributions <i>exclusively</i> for religious, charitable, etc., purposes, bed, enter here the total contributions that were received during applete any of the parts unless the <b>General Rule</b> applies to this e, etc., contributions totaling \$5,000 or more during the year.	out no such contributions to the year for an exclusively organization because it rec	otaled more than \$1,000. religious, charitable, etc., ceived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules <b>must</b> answer "No" on Part IV, line 2, of its Form 990; or check to I, line 2, to certify that it doesn't meet the filing requirements of	the box on line H of its For	orm 990, m 990-EZ
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		. No. 30613X	Schedule B (Form 990) (2022)
	Page 2 ————		
	· ·		
Schedule B (Form 990) (20	022)	Page <b>2</b>	
Name of organization	,	Employer identif	ication number

Employer identification number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	- <del>-</del>	\$ RESTRICTED	Noncash
	'		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
		φ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		<u>_</u>	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	_		Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		φ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		φ.	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3 ———		
Sobodulo D	(Form 000) (2022)		Dozo 3
Name of org	(Form 990) (2022) anization	Employer identification	Page 3 on number
POSSIBILITY		85-3989363	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
		P	age 4 ————			Schedule B (Form 990) (2022)
	B (Form 990) (2022)				Employer ider	Page 4
POSSIBILI	TY LABS				85-3989363	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional second	tributor. Compl e total of exclus tructions.) ►	ete columns (a) the columns (b) the columns (c)	rough (e)	and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(	c) Use of gift		(d) Descri	ption of how gift is held
-		(e	) Transfer of gift			
	Transferee's name, address, and			Relationshi	p of transferor to	o transferee
(a) No. from	(b) Purpose of gift		c) Use of gift		(d) Descri	ption of how gift is held
Part I						
-	Transfer I		) Transfer of gift	2-1-2		
	Transferee's name, address, and	<u> </u>		<eiationshi< td=""><td>p of transferor to</td><td>o iransteree</td></eiationshi<>	p of transferor to	o iransteree
(a)	4.5					

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No. trom Part I	(b) Purpose oτ gιπ	(c) Use	от дітт	(a) Description	n ot now gitt is neid
	Transferee's name, address, and 2	(e) Transfe	er of gift Relatio	nship of transferor to tra	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description	n of how gift is held
	Transferee's name, address, and z	(e) Transfe		nship of transferor to tra	nsferee
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Additiona	al Data				Return to Form

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TIN: 85-3989363

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public

nterna	Revenue Service Go to www.irs.gov/Form	<u>1990</u> for instruction	ons and the latest info	ormation.	In	spection
	me of the organization SSIBILITY LABS			Employer ident	ification	number
				85-3989363		
Pa	rt I Organizations Maintaining Donor Advis Complete if the organization answered "Ye			or Accounts.		
	Complete if the organization answered Te		r advised funds	(b) Funds a	nd other	accounts
1	Total number at end of year	(1)		(1)		
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 adviso organization's property, subject to the organization's exc					Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	r for any other purpose		ssible	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye.	s" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all t	hat apply).			
	Preservation of land for public use (e.g., recreation	or education)	Preservation of a	n historically import	ant land	area
	Protection of natural habitat	,	Preservation of a	certified historic str	ucture	
			_ Treservation of a	certified installe str	ucture	
2	Preservation of open space	gualified concernat	ion contribution in the fo	orm of a concorvatio	n.	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.			Held at t		of the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic		* *	2c		
d	Number of conservation easements included in (c) acqui historic structure listed in the National Register	red after July 25, 2	006, and not on a	2d		
3	Number of conservation easements modified, transferre tax year •	d, released, exting	uished, or terminated by	the organization du	uring the	
4	Number of states where property subject to conservation	n easement is loca	ted ▶			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor	ng, inspection, handling		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olations, and enforcing o	conservation easem	ents durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  \$	handling of violation	ns, and enforcing conse	ervation easements of	during the	e year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the r	equirements of section		Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the org		ense statement, and	d	_ <b>140</b>
Par	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historic		her Similar Asse	ets.	
	Complete if the organization answered "Ye If the organization elected, as permitted under FASB AS			ant and halance state	ot works	of ort
1a	historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	lic exhibition, educa	ition, or research in furt			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:					
(	i) Revenue included on Form 990, Part VIII, line 1			▶\$		
	i)Assets included in Form 990, Part X					
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or ot	ner similar assets for fin		the	
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$_		
b	Assets included in Form 990, Part X			<b>&gt;</b> \$		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

— Page 2 ————

edule D (Form 990) 2022									Pag
rt III Organizations Main	taining Colle	ctions of Art,	Historical	Treasur	es, or Ot	ther Simila	r Assets (	continued)	
Using the organization's acquisitiems (check all that apply):	tion, accession,	and other records	, check any	of the follo	wing that	are a signific	ant use of its	s collection	
Public exhibition			<b>d</b> [	Loan oi	exchange	e programs			
Scholarly research			<b>e</b> [	Other .					
Preservation for future ge		- <b>k</b> : d :	h bh £			-/			
Provide a description of the organic Part XIII.	anization's cone	ctions and explain	now they it	irtiler tile t	irganizadio	nis exempt p	urpose iii		
During the year, did the organiz assets to be sold to raise funds							□ Ye	es 🗆 N	No
Complete if the organ line 21.			rm 990, Pa	rt IV, line	9, or rep	ported an a	mount on F	orm 990,	Part
Is the organization an agent, tri included on Form 990, Part X? .	ustee, custodiar	or other interme	diary for cor	tributions (	or other as	ssets not	· 🗆 Y6	es 🗆 N	No
If "Yes," explain the arrangeme	nt in Part XIII a	nd complete the f	ollowing tab	e:			Amount		_
Beginning balance					10	С			
Additions during the year					. 10	t			
Distributions during the year $. \  \  $					16	e			
Ending balance					. 11	f			
Did the organization include an	amount on Forn	n 990, Part X, line	21, for esci	ow or cust	odial acco	unt liability?	🗆 Ye	es 🗆 N	No
If "Yes," explain the arrangement	nt in Part XIII. (	Check here if the e	explanation I	nas been pr	ovided in	Part XIII	🗆		
rt V Endowment Funds.									
Complete if the organ	nization answe								
Beginning of year balance	-	(a) Current year	(b) Prior	year (c	) Two years	back (d) Thr	ee years back	(e) Four yea	ars bac
Contributions	· · ·								
Net investment earnings, gains, a	and losses								
Grants or scholarships	_								
Other expenditures for facilities									
and programs									
Administrative expenses	[								
End of year balance	[								
Provide the estimated percentage	ge of the curren	t year end balanc	e (line 1g, c	olumn (a))	held as:				
Board designated or quasi-endo									
Permanent endowment									
Term endowment 🕨									
The percentages on lines 2a, 2b	•	•							
Are there endowment funds not organization by:	: in the possessi	on of the organiza	ition that are	e held and	administer	red for the		Yes	No
(i) Unrelated organizations .							3	a(i)	110
(ii) Related organizations .							38	a(ii)	
If "Yes" on 3a(ii), are the relate	d organizations	listed as required	on Schedule	e R?			🗀	3b	
Describe in Part XIII the intende	ed uses of the o	rganization's endo	wment fund	s.					
t VI Land, Buildings, and			000 Da	ut T\/ lima	11a Ca	- Fauna 000	Davit V II.a	- 10	
Complete if the organ	(a) Cost or other		t or other bas			lated depreciat		d) Book valu	ie
, server or property	(investment		230				'		
Land		<del></del>							
land									
Buildings									
Buildings									
Buildings									

(a) Description of security or category		line 11b.See For	(c) Method of va	
(including name of security)	(b) Book value	Cost	(c) Method of va t or end-of-year r	
1) Financial derivatives				
2) Closely-held equity interests				
N)				
3)				
C)				
0)				
=)				
F)				
G)				
н)				
	Þ			
Tart VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value		nod of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.	Þ			
Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
B)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11e or 11f.S	ee Form 990, F	Part X, line 25.
(a) Description of liability				(b) Book value

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OF CREDIT					700,000
I. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				•	700,000
iability for uncertain tax positions. In Part XIII, provid	e the text of the footnote to	the o	rganization's financial	statements that r	•
anization's liability for uncertain tax positions under FI	N 48 (ASC 740). Check her	e if the	e text of the footnote h	as been provided	in Part XIII 🔽
· ·				Schedule D	(Form 990) 2022
	Page 4				
edule D (Form 990) 2022					Page <b>4</b>
rt XI Reconciliation of Revenue per Aud				Return.	
Complete if the organization answered					
Total revenue, gains, and other support per audited				1	
Amounts included on line 1 but not on Form 990, Po			Ī		
Net unrealized gains (losses) on investments .		2a			
Donated services and use of facilities		2b			
Recoveries of prior year grants		2c			
Other (Describe in Part XIII.)		2d			
Add lines 2a through 2d				2e	
Subtract line <b>2e</b> from line <b>1</b>				3	
Amounts included on Form 990, Part VIII, line 12, h	but not on line 1:				
Investment expenses not included on Form 990, Pa	rt VIII, line 7b	4a			
Other (Describe in Part XIII.)		4b			
Add lines <b>4a</b> and <b>4b</b>				4c	
Total revenue. Add lines 3 and 4c. (This must equa	l Form 990. Part I. line 12.)			5	
rt XII Reconciliation of Expenses per Au	<u> </u>				
Complete if the organization answered					
Total expenses and losses per audited financial stat	ements			1	
Amounts included on line 1 but not on Form 990, Pa	art IX, line 25:				
Donated services and use of facilities		2a	ĺ		
Prior year adjustments		2b		<del>-</del>	
Other losses		2c		<del></del>	
Other (Describe in Part XIII.)		2d		<del>-</del>	
Add lines 2a through 2d			<u> </u>	2e	
Subtract line <b>2e</b> from line <b>1</b>		•		3	
		•		-	
Amounts included on Form 990, Part IX, line 25, bu		. م	I		
Investment expenses not included on Form 990, Pa	·	4a			
Other (Describe in Part XIII.)		4b			
Add lines <b>4a</b> and <b>4b</b>				4c	
Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equ	ial Form 990, Part I, line 18	.) .		5	
rt XIII Supplemental Information					
ovide the descriptions required for Part II, lines 3, 5, a				art V, line 4; Part	X, line 2; Part XI,
es 2d and 4b; and Part XII, lines 2d and 4b. Also com	plete this part to provide ar	ıy add	itional information.		
Return Reference			Explanation	1	
T X, LINE 2:	ACCOUNTING STANDARDS				
	PROVIDE FOR A LIABILITY THAN NOT' TO BE UPHELD				
	EVALUATED ITS TAX POSIT	IONS	AND HAS CONCLUDED	THAT A PROVISI	ON FOR A TAX LIA
	NOT NECESSARY AT DECEN				
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Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202333199349331788 - Submission: 2023-11-15

TIN: 85-3989363

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization POSSIBILITY LABS

Employer identification number 85-3989363

Part I	General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ✓ No

that received more ti	nan \$5,000. Part II	can be duplicated if add	tional space is needed.				
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1) ACORN CENTER FOR RESTORATION AND FREEDOM 10699 HWY 36 COVINGTON, GA 30014	84-4166710	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(2) ALASKA COMMUNITY ACTION ON TOXICS 1225 EAST INTERNATIONAL AIRPORT RD SUITE 220 ANCHORAGE, AK 99518	92-0177082	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(3) ALASKA COMMUNITY FOUNDATION 3201 C STREET SUITE 110 ANCHORAGE, AK 99503	92-0155067	501(C)(3)	62,500	0			GENERAL OPERATING SUPPORT
(4) ALLIANCE FOR A JUST SOCIETY 3518 S EDMUNDS ST SEATTLE, WA 98118	91-1635554	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(5) ALLIANCE OF FAMILIES FOR JUSTICE 8 W 126TH ST FL 3 NEW YORK, NY 10027	82-1971330	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(6) ALTERNATE ROOTS INC 1270 CAROLINE ST STE D120- 353 ATLANTA, GA 30307	58-1318198	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(7) APOYO LEGAL AL EMPRENDIMIENTO COMUNITARIO INC 511 HOSTOS AVE SUITE 103 SAN JUAN, PR 00918	66-0948433	501(C)(3)	110,000	0			GENERAL OPERATING SUPPORT
(8) ASIAN BUSINESS INSTITUTE & RESOURCE CENTER 4903 EAST KINGS CANYON ROAD STE 241 FRESNO, CA 93727	26-1988676	501(C)(3)	12,500	0			GENERAL OPERATING SUPPORT
(9) ASIAN PACIFIC ENVIRONMENTAL NETWORK 426 17TH STREET SUITE 500 OAKLAND, CA 94612	94-3261846	501(C)(3)	400,000	0			GENERAL OPERATING SUPPORT
(10) AWALI INC 6099 PATTILLO WAY LITHONIA, GA 30058	82-2241612	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(11) BLACK FEMINIST FUTURE 141 MAGNUM STREET SW SUITE 302 ATLANTA, GA 30313	86-3997174	501(C)(3)	66,700	0			GENERAL OPERATING SUPPORT
(12) BLACK OAKS CENTER FOR SUSTAINABLE RENEWABLE LIVING 6735 S SOUTH CHICAGO AVE CHICAGO, IL 60637	20-4280294	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(13) BLACK ORGANIZING FOR LEADERSHIP AND DIGNITY INC 1330 NE 132ND ST NORTH MIAMI	83-2352971	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
NORTH MIAMI, FL 33161 (14) BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501(C)(3)	166,700	0			GENERAL OPERATING SUPPORT
(15) BLACK WOMEN'S BLUEPRINT PO BOX 24713 BROOKLYN, NY 11201	27-1308862	501(C)(3)	266,700	0			GENERAL OPERATING SUPPORT
(16) CALIFORNIA FARMLINK 335 SPRECKELS DRIVE SUITE F APTOS, CA 95003	94-3332630	501(C)(3)	62,500	0			GENERAL OPERATING SUPPORT
(17) CENTRAL CALIFORNIA LAND TRUST 1940 NORTH FRESNO STREET FRESNO, CA 93703	35-2585880	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(18) CENTRAL VALLEY COMMUNITY FOUNDATION FBO JANE ADDAMS COMMUNITY DEVELOPMENT C 1260 FULTON ST STE 200 FRESNO, CA 93721	77-0478025	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT

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SAN ANTONIO, TX 78203						SUPPORT
(20) CHANGING WOMAN INITIATIVE 4133 MONTGOMERY BOULEVARD NORTHEAST ALBUQUERQUE, NM 87109	81-1078799	501(C)(3)	200,000	0		GENERAL OPERATING SUPPORT
(21) CHICKALOON VILLAGE TRADITIONAL COUNCIL PO BOX 1105 CHICKALOON, AK 99674	92-0120907	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(22) CIHUAPACTLI COLLECTIVE PO BOX 20345 PHOENIX, AZ 85036	82-4846555	501(C)(3)	116,700	0		GENERAL OPERATING SUPPORT
(23) CLIMATE JUSTICE ALLIANCE PO BOX 10202	85-3440899	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
BERKELEY, CA 94709 (24) COALITION TO STOP VIOLENCE AGAINST NATIVE WOMEN 4600 MONTGOMERY BLVD NE 202B	20-1735061	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
ALBUQUERQUE, NM 87109 (25) COMEDORES SOCIALES DE PUERTO RICO PO BOX 3181 CAGUAS, PR 007263181	66-0912044	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(26) COMMUNITIES FOR A BETTER ENVIRONMENT 6325 PACIFIC BLVD 300 HUNTINGTON PARK, CA 90255	94-2998086	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(27) COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309	95-2402760	501(C)(3)	62,500	0		GENERAL OPERATING SUPPORT
(28) COMMUNITY ALLIANCE WITH FAMILY FARMERS FBO BLACK ZOCALO 36355 RUSSELL BLVD DAVIS, CA 95617	94-2914745	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
(29) COORDINADORA PAZ PARA LA MUJER INC PO BOX 193008 SAN JUAN, PR 009193008	66-0550935	501(C)(3)	30,000	0		GENERAL OPERATING SUPPORT
(30) DETROIT BLACK COMMUNITY FOOD NETWORK 11000 W MCNICHOLS RD SUITE 103 DETROIT, MI 48221	33-1140762	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(31) DINE CITIZENS AGAINST RUINING OUR ENVIRONMENT TEESTO CPU PO BOX 7185 WINSLOW, AZ 86047	86-0670809	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(32) EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(33) EL DORADO PARK COMMUNITY DEVELOPMENT CORPORATION 1338 E SAN RAMON FRESNO, CA 93710	90-0695714	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
(34) FAITH CRUSADES 17 MILDRED ST MONTGOMERY, AL 36104	63-1102929	501(C)(3)	93,800	0		GENERAL OPERATING SUPPORT
(35) FAMILY ACTION NETWORK MOVEMENT INC 100 NE 84TH ST MIAMI, FL 33138	65-0334201	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(36) FARMWORKER ASSOCIATION OF FLORIDA INC 1264 APOPKA BLVD APOPKA, FL 32703	59-2683978	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(37) FARMWORKERS INSTITUTE EDUCATIONAL LEADERSHIP 122 E TEHACHAPI BLVD ST SUITE C TEHACHAPI, CA 93561	95-3276531	501(C)(3)	62,500	0		GENERAL OPERATING SUPPORT
(38) FLORIDA RISING (DO NOT USE) 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	45-3956785	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(39) FLORIDA RISING TOGETHER 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	45-3956785	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(40) FRESNO AMERICAN INDIAN HEALTH PROJECT 1551 E SHAW AVENUE SUITE 139 FRESNO, CA 93710	45-1504597	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
(41) FRESNO AREA HISPANIC FOUNDATION 1444 FULTON STREET FRESNO, CA 93721	75-3129705	501(C)(3)	25,000	0		GENERAL OPERATING SUPPORT
(42) FRESNO FREEDOM SCHOOL 1106 WEST WOODWARD AVENUE FRESNO, CA 93706	83-2874515	501(C)(3)	25,000	0		GENERAL OPERATING SUPPORT
(43) FRESNO METRO BLACK CHAMBER FOUNDATION FBO	27-2369570	501(C)(3)	25,000	0		GENERAL OPERATING SUPPORT

COLLECTIVE 2125 E KERN ST FRESNO FRESNO, CA 93721						
(44) FRESNO METRO BLACK CHAMBER FOUNDATION FBO CONCERNED CITIZENS OF WEST FRESNC 1600 FULTON STREET 115 FRESNO, CA 93721	27-2369570	501(C)(3)	15,000	0		GENERAL OPERATING SUPPORT
(45) FRESNO METROPOLITAN MINISTRY FBO FRESNO COMMUNITY ECONOMIC DEVELOPMENT PART 3845 NORTH CLARK STREET SUITE 101 FRESNO, CA 93726	94-2181848	501(C)(3)	20,000	0		GENERAL OPERATING SUPPORT
(46) FUND FOR THE CITY OF NEW YORK 121 6TH AVENUE 6TH FLOOR NEW YORK, NY 10013	13-2612524	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(47) FUSION PARTNERSHIP 1601 GUILFORD AVE BALTIMORE, MD 21202	52-2148413	501(C)(3)	110,000	0		GENERAL OPERATING SUPPORT
(48) GLOBALGIVING FOUNDATION INC 1 THOMAS CIRCLE NW SUITE 800	30-0108263	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
WASHINGTON, DC 20005 (49) GRASSROOTS GLOBAL JUSTICE PO BOX 73768 WASHINGTON, DC 20056	26-4633127	501(C)(3)	166,700	0		GENERAL OPERATING SUPPORT
(50) GROUNDSWELL FUND 548 MARKET ST 49734 SAN FRANCISCO, CA 94104	47-4003615	501(C)(3)	166,700	0		GENERAL OPERATING SUPPORT
(51) GROW GREATER ENGLEWOOD 6533 S STEWART CHICAGO, IL 60621	47-2755538	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(52) HASER INC 123 LOAIZA CORDERO SAN JUAN, PR 009368035	66-0861655	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
(53) HIGHLANDER RESEARCH & EDUCATION CENTER 1959 HIGHLANDER WAY NEW MARKET, TN 37820	62-0646373	501(C)(3)	150,000	0		GENERAL OPERATING SUPPORT
(54) HIGHWAY CITY COMMUNITY DEVELOPMENT INC 4718 NORTH POLK AVENUE	77-0459711	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
FRESNO, CA 93722 (55) HONOR THE EARTH PO BOX 63 607 MAIN AVE	45-4714238	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
CALLAWAY, MN 56521 (56) INDIGENOUS ENVIRONMENTAL NETWORK OF TURTLE ISLAND PO BOX 485 BEMIDJI, MN 56619	38-3653476	501(C)(3)	350,000	0		GENERAL OPERATING SUPPORT
(57) KOIHONUA 96-131 WAIAWA ROAD PEARL CITY, HI 96782	81-4352379	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(58) LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 2210 SAN JOAQUIN ST FRESNO, CA 93721	46-1517800	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(59) LOWELL COMMUNITY DEVELOPMENT CORPORATION 250 NORTH CALAVERAS STREET FRESNO, CA 93701	45-0961157	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
(60) MARYLAND PHILANTHROPY NETWORK PO BOX 22367 BALTIMORE, MD 21203	52-1326863	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(61) MEDICINE BOWL GIVING CIRCLE INC 1472 BRUMMETTS CREEK RD GREEN MOUNTAIN, NC 28740	86-3282091	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(62) MISSISSIPPI ASSOCIATION OF COOPERATIVES 233 EAST HAMILTON STREET JACKSON, MS 39202	64-0516373	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(63) MY NATIVE SISTERS FIRE INC PO BOX 645 CASA BLANCA, NM 87007	82-1534352	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(64) NATIVE AMERICAN FOOD SOVEREIGNTY ALLIANCE PO BOX 675 FLAGSTAFF, AZ 86002	46-4578553	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(65) NATIVE MOVEMENT PO BOX 83467 FAIRBANKS, AK 99708	68-0535413	501(C)(3)	312,500	0		GENERAL OPERATING SUPPORT
(66) NATIVE PEOPLES ACTION COMMUNITY FUND 1225 EAST INTERNATIONAL AIRPORT ROAD SUITE 205 ANCHORAGE, AK 99518	83-2072085	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(67) NATIVE RENEWABLES 3111 N CADEN COURT SUITE 130 FLAGSTAFF, AZ 86004	85-2285816	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(CO) NEW VENTURE FUND	20 5000245	F01/C)/2)	100.000	^	+	CENEDAL ODEDATING

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(00) NEW VENTURE FUND 1828 L STREET NW SUITE 300- A WASHINGTON DC 20036	20-3000343	סטד(ר)(ס)	100,000	U			SUPPORT
WASHINGTON, DC 20036 (69) NIZHONA ANI PO BOX 483 KYKOTSMOVI VILLAGE, AZ 86039	57-1153178	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(70) NORTH CAROLINA ASSOCIATION OF BLACK LAWYERS LAND LOSS PREVENTION PROJECT PO BOX 179 DURHAM, NC 27702	56-1348982	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(71) OCEANIC ASCENT EDUCATION & ATHLETICS INC 180 GOLONDRINA AVENUE BARRIGADA, GU 96913	66-0747234	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(72) OLE EDUCATION FUND 411 BELLAMAH AVE NW ALBUQUERQUE, NM 87102	27-1275857	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(73) PROJECT SOUTH INC 9 GAMMON STREET SOUTHEAST ATLANTA, GA 30315	58-1956686	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(74) RANCHO DE RODNEY 3821 EAST HUNTINGTON BOULEVARD FRESNO, CA 93702	86-3578705	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(75) RWANDA GIRLS INITIATIVE 3525 CARILLON POINT 5TH FLOOR KIRKLAND, WA 98033	26-3503023	501(C)(3)	11,500	0			GENERAL OPERATING SUPPORT
(76) SDG IMPACT FUND 475 E MAIN STREET 154 CARTERSVILLE, GA 30121	46-2368538	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(77) SELF-HELP ENTERPRISES 8445 WEST ELOWIN COURT VISALIA, CA 93291	94-1592676	501(C)(3)	62,500	0			GENERAL OPERATING SUPPORT
(78) SEVENTH GENERATION FUND PO BOX 4569 ARCATA, CA 95518	68-0027247	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(79) SISTER SONG INC PO BOX 94408 ATLANTA, GA 30377	51-0544927	501(C)(3)	66,700	0			GENERAL OPERATING SUPPORT
(80) SOLIDAIRE NETWORK 1423 BROADWAY 314 3RD FLOOR OAKLAND, CA 94612	84-2130536	501(C)(3)	20,000	0			GENERAL OPERATING SUPPORT
(81) SOUL FIRE FARM INSTITUTE 1972 NY HWY 2 PETERSBURG, NY 12138	47-2549969	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(82) SOUTHWEST FRESNO DEVELOPMENT CORP 1424 WEST CALIFORNIA AVENUE FRESNO, CA 93706	81-3670858	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(83) SOUTHWEST GEORGIA PROJECT FOR COMMUNITY EDUCATION INC 1216 DAWSON ROAD SUITE 108	58-1172475	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
ALBANY, GA 31707	05 4635737	E01(C)(2)	100,000	0			CENEDAL ODERATING
(84) STRATEGIC CONCEPTS IN ORGANIZING AND 1715 W FLORENCE AVE LOS ANGELES, CA 90047	95-4635737	501(C)(3)	100,000				GENERAL OPERATING SUPPORT
(85) SUSTAINABLE ECONOMIES LAW CENTER 1428 FRANKLIN STREET OAKLAND, CA 94612	46-2210531	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(86) TALLER SALUD INC PO BOX 524 LOIZA, PR 00772	66-0494692	501(C)(3)	198,700	0			GENERAL OPERATING SUPPORT
(87) TAPROOT EARTH 2685 SLIDELL AVE SLIDELL, LA 70458	87-1961840	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(88) TERESA FOX-BETTIS AT CENTER FOR FAIR HOUSING 602 BEL AIR BLVD SUITE 7 MOBILE, AL 36606	72-1341787	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(89) TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567	85-0480836	501(C)(3)	116,700	0			GENERAL OPERATING SUPPORT
(90) TEXAS ENVIRONMENTAL JUSTICE ADVOCACY 900 N WAYSIDE HOUSTON, TX 77011	02-0749601	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(91) TEXAS ORGANIZING PROJECT EDUCATION FUND PO BOX 120296 SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(92) THE GRAND CANYON TRUST 2601 N FORT VALLEY RD FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(93) THE PRAXIS PROJECT PO BOX 7259 OAKLAND, CA 94601	30-0044814	501(C)(3)	150,000	0			GENERAL OPERATING SUPPORT
(94) THE SOLUTIONS PROJECT 4096 PIEDMONT AVENUE 728 OAKLAND, CA 94611	46-3811348	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(95) THE WORKING WORLD	20-2264584	501(C)(3)	500,000	0			GENERAL OPERATING

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228 PARK AVENUE SOUTH 65768 NEW YORK, NY 100031502			-			SUPPORT
(96) TIDES CENTER 1012 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	150,000	0		GENERAL OPERATING SUPPORT
(97) UNITED TRIBES OF BRISTOL BAY PO BOX 1252 DILLINGHAM, AK 99576	30-0785358	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(98) UNITED WAY FRESNO AND MADERA COUNTIES 4949 E KINGS CANYON ROAD FRESNO, CA 93727	94-1156514	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(99) URBAN TILTH 323 BROOKSIDE DRIVE RICHMOND, CA 94801	20-4124161	501(C)(3)	500,000	0		GENERAL OPERATING SUPPORT
(100) UTAH DINE BIKEYAH 209 E 500 S PO BOX 554 SALT LAKE CITY, UT 841113203	61-1729917	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(101) VAYLA NEW ORLEANS 13235 CHEF MENTEUR HWY SUITE A NEW ORLEANS, LA 70129	33-1143213	501(C)(3)	116,700	0		GENERAL OPERATING SUPPORT
(102) WECOUNT INC 201 N KROME AVE STE 240- 260 HOMESTEAD, FL 33030	56-2638368	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(103) WEST FRESNO HEALTH CARE COALITION 1350 EAST ANNADALE AVENUE FRESNO, CA 93706	77-0577093	501(C)(3)	10,000	0		GENERAL OPERATING SUPPORT
(104) WOMEN WATCH AFRIKA PO BOX 208 AVONDALE ESTATES, GA 30002	58-2581246	501(C)(3)	166,700	0		GENERAL OPERATING SUPPORT
(105) WOMEN WITH A VISION 1001 S BROAD STREET SUITE 206	72-1202185	501(C)(3)	166,700	0		GENERAL OPERATING SUPPORT
1001 S BROAD STREET SUITE						
i001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125 2 Enter total number of sectio 3 Enter total number of other	on 501(c)(3) and organizations lis	government organizations ted in the line 1 table	listed in the line 1 table .		·	▶105
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125 2 Enter total number of section	on 501(c)(3) and organizations lis	government organizations ted in the line 1 table ions for Form 990.	listed in the line 1 table .		·	▶105
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice	on 501(c)(3) and organizations lis	government organizations ted in the line 1 table	listed in the line 1 table .		·	SUPPORT  105
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice  6 Schedule I (Form 990) 2022  Part III Grants and Other A	on 501(c)(3) and organizations list organizations list or great the Instruct	government organizations ted in the line 1 table clons for Form 990. Page	listed in the line 1 table .	Cat. No. 50055		▶105
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125 2 Enter total number of sectio 3 Enter total number of other or Paperwork Reduction Act Notice 6chedule I (Form 990) 2022	on 501(c)(3) and organizations list of the Instruction of the Instruct	government organizations ted in the line 1 table	listed in the line 1 table	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT  105
206 NEW ORLEANS, LA 70125 2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice  chedule I (Form 990) 2022  Part III Grants and Other A Part III can be duplic  (a) Type of grant or assistation	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	plete if the organization of cash grant	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125 2 Enter total number of sectio 3 Enter total number of other or Paperwork Reduction Act Notice Chedule I (Form 990) 2022 Part III Grants and Other A Part III can be duplic (a) Type of grant or assista	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	listed in the line 1 table	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice  1 Schedule I (Form 990) 2022 Part III Grants and Other A Part III can be duplic (a) Type of grant or assistat  (1) GENERAL OPERATION SUPPO	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	plete if the organization of cash grant	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other for Paperwork Reduction Act Notice  Schedule I (Form 990) 2022  Part III Grants and Other A Part III can be duplic  (a) Type of grant or assistat  (1) GENERAL OPERATION SUPPO 1)	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	plete if the organization of cash grant	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice  1 Schedule I (Form 990) 2022 Part III Grants and Other A Part III can be duplic (a) Type of grant or assistat  (1) GENERAL OPERATION SUPPO	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	plete if the organization of cash grant	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice  10 Schedule I (Form 990) 2022 Part III Grants and Other A Part III can be duplic (a) Type of grant or assistat (1) GENERAL OPERATION SUPPO	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	plete if the organization of cash grant	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
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1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other For Paperwork Reduction Act Notice  Schedule I (Form 990) 2022  Part III Grants and Other A Part III can be duplic  (a) Type of grant or assistat  (1) GENERAL OPERATION SUPPO (1)  (2)  (3)  (4)  (5)	on 501(c)(3) and organizations list organizations list, see the Instruction of the Instru	government organizations ted in the line 1 table	plete if the organization of cash grant	Cat. No. 50055	n 990, Part IV, line 22.	SUPPORT
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other or Paperwork Reduction Act Notice  10 Schedule I (Form 990) 2022  Part III Grants and Other A Part III can be duplic (a) Type of grant or assistat (1) GENERAL OPERATION SUPPO 1)  2)  3)  4)  5)  6)	on 501(c)(3) and organizations liste, see the Instruction of the Instr	government organizations ted in the line 1 table	plete if the organization a  (c) Amount of cash grant  20,000	Cat. No. 50055	m 990, Part IV, line 22.  (e) Method of valuation (book, FMV, appraisal, other)	Schedule I (Form 990) 2022  Page 2  (f) Description of noncash assistance
1001 S BROAD STREET SUITE 206 NEW ORLEANS, LA 70125  2 Enter total number of section 3 Enter total number of other for Paperwork Reduction Act Notice  Schedule I (Form 990) 2022 Part III Grants and Other A Part III can be duplic  (a) Type of grant or assista  (1) GENERAL OPERATION SUPPO  (3)  (4)  (5)  (6)	on 501(c)(3) and organizations liste, see the Instruction and the control of the	government organizations ted in the line 1 table	plete if the organization a  (c) Amount of cash grant  20,000	Cat. No. 50055	n 990, Part IV, line 22.	Schedule I (Form 990) 2022  Page 2  (f) Description of noncash assistance

Additional Data Return to Form

No

No

No

No

No

No

Nο

Nο

No

5b

7

8

Compensation committee

Any related organization?

Independent compensation consultant

Form 990 of other organizations

10/31/24, 12:10 PM Possibility Labs - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202333199349331788 - Submission: 2023-11-15 TIN: 85-3989363 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Name of the organization POSSIBILITY LABS Employer identification number 85-3989363 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  $\hfill \Box$  Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Written employment contract

Compensation survey or study

Approval by the board or compensation committee

Receive a severance payment or change-of-control payment? . . . 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . . . . . .

**✓** 

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a

If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes," on line 6a or 6b, describe in Part III.

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

Page 2 -

Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the	e tota	I amount of Form	990, Part VII, Sec	tion A, line 1a, apı	olicable column (D	) and (E) amount	s for that indiv	/idual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 VANESSA HUANG VP OF PARTNERSHIPS	(i)	236,643	0	0	5,370	14,013	256,026	0
	(ii)	0	0	0	0	0	- 0	0
2 LEM WHITE CO-CEO	(i)	227,921	0	0	0	16,343	244,264	0
	(ii)	0	0	0	0	0	- 0	0
3 KEIKO MURASE CO-CEO	(i)	229,266	0	0	0	6,987	236,253	0
	(ii)	0	0	0	0	0	- 0	0
4 DEBORAH NELSON EXECUTIVE DIRECTOR TO FSP	(i)	187,947	0	0	0	15,146	203,093	0
	(ii)	0	0	0	0	0	- 0	0

10/31/24, 12:10 PM	F	Possibility I al	os - Full Filina	- Nonprofit Exp	olorer - ProPul	blica		
5 JAIMEE ESTRELLER VICE PRESIDENT OF MARKETING AND COMM	(i)	178,007	0	0	343	8,498	186,848	0
VICE PRESIDENT OF MARKETING AND COMM	(ii)	0	0	0	0	0	-	
							0	
-								
							Schedule J (Fo	rm 990) 2022
		D	age 3 ———					
		<u>'</u>	age 5					
Schedule J (Form 990) 2022								Page <b>3</b>
Part III Supplemental Information  Provide the information, explanation, or descriptions required	for Part I, lines 1a, 1b	o. 3. 4a. 4b. 4c. 5	5a. 5b. 6a. 6b. 7. a	and 8, and for Part	II. Also complete	this part for any	additional infor	mation.
Return Reference		, , , , , , , , , , , , , , , , , , , ,		cplanation				
							61 11 1/5	000) 2022

Additional Data Return to Form

Software ID:

efile Public Visual Render

ObjectId: 202333199349331788 - Submission: 2023-11-15

TIN: 85-3989363

OMB No. 1545-0047

2022

Open to Public Inspection

### 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 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization POSSIBILITY LABS

85-3989363

**Employer identification number** 

	85-3989363
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THERE WERE NO MEMBER ELECTIONS.
FORM 990, PART VI, SECTION A, LINE 8B	THERE WERE NO COMMITTEE MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	THERE IS A CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD REVIEWS AND APPROVES COMPENSATION OF EXECUTIVE STAFF.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 3,137,424. MANAGEMENT AND GENERAL EXPENSES 81,309. FUNDRAISING EXPENSES 182,461. TOTAL EXPENSES 3,401,194.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION'S AUDIT COMMITTEE HAS RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS. THEIR RESPONSIBILITY IS UNCHANGED FROM THE PRIOR YEAR.
	ation Act Nation and the Instructions for Form 000 or 000 F7 Cat. No. 51056V Schoolule O (Form 000) 202

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

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

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