

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: POSSIBILITY LABS. Doing business as: . Number and street (or P.O. box if mail is not delivered to street address): 1410 FRANKLIN STREET 135. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: SAN FRANCISCO, CA 94109

D Employer identification number: 85-3989363. E Telephone number: (213) 408-0508. G Gross receipts \$ 47,233,419

F Name and address of principal officer: JILL SMITH, 1410 FRANKLIN STREET 135, SAN FRANCISCO, CA 94109

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) selected

J Website: WWW.POSSIBILITYLABS.ORG

K Form of organization: Corporation selected

L Year of formation: 2020. M State of legal domicile: CA

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here

Signature of officer

2023-11-15

Date

JILL SMITH VP OF OPERATIONS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P01582463

Firm's name ► QUIGLEY & MIRON

Firm's EIN ► 32-0530003

Firm's address ► 3550 WILSHIRE BLVD 1660

LOS ANGELES, CA 90010

Phone no. (213) 639-3550

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO CO-CREATE A NEW ECONOMY WHERE BLACK, INDIGENOUS, PEOPLE OF COLOR, AND HISTORICALLY LOW-INCOME COMMUNITIES HAVE THE POWER OF SELF-DETERMINATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 19,538,865 including grants of \$ 12,720,297) (Revenue \$ 1,988,743)

UNDER THE ORGANIZATION'S FISCAL SPONSOR PROGRAM, THE ORGANIZATION HOSTS INDIVIDUAL PROJECTS WHICH ARE VALUE-ALIGNED WITH THE MISSION OF THE ORGANIZATION AS FISCALLY-SPONSORED PROJECTS, AND SUPPORTS THEM BY IMPLEMENTING THE PROJECT'S CHARITABLE AND EDUCATIONAL PROGRAMS, INCLUDING PROVIDING ADMINISTRATIVE SERVICES, INCLUDING ACCOUNTING, FINANCE, HUMAN RESOURCES, AND IT MANAGEMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Contains 20 main items and sub-items (a-e) regarding organizational requirements and financial reporting.

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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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 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	
c 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c 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? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
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1a Enter the number reported in box 3 of Form 1099. Enter -0- if not applicable	1a	30		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4b			
5a 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
c 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).				
a 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			
c 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	7d			
e 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a 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:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	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	13b			

c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	Yes	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

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?

16b		
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Section C. Disclosure

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)

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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) KHALID KADIR BOARD MEMBER	1.00	X					0	0	0
(2) ROSEMARY E FEI BOARD MEMBER	1.00	X					0	0	0
(3) KEIKO MURASE CO-CEO	40.00	X		X			229,266	0	6,987
(4) LEM WHITE CO-CEO	40.00	X		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				X		187,947	0	15,146
(7) VANESSA HUANG VP OF PARTNERSHIPS	40.00				X		236,643	0	19,383

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,059,784	0	66,700

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	yes	
		5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, gifts, grants, and membership dues				
1c Other amounts raised from fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above	44,743,879			
1g Noncash contributions included in lines 1a - 1f: \$				
h Total. Add lines 1a-1f	44,743,879			

2a PROGRAM FEES	Business Code	(A)	(B)	(C)	(D)
	900099	1,985,697	1,985,697		
f All other program service revenue.					
g Total. Add lines 2a-2f.		1,985,697			

3 Investment income (including dividends, interest, and other similar amounts)	29			29
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
	(i) Real	(ii) Personal		

Other Revenue	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	487,485				
	Less: cost or other basis and sales expenses	7b	478,625				
	Gain or (loss)	7c	8,860				
	d Net gain or (loss)				8,860		8,860
	a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a		13,283				
b Less: cost of goods sold	10b		11,953				
c Net income or (loss) from sales of inventory				1,330		1,330	
11a OTHER INCOME	Business Code	900099	3,046	3,046			
b							
d All other revenue							
e Total. Add lines 11a-11d			3,046				
12 Total revenue. See instructions			46,742,841	1,988,743	0	10,219	

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input checked="" type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,700,297	12,700,297		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,000	20,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				

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

Form 990 (2022)

Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	2,265,505	1	18,657,945
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net	43,750	3	11,394,075
4 Accounts receivable, net		4	

Assets	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
		b Less: accumulated depreciation	10b		10c	
	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 equal line 33)		2,326,557	16	30,143,060
	Liabilities	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		
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21		
22		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
23		Secured mortgages and notes payable to unrelated third parties		23		
24		Unsecured notes and loans payable to unrelated third parties		24		
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	700,000	
26		Total liabilities. Add lines 17 through 25	153,862	26	2,147,276	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	803,248	27	26,626,337	
	28	Net assets with donor restrictions	1,369,447	28	1,369,447	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	2,172,695	32	27,995,784	
	33	Total liabilities and net assets/fund balances	2,326,557	33	30,143,060	

Form 990 (2022)

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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**

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

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?

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?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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.

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Form **990** (2022)

Form 990 (2022)

Additional Data

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Software ID:

Software Version:

Form 990 Special Condition Description:

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (POSSIBILITY LABS) and Employer identification number (85-3989363)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1-12. List of reasons for public charity status with checkboxes. Option 7 is checked.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

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

Section A. Public Support

Table with 1 column: Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")			380,000	5,996,708	44,743,879	51,120,587
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 amount shown on line 11, column (f)						22,988,895
6 Public support. Subtract line 5 from line 4.						28,131,692

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.			380,000	5,996,708	44,743,879	51,120,587
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				49	29	78
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 Total support. Add lines 7 through 10						51,120,665
12 Gross receipts from related activities, etc. (see instructions)					12	911,160
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid						

5	organization's benefit and either paid to or expended on its behalf. . . .					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c	Add lines 7a and 7b. . . .					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6. . . .					
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.					
c	Add lines 10a and 10b.					
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
13	Total support. (Add lines 9, 10c, 11, and 12.)					
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

- 19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests-2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

ii Yes, explain in **Part VI** what controls the organization put in place to ensure such use.

- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		

each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

1		
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Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described 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.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

a 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.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

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.

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	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-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

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, <i>explain in Part VI</i> . See instructions.			
6 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.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

Schedule A (Form 990) (2022)

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

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2022

Additional Data

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2022

Table with 2 columns: Name of the organization (POSSIBILITY LABS) and Employer identification number (85-3989363)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: 501(c)() (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization
Form 990-PF: 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization POSSIBILITY LABS	Employer identification number 85-3989363
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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 given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$

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Name of organization POSSIBILITY LABS	Employer identification number 85-3989363
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a)			

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2022)

Additional Data

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (POSSIBILITY LABS), Employer identification number (85-3989363)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Yes/No options. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Yes/No options. Includes questions 1a-2b regarding collections of art and historical treasures.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
2a Board designated or quasi-endowment
2b Permanent endowment
2c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
3a(i) Unrelated organizations
3a(ii) Related organizations
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
1a Land
1b Buildings
1c Leasehold improvements
1d Equipment
1e Other
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	

LINE OF CREDIT	700,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	700,000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT DECEMBER 31, 2022. GENERALLY THE ORGANIZATION'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR THREE (FEDERAL) OR FOUR (STATE) YEARS FROM THE DATE OF FILING.

Additional Data

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Software ID:
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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 www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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 grant or assistance. Rows include organizations like ACORN CENTER FOR RESTORATION AND FREEDOM, ALASKA COMMUNITY ACTION ON TOXICS, etc.

PO BOX 830/06 SAN ANTONIO, TX 78203							SUPP0K1
(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 BERKELEY, CA 94709	85-3440899	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(24) COALITION TO STOP VIOLENCE AGAINST NATIVE WOMEN 4600 MONTGOMERY BLVD NE 202B ALBUQUERQUE, NM 87109	20-1735061	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(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 REARBYOY THOUGHT	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 FRESNO 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 WASHINGTON, DC 20005	30-0108263	501(C)(3)	50,000	0			GENERAL OPERATING SUPPORT
(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 FRESNO, CA 93722	77-0459711	501(C)(3)	10,000	0			GENERAL OPERATING SUPPORT
(55) HONOR THE EARTH PO BOX 63 607 MAIN AVE CALLAWAY, MN 56521	45-4714238	501(C)(3)	100,000	0			GENERAL OPERATING SUPPORT
(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

(68) NEW VENTURE FUND 1828 L STREET NW SUITE 300-A WASHINGTON, DC 20036	20-3000343	501(C)(3)	100,000	0		GENERAL OPERATING SUPPORT
(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 ALBANY, GA 31707	58-1172475	501(C)(3)	50,000	0		GENERAL OPERATING SUPPORT
(84) STRATEGIC CONCEPTS IN ORGANIZING AND 1715 W FLORENCE AVE LOS ANGELES, CA 90047	95-4635737	501(C)(3)	100,000	0		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

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 NEW ORLEANS, LA 70125	72-1202185	501(C)(3)	166,700	0		GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 105
 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GENERAL OPERATION SUPPORT	1	20,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation

Additional Data

Return to Form

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (POSSIBILITY LABS), Employer identification number (85-3989363)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) regarding compensation questions, including checkboxes for various benefits and payment methods.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Rows include Vanessa Huang, Lem White, Keiko Murase, and Deborah Nelson.

5 JAIMEE ESTRELLER
VICE PRESIDENT OF MARKETING AND COMM

(i)	178,007	0	0	343	8,498	186,848	0
(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

[Return to Form](#)

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efile Public Visual Render | **ObjectID: 202333199349331788 - Submission: 2023-11-15** | **TIN: 85-3989363**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
POSSIBILITY LABS

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.

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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