ObjectId: 202133199349311763 - Submission: 2021-11-15

TIN: 85-3989363 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

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

IIICIIIAI	IVEACU	ide Seivice												Ins	spection
A Fo	or th	e 2020 c	alendar yea	r, or tax ye	ar beginning (09-10	-2020 ,	and endi	ng 12-3	1-2020)				
_	dress	applicable: change	C Name of org POSSIBILIT									D Employe 85-3989		ication	number
Init	tial re	-	Doing busin	ess as											
O Am	ende	d return ion pending		street (or P.C KLIN ST STE 1). box if mail is no 35	t delive	ered to stree	et address)	Room/su	uite		E Telephone	number		
_				i, state or prov ISCO, CA 941	vince, country, and .09	d ZIP o	r foreign po	stal code				G Gross reco	eipts \$ 38	30,000	
			F Name an	d address o	f principal office	er:					subord	a group retudinates?		_	Yes ✓No
		mpt status:	501(c)(3)		c) () ◀ (insert r LABS.ORG/	10.)	4947(a)(1) or	527	H(c)	If "No,	" attach a lis exemption r	•	instruc	
K Forn	n of o	organization:	Corporation	on 🗌 Trust	Association	Ot	ther 🕨			L Year	of forma	tion: 2020	M State	of legal	domicile: CA
Pa	art I	Sumi	mary							1					
nance		OUR MISS	ION IS TO CO	D-CREATE A	nission or most NEW ECONOM OF SELF-DETER	Y WHE	RE BLACK		NOUS, PE	EOPLE O	F COLO	R, AND HIST	ΓORICAL	LY LO	W-INCOME
Activities & Governance	3 4 5 6 7a	Number of Number of Total num Total num Total unre	of independer aber of individual aber of volunt elated busine	nt voting me duals employ teers (estima ss revenue f	governing body mbers of the goved in calendar ate if necessary from Part VIII, come from Form	overnii year 2 /) • olumn	ng body (F 2020 (Part (C), line 2	Part VI, lin V, line 2a	e 1b) .				3 4 5 6 7a 7b		3 0 4 0
											Pric	or Year		Curre	ent Year
2	8	Contribut	ions and grar	nts (Part VIII	, line 1h) .				•						380,000
Revenue		_		=	, line 2g) .										0
Re			=		mn (A), lines 3		-		•						0
			-		A), lines 5, 6d,			=		_					200.000
					11 (must equ										380,000
					Part IX, column	` ''	,								0
		•		•	Part IX, column	. ,,	•								0
Expenses					oloyee benefits					-					90,574
8	_			•	IX, column (A)		•		•						0
ď				•	umn (D), line 25)					-					58,502
		-	-		A), lines 11a-1 must equal Pari		-		•	-					149,076
		•		,	ine 18 from line		. , ,	iiie 23)		-					230,924
- e	19	Revenue	iess expense	s. Subtract I	10 11 0111 11116	- 12 •	• •		•	Ren	inning 4	of Current Ye	ar	End	of Year
Net Assets or Fund Balances										beg	,iig (J. Current le		LIIU	o. rear
sse 3ala	20	Total asse	ets (Part X, Iir	ne 16) .											261,806
ot A	21	Total liabi	lities (Part X,	line 26) .											30,882
žĒ	22	Net asset	s or fund bal	ances. Subtr	act line 21 fror	n line :	20								230,924

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

						
	N				2021-11-12	
Sign	Si	gnature of officer			Date	
Here		EIKO MURASE CO-CEO				
		pe or print name and title				
		Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid	ı			2021-11-15	Check if self-employed	P00012126
	parer	Firm's name the JACK ROSE co	mpany		Firm's EIN > 9	5-1429509
	Only					
000	•y	Firm's address 2106 GREENFIELD	AVE		Phone no. (310	1) 477-4808
		Los Angeles, CA	90025			
May th	he IRS disc	cuss this return with the preparer	shown above? (see instructions	s)		. 🗸 Yes 🗌 No
For Pa	aperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2020)
			Page 2			
			ruge z			
Form 9	990 (2020)				Page 2
Par	t III St	atement of Program Service	e Accomplishments			
	Ch	eck if Schedule O contains a respo	onse or note to any line in this I	Part III		
1		scribe the organization's mission:				
OUR N	ISSION IS	S TO CO-CREATE A NEW ECONOM	Y WHERE BLACK, INDIGENOUS	, PEOPLE OF COLOR, AN	ND HISTORICA	LLY LOW-INCOME
		IAVE THE POWER OF SELF-DETER		, ,		
2	Did the or	ganization undertake any significa	ant program services during the	year which were not lis	sted on	
	the prior F	Form 990 or 990-EZ?				🗆 Yes 🛂 No
	If "Yes," d	escribe these new services on Sch	nedule O.			
3	Did the or	ganization cease conducting, or m	nake significant changes in how	it conducts, any progra	ım	
	services?					. 🗌 Yes 🛂 No
	If "Yes," d	escribe these changes on Schedul	e O.			
4	Describe t	he organization's program service	accomplishments for each of it	ts three largest program	n services, as r	neasured by expenses.
	Section 50	01(c)(3) and $501(c)(4)$ organization	ons are required to report the a			
	and reven	ue, if any, for each program servi	ce reported.			
4-	(C-d-:) (5	112 555 including another) (Davis and d	
4a	(Code:) (Expenses \$ EA NEW ECONOMY WHERE BLACK, IND	112,555 including grants) (Revenue \$)
	DETERMINA		IGENOUS, FEOREE OF COLOR, AND I	IIISTORICALLI LOW-INCOM	L COMMONTILS	TIAVE THE FOWER OF SEEF-
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
						-
						_
4c	(Code:) (Expenses \$	including grants	of ¢) (Revenue \$)
70	(couc.) (Expenses \$	including grants	, ог ф) (Revenue \$,
						_
4d	-	gram services (Describe in Schedi		\ /=	_	
	(Expenses	s \$ incl	uding grants of \$) (Revenue	\$)

4e Total program service expenses▶

Form **990** (2020)

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Form 990 (2020) Page **3**

Pal	Checklist of Required Schedules	-		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
2	Schedule A	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	165	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5 000 of grants or other assistance to any domestic organization or domestic			Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Form **990** (2020)

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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 22 /ff "Yes," complete Schedule I, Parts I and III	Par	Checklist of Required Schedules (continued)			Page			
column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 23 Did the organization aware "Yes" to Part NII, 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 I. Part IV 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 "Wo," got to line 25s and the last day of the year, that was issued after the second organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization epage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25d Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for challed entity of recipital entity or facility or the proparization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or a 53% controlled entity for challing an employee for or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 25d Was the organization and part or the season and the substantial contributors or applicable filing thresholds, conditions, and exceptions? 26d N 27d Did the organization function or		chostates of resignation (contained)		Yes	No			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. I" No. 9 to Imme 259 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 affer December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." 90 to Imme 259 24b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c 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 I., Part I 25b Is the organization exame that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I 26c Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family and the programization propriated against or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or affect or these persons? If "Yes," complete Schedule I., Part II 27c Did the organization aparty to a business transaction with one of the following parties (see Schedule I., Part II) 27d Was the organization aparty to a business transaction with one of the following parties (see Schedule I., Part II) 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I., Part II) 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I., Part II) 29d Did the organization aparty to a business transaction with one of the following parties (see Schedule II) Pres, "complete Schedule II, Part II) 29d Did the organization receive c	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		No			
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 "Mor," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 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. 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-E27 If "Yes," complete Schedule L, Part I. 25b Is 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 (including an employee thereor) or a funding reports of the organization provide and party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete 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 instructions? If "Yes," complete Schedule I, Part IV instructions? If "Yes," complete Schedule II Instructions? If "Yes," complete Schedule II Instructions? If "Yes," complete Schedule II	23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		No			
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? 24d d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 N 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware 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 these persons prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I N 25b 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 a fire of any of these persons? If "Yes," complete Schedule L, Part IV or instructions for applicable contribution or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV or instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV or instructions for applicable filing thresholds, conditions, and exceptions): 28b N 29c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M. 29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29d Did the organization sell, exchange, dispose of, or transfer more t	24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No			
to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware the organization provide a grant and many of the organization of any of these persons? If "yes," complete Schedule I., Part II was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or organization and party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule I., Part IV. b A family member of any individual described in line 28a? If "yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "yes," complete Schedule N. Part II. 30 Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule N. Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
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 N 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-E2? If "Yes," complete Schedule L, Part I I 25b 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 II 27c 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28b N c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule M 29b N 20c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29c N 20c Did the organization exceive contributions of art, historical treasures, or other similar assets, or qualifi	С		24c					
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-E2? If "Yes," complete Schedule L, Part I . 25b No. 10 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 . 27c 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . 28c Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28b N A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . 28c N A 23% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . 28c N N 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II . 28d N N 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 31c Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I I . 32d Did the organization of the complete Schedule R Part V, Ir	d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?						
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 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 foor of any of these persons? If "Yes," complete Schedule I, Part II 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 a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part II Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete 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 I, Part IV instructions for a splicable 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 I, Part IV instructions for any individual described in line 28a? If "Yes," complete Schedule I, Part IV instructions for a splicable filing thresholds, conditions, and exceptions): a Current or former officer, director, trustee, level employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV instructions for any to a business transaction with one or fluth for the substantial contributions? If "Yes," complete Schedule I, Part IV instructions for any individual described in line 28a? If "Yes," complete Schedule M instruction	25a		25a		No			
orficer, 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 . 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 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 . 28	b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		No			
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 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 N b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . 28b N c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . 28c N 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 N 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . 32 N 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I . 33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? Teyes," complete Schedule R, Part V, line 2 . 35 Did the organization conduct more than 5% of its activities through an entity t	26	officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family			No			
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 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b N 28c N 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 II. 31 N 32 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 33 In Yes, "complete Schedule R, Part V, line 2 34 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 35 Did the organization for "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O, Part V, line 2 36 N 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 ta	27	employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete</i>	27		No			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b N c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," 28c N 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 N 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 V, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule 0.	28							
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	а		28a		No			
28c N 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 N 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 N 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 N 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 N 32 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 32 N 33 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V, line 2 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 V, line 2 38 Pid 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	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	С		28c		No			
contributions? If "Yes," complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30		30		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	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		32		No			
Part V, line 1	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
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	34		34		No			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
organization? If "Yes," complete Schedule R, Part V, line 2	b		35b					
is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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			
All Form 990 filers are required to complete Schedule O	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	All Form 990 filers are required to complete Schedule O	38	Yes				
Check if Schedule O contains a response or note to any line in this Part V	Par							
Yes N		Check if Schedule O contains a response or note to any line in this Part V			No			

1a

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . .

b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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orm	990 (2020)			Page 5
Pa	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	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		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
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	Enter the amount of reserves on hand	ا ـ ـ ا		Na
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
15	parachute payment(s) during the year?	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
		F	orm 99	0 (2020)
	Page 6			
Form	990 (2020)			Da 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	Page 6 lines
1 01	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		~
Sa	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u> </u>
<u> </u>	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	,		
	If there are material differences in voting rights among members of the governing	1		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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:			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12-	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	res	
	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?			

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		16b	i	
Se	ection 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 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	▶KEIKO MURASE 1410 FRANKLIN ST SAN FRANCISCO, CA 94109 (465) 866-7312			
		Fo	rm 99	0 (2020)
	Page 7			
orm	990 (2020)			Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empland Independent Contractors	ployees	5,	

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours		one b	ox, ι n of	t cho unles ficer	s pers	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations	
(1) LEMUEL WHITE CO-CEO	0.00			х	х			11,538	0	0	
(2) KEIKO MURASE CO- CEO	0.00			х	х			11,538	0	0	
(3) MASAKO KALBACH VP OF PEOPLE OPNS	0.00			х	х			9,231	0	0	

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orm	990 (2020)												Page 8
Par	Section A. Officers, Direct	ctors, Trustee	s, Ke	y Emp	loye	ees,	and	Higl	nest	Compensate	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours	thai	ition (d n one b s both a direc	ox, an of	t ch unle fice	ss per and	rson	org	(D) Reportable ompensation from the ganization (W-	(E) Reportable compensation from related organizations (W-		nated of other nsation n the
		for related organizations below dotted line)			Officer		Highest compensated employee	Former	2,	/1099-MISC)	2/1099-MISC)	organiza rela organiz	ited
			eesen	d Trustee		yee	mpensated						
			-		-								
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	ub-Total otal from continuation sheets to F		 1 A .			•	*						
d T	•				<u></u>		•			32,307	0		0
2	Total number of individuals (includin of reportable compensation from the			ose list	ed a	bove	e) who	o rece	eivec	d more than \$10	00,000		
											_	Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>	•			ey e	mplo •	oyee,	or hi	ghes •	t compensated	employee on	3	No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	No
5	Did any person listed on line 1a rece services rendered to the organization		•						_		vidual for	5	No
Se	ction B. Independent Contrac	tors									<u>L</u>		
1	Complete this table for your five high from the organization. Report compe	hest compensate										pensation	

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		A) siness address			(B) Description of services	(C) Compensation
2 Total number of indep	pendent contractors (inc	luding but not limite	d to those listed abo	ve) who receive	ed more than \$100,000	of
compensation from t	ne organization 🕨					Form 990 (2020
			Page 9			
Form 990 (2020)						D
	ent of Revenue					Page
	chedule O contains a re	sponse or note to an	y line in this Part VIII			\square
		•	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt	Unrelated business	Revenue excluded from
				function revenue	revenue	tax under section 512 - 514
derated campaigns	5 1a			Tevende		312 314
derated campaigns						
Embership dues .	. 1b					
05						
indraising events	<u>1c</u>					
	ı					
િ ાated organization	S 1d					
vernment grants (con	stributions)					
E O'VERTITION GRAINES (COI)	itributions) 1e					
vernment grants (con	gifts, grants,					
and similar amounts not above	included 1f					
380,000 g Noncash contributions in	ncluded in					
lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1	lf					
		Business Code				1
2a						
9						
nue,						
Se						
e Ce						
Program Service Revenue		•				
S I						
gra						
P						
f All other program	n service revenue.					
9 Total. Add lines	2a-2f ▶		<u>. </u>			•
	e (including dividends, i	nterest, and other				
	stment of tax-exempt bo	b'				
	• • • • • • • •	:				
J Royaldes	(i) Real	(ii) Personal				
	(i) iteai	() 1 01301101				
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income		+				
or (loss)	6c					
d Not rental incom	or (loca)	-	1 l		1	

(i) Securities (ii) Other	ادا	- Net rental income	υı (1033/1 1			I Labs - I dil I illig-	Lypiolei	l Tor ublica	1
from sales of assets other than inventory b. Less: cost or other basis and sales expenses c. C. Gain or (loss) 7 G. Total revenue		l		(i) Securit	ies					
other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) forest income from fundralising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		from sales of assets other	7a							
d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		other basis and	7b							
Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		c Gain or (loss)	7c							
(not including \$ of contributions reported on line 1c). See Part IV, line 18		d Net gain or (loss)				•				
Gross income from gaming activities. See Part IV, line 19	ar Revenue	Gross income from fur (not including \$ contributions reported See Part IV, line 18 b Less: direct expens c Net income or (loss	on li	of ine 1c).	8b	nts				
returns and allowances 10a	ŧ	Gross income from g See Part IV, line 19 b Less: direct expense	ses		9b					
Miscellaneous Revenue Business Code to d All other revenue e Total. Add lines 11a–11d		returns and alloward b Less: cost of goods	nces s sol	d	10b				Ti.	
to d All other revenue					vento					
d All other revenue e Total. Add lines 11a–11d		11a	ous R	levenue		Business Code				
d All other revenue e Total. Add lines 11a–11d										
e Total. Add lines 11a-11d		С								
12 Total revenue. See instructions		d All other revenue								
12 Total revenue. See instructions		e Total. Add lines 11	1a-1	1d		>				
		12 Total revenue. Se	ee in	structions .		· · · •	380,000	0	0	0

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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 organization	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			\square
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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77,301	67,252	7,730	2,319
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				

0,0.	,	, -a.s . a	51.p. 51.t =xp. 51.51			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9	Other employee benefits	4,781	4,160		478	143
	Payroll taxes	8,492	7,388		849	255
	Fees for services (non-employees):		,,,,,,			
	Management					
	Legal	58,413	33,755	23	,024	1,634
	Accounting	•	•			
	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)	89			89	
12	Advertising and promotion					
13	Office expenses					
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance					
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.)					
	а					
	b					
	С					
	d					
	e All other expenses					
	Total functional expenses. Add lines 1 through 24e	149,076	112,555	32	,170	4,351
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).					
					Forr	n 990 (2020)
		– Page 11 ————				
Forn	n 990 (2020)					D 44
	art X Balance Sheet					Page 11
		the size this Doubly				
	Check if Schedule O contains a response or note to any	line in this Part IX	(A)			 B)
			Beginning of ye	ear	End c	of year
	1 Cash-non-interest-bearing			1		258,202
	2 Savings and temporary cash investments			2		
	3 Pledges and grants receivable, net	·		3		
	4 Accounts receivable, net			4		
	5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pages.	ontributor, or 35%		5		
	 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons section 4958(f)(1)), and persons described in section 	sons (as defined under		6		
	7 Notes and loans receivable, net			7		
Assets	8 Inventories for sale or use			8		
SS	9 Prepaid expenses and deferred charges			9		
A		•		- ´ 		

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	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	12			
	13	Investments—program-related. See Part IV, line	13			
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	3,604
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	0	16	261,806
	17	Accounts payable and accrued expenses			17	9,200
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	butor, or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,		25	21,682
	26	Total liabilities. Add lines 17 through 25.		0	26	30,882
Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions			27	230,924
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC complete lines 29 through 33.	,			
s or	29	Capital stock or trust principal, or current funds	⊢		29	
Assets	30	Paid-in or capital surplus, or land, building or eq	` `		30	
As	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	222.224
Net	32	Total net assets or fund balances		0	32	230,924
Z	33	Total liabilities and net assets/fund balances .		0	33	261,806
			Page 12 ————			Form 990 (2020)
Form	n 990	(2020)				Page 12
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or no	ote to any line in this Part XI .	<u></u>	. i	0
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	380,000
2	Tota	al expenses (must equal Part IX, column (A), line	25)		2	149,076
3	Rev	enue less expenses. Subtract line 2 from line 1			3	230,924
4	Net	assets or fund balances at beginning of year (mu	ıst equal Part X, line 32, column ((A))	4	0
5	Net	unrealized gains (losses) on investments $\ \ .$			5	
6	Don	nated services and use of facilities			6	
7	Inve	estment expenses			7	
8	Prio	r period adjustments			8	
9		er changes in net assets or fund balances (explai	•		9	0
10	Net	assets or fund balances at end of year. Combine $% \left\{ 1,2,\ldots \right\}$	lines 3 through 9 (must equal Pa	art X, line 32, column (B))	10	230,924
D.	-4 VII	Einancial Statements and Deporting				

Check if Schedule O contains a response of note to any line in this Part All	

			163	140
1	Accounting method used to prepare the Form 990: Cash Z Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			

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separate basis, consolidated basis, or both:				
✓ Separate basis	$\ \square$ Both consolidated and separate basis			
b Were the organization's financial statements audited b	y an independent accountant?	2b	Yes	
If 'Yes,' check a box below to indicate whether the fina consolidated basis, or both:	ncial statements for the year were audited on a separate basis,			
✓ Separate basis	$\ \square$ Both consolidated and separate basis			
c If "Yes," to line 2a or 2b, does the organization have a of the audit, review, or compilation of its financial stat		2c		
If the organization changed either its oversight proces	s or selection process during the tax year, explain in Schedule O.			_
3a As a result of a federal award, was the organization re Audit Act and OMB Circular A-133?	quired to undergo an audit or audits as set forth in the Single	3a		No
b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describ	dit or audits? If the organization did not undergo the required e any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2020)
Form 990 (2020)				

orm 990 (2020)

Additional Data Return to Form

Software ID:

Software Version:

Form 990 Special Condition Descriptions

ObjectId: 202133199349311763 - Submission: 2021-11-15

TIN: 85-3989363

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

		he organization					Employer identific	ation number		
POSSI	BILITY	LABS					85-3989363			
	rt I	Reason for Public					See instructions			
The o	rganiz	ration is not a private four	ndation because	e it is: (For lines 1 thro	ugh 12, check o	only one box.)				
1		A church, convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990 or 990-EZ).)				
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).			
4		A medical research organisme, city, and state:	inization operat	ed in conjunction with	a hospital desci	ribed in section	170(b)(1)(A)(iii). E	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section		
6		A federal, state, or local	government or	governmental unit de	scribed in secti	on 170(b)(1)(<i>A</i>	۸)(v).			
7		An organization that no section 170(b)(1)(A)			s support from	a governmental ι	unit or from the genera	al public described in		
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part	II.)				
9		An agricultural research non-land grant college of						ege or university or a		
10	~	from activities related to investment income and	An organization that normally receives: (1) more than $33_{1/3}\%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than $33_{1/3}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).			
12		An organization organiz more publicly supported in lines 12a through 12d	l organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	ated, supervised, or co	ontrolled by its	supported organi	zation(s), typically by	giving the supported nization. You must		
b		Type II. A supporting of management of the sup	organization sup porting organiza	ervised or controlled in the sar						
c		must complete Part I Type III functionally supported organization(integrated. A s	supporting organizatio				ted with, its		
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio t complete Par	d. A supporting organing generally must satissit IV, Sections A and	zation operated fy a distribution I D, and Part V	in connection wi requirement and	th its supported orgar I an attentiveness requ	uirement (see		
е		Check this box if the orgintegrated, or Type III r				IRS that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter	the number of supported	•		-		<u> </u>			
g	Provi	de the following informat	ion about the su	ipported organization(s).			_		
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgin your govern	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
T-4-1										
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	5F :	 Schedule A (Form 9	90 or 990-EZ) 2020		
				Da	ge 2 ———					
				ra	y~ 2					
Sched	lule A	(Form 990 or 990-EZ) 20						Page 2		
Pa	rt II						(iv) and 170(b)(1 ization failed to qua			

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

10/3	I/24, 12:12 PM		Possibility Labs	- Full Filing- Non	profit Explorer - Pro	Publica	
(o	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grant.")						
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						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
_	ection B. Total Support						
Ca	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(o	r fiscal year beginning in) Amounts from line 4	(1)					()
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, thir	d, fourth, or fifth	tax year as a sect	ion $501(c)(3)$ organ	ization, check
	this box and stop here					▶□	
	ection C. Computation of Public		_				
	Public support percentage for 2020 (line					14	
	Public support percentage for 2019 Sch 33 1/3% support test—2020. If the o					15	201
	and stop here. The organization qualif	ies as a publicly s	supported organia	zation			▶□
b	33 1/3% support test—2019. If the						
17:	box and stop here. The organization 10%-facts-and-circumstances test-	•	, , ,	-			▶□
176	is 10% or more, and if the organization	meets the "facts	-and-circumstan	ces" test, check t	this box and stop I	nere. Explain	
	in Part VI how the organization meets t			_			▶ □
	organization						▶∪
	15 is 10% or more, and if the organiza	ation meets the "f	facts-and-circum	stances" test, ch	eck this box and st	op here.	
	Explain in Part VI how the organization				•	. ,	▶ 🗆
18	supported organization						🖊 🔾
	instructions						🕨 🗆
					Sched	ule A (Form 990 o	r 990-EZ) 2020
			Page :	3 ———			
Sch	edule A (Form 990 or 990-EZ) 2020						Page 3
	Part III Support Schedule fo					مطاحة منتمانة، يسمط	ar Dart II If
	(Complete only if you of the organization fails t						er Part II. If
- 5	ection A. Public Support	o quamy ander	the tests liste.	a belowy piedse	o complete rate i		
Ca	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(0	r fiscal year beginning in) Gifts, grants, contributions, and		1				
-	membership fees received. (Do not		1			380,000	380,000
2			†	1		†	
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are		+	+			
3	not an unrelated trade or business under section 513						

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4	organization's benefit and either paid		1				ĺ		
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5					31	80,000		380,00
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 8	Add lines 7a and 7b Public support. (Subtract line 7c		<u> </u>						
8	from line 6.)								380,00
Se	ction B. Total Support								
	endar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
(or 9	fiscal year beginning in) Amounts from line 6	(1)	(1)				80,000		380,00
10a	Gross income from interest,					3.	30,000		300,00
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on. Other income. Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)		0		0	3	80,000		380,00
14	First 5 years. If the Form 990 is for t	he organization's	first, second, th	nird, fourth, or fif	th tax year as a se	ection 501(c)(3) organi	ization,	
	check this box and stop here							▶	\checkmark
	ection C. Computation of Public	Support Perc	ontogo						
	D. H	0 (6)	distillage	2 1 (6))					
15	Public support percentage for 2020 (li	ne 8, column (f)	divided by line 1						
15 16	Public support percentage for 2020 (line Public support percentage from 2019 states)	ne 8, column (f) Schedule A, Part	divided by line 1 III, line 15 . .			15 16			
15 16 Se	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest	ne 8, column (f) Schedule A, Part ment Income	divided by line 1 III, line 15 Percentage			16			
15 16 Se 17	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20	ne 8, column (f) Schedule A, Part ment Income 20 (line 10c, colu	divided by line 1 III, line 15 Percentage umn (f) divided	by line 13, colum	n (f))	16			
15 16 Se 17 18	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) Schedule A, Part Iment Income 20 (line 10c, colu 2019 Schedule A,	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17	by line 13, colum	n (f))	16 17 18	nd line 1	7 is not	
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the	ne 8, column (f) Schedule A, Part Iment Income 20 (line 10c, colu 2019 Schedule A, organization did	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the bo	by line 13, colum	n (f))	. 17 18 nan 33 1/3%, ar			
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) Schedule A, Part Iment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the borganization qua	by line 13, columns on the columns of the columns o	n (f))	16 . 17 18 nan 33 1/3%, arization		ightharpoons	18 is
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and section 2020 in the more than 33 1/3%, check this box and section 2020.	ne 8, column (f) Schedule A, Part Iment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The ce e organization did	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the borganization quad not check a bo	oy line 13, colum ox on line 14, and lifies as a publicly x on line 14 or line	n (f))	16	 33 _{1/3} %	and line	18 is
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	me 8, column (f) Schedule A, Part Ment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c e organization did and stop here.	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the borganization quad not check a bo The organizatio	by line 13, colum ox on line 14, and lifies as a publicly ox on line 14 or lin n qualifies as a p	n (f))	. 17 18 nan 33 1/3%, ar ization 6 is more than organization	 33 _{1/3} % 	and line	18 is
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 3 3 1/3% support tests—2019. If the	me 8, column (f) Schedule A, Part Ment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c e organization did and stop here.	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the borganization quad not check a bo The organizatio	by line 13, colum ox on line 14, and lifies as a publicly ox on line 14 or lin n qualifies as a p	n (f))	. 17 18 nan 33 1/3%, ar ization 6 is more than organization	33 1/3%	and line	
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	me 8, column (f) Schedule A, Part Ment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c e organization did and stop here.	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the borganization quad not check a bo The organizatio	by line 13, colum ox on line 14, and lifies as a publicly ox on line 14 or lin n qualifies as a p	n (f))	16 17 18 nan 33 1/3%, ar ization	33 1/3%	and line	
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	me 8, column (f) Schedule A, Part Ment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c e organization did and stop here.	divided by line 1 III, line 15 Percentage umn (f) divided , Part III, line 17 not check the borganization quad not check a bo The organizatio	by line 13, colum ix on line 14, and lifies as a publicly x on line 14 or lin n qualifies as a p	n (f))	16 17 18 nan 33 1/3%, ar ization	33 1/3%	and line	
15 16 Se 17 18 19a	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	me 8, column (f) Schedule A, Part Ment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c e organization did and stop here.	divided by line 1 III, line 15 Percentage Imn (f) divided Part III, line 17 Inot check the borganization quad not check a bo The organizatio a box on line 14	by line 13, colum ix on line 14, and lifies as a publicly x on line 14 or lin n qualifies as a p	n (f))	16 17 18 nan 33 1/3%, ar ization	33 1/3%	and line	
15 16 Se 17 18 19a b	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	me 8, column (f) Schedule A, Part Ment Income 20 (line 10c, colu 2019 Schedule A, organization did stop here. The c e organization did and stop here.	divided by line 1 III, line 15 Percentage Imn (f) divided Part III, line 17 Inot check the borganization quad not check a bo The organizatio a box on line 14	by line 13, colum ix on line 14, and lifies as a publicly x on line 14 or lin n qualifies as a p	n (f))	16 17 18 nan 33 1/3%, ar ization	33 1/3%	and line	2020
15 16 Se 17 18 19a b	Public support percentage for 2020 (line Public support percentage from 2019 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 331/3% support tests—2020. If the more than 33 1/3%, check this box and 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization of the dule A (Form 990 or 990-EZ) 2020	me 8, column (f) Schedule A, Part ment Income 20 (line 10c, colu 1019 Schedule A, organization did 10 stop here. The ce organization did 10 and stop here. on did not check	divided by line 1 III, line 15 Percentage Imn (f) divided Part III, line 17 Inot check the borganization quad not check a bo The organizatio a box on line 14	by line 13, colum ix on line 14, and lifies as a publicly x on line 14 or lin n qualifies as a p	n (f))	16 17 18 nan 33 1/3%, ar ization	33 1/3%	and line	2020
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C	Did the organization ensure that all support to such organizations was used exclusively for section 1/ο(c)(2)(b) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<u> </u>	<u> </u>	
	, ,	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<u> </u>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a		
D	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b		
Ū	which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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.			
		10a		
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).	10b		
	Schedule A (Form 990		00-F7)	2020
		0. 55	, ,,	_0_0
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990 or 990-EZ) 2020		F	Page 5
Pai	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11a		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
	ection 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.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	_		
Se	ection C. Type II Supporting Organizations			
			Yes	No
-		1	1	1

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).							
Se	ction D. All Type III Supporting Organizations						
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		<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	plain in Part VI how the				
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization's investment policies.	tion's i	ncome or assets at all times	3			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported	u orga	nizations piayed in this regard.	3			
<u>Se</u> 1	ction E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	during the year (see instruct	ions):			
a	- , ,		. aag a				
b	The organization is the parent of each of its supported organizations. Complete	line :	B below.				
c	The organization supported a governmental entity. Describe in Part VI how yo	u supr	orted a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.						
-	Did substantially all of the organization's activities during the tax year directly further	the ev	ampt purposes of the		Yes	No	
u	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part V	'I identify those supported now the organization was				
	substantially all of its activities.		m/o invalvament and au mour	2a		<u> </u>	
D	Did the activities described in line 2a, above constitute activities that, but for the organ of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in the organization in the organization is a supported organization or the organization of the organizati	' expla	in in Part VI the reasons for				
,	organization's involvement.			2b			
3 a	 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, prograsupported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>			3b			
			Schedule A (Form 99		0-EZ)	2020	
	Page 6 ————						
Sched	dule A (Form 990 or 990-EZ) 2020				F	age 6	
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е		
	Section A - Adjusted Net Income		(A) Prior Year	(B) Curi		r	
1	Net short-term capital gain	1		\ 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) Curi (opti		Γ	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
	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	1				

e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year

- Page 7

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes	1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in 2	
Administrative expenses paid to accomplish exempt pu	rnoses of supported organization	ons 3	
	rposes of supported organization		
Amounts paid to acquire exempt-use assets		4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5	
Other distributions (describe in Part VI). See instruction	ons	6	
7 Total annual distributions. Add lines 1 through 6.		7	
B Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	
9 Distributable amount for 2020 from Section C, line 6		9	
LO Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions.			
Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
Applied to underdistributions of prior years			
h Applied to 2020 distributable amount i Carryover from 2015 not applied (see			
instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			

a Applied to underdistributions of prior years

10/31/24, 12:12 PM	Possibility Labs - Full Filing- Nonprofit	Explorer - ProPublica	
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2 If the amount is greater than zero, <i>explain in Pa</i> See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greathan zero, explain in Part VI . See instructions.	ater		
7 Excess distributions carryover to 2021. Add li 3j and 4c.	nes		
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			orm 990 or 990-EZ) (2020)
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, Part IV, Section D, lines 2 and 3; Part IV	ne explanations required by Part II, line 10; P 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec , Section E, lines 1c, 2a, 2b, 3a and 3b; Part Section E, lines 2, 5, and 6. Also complete th	ction B, lines 1 and 2; V, line 1; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Facts And Circumstances Test		
Return Reference	Explanatio	on	
,		Schedule A (Form 990 or 990-EZ) 2020
Additional Data			Return to Form

efile Public Visual Rende	r ObjectId: 2021331993493117	763 - Submission: 2021-11-15		TIN: 85-3989363
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)	► Attach	to Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury Internal Revenue Service	Go to www.irs	<u>.gov/Form990</u> for the latest infor	mation.	2020
Name of the organization			Employer i	l dentification number
POSSIBILITY LABS			85-3989363	3
Organization type (check	one):			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt ch	naritable trust not treated as a	private foundation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private	foundation		
	☐ 4947(a)(1) nonexempt ch	naritable trust treated as a priva	ate foundation	
	☐ 501(c)(3) taxable private	foundation		
under sections 509 received from any 990, Part VIII, line For an organization during the year, tot purposes, or for the purposes. For an organization during the year, co If this box is check purpose. Don't con religious, charitable Caution: An organization 990-EZ, or 990-PF), but it	n described in section 501(c)(3) file (a)(1) and 170(b)(1)(A)(vi), that come contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Come described in section 501(c)(7), (in all contributions of more than \$1,00 to prevention of cruelty to children and described in section 501(c)(7), (in the contributions exclusively for religious ed, enter here the total contribution plete any of the parts unless the enter, etc., contributions totaling \$5,00 that isn't covered by the General Figure 1, line 2, to certify that it doesn't in the contribution on Part IV, line 1, line 2, to certify that it doesn't in the contribution of the certification of the certification of the contribution of the certification of the cer	hecked Schedule A (Form 990 otal contributions of the greater mplete Parts I and II. 8), or (10) filing Form 990 or 98 00 exclusively for religious, choor animals. Complete Parts I, I 8), or (10) filing Form 990 or 98 s, charitable, etc., purposes, buns that were received during the General Rule applies to this of or more during the year. Rule and/or the Special Rules of 2, of its Form 990; or check the	or 990-EZ), Part II, line 13, r of (1) \$5,000 or (2) 2% of 90-EZ that received from an aritable, scientific, literary, on the second from an aritable. 90-EZ that received from an aritable are contributions to the year for an exclusively reganization because it received.	16a, or 16b, and that the amount on (i) Form by one contributor, or educational by one contributor, aled more than \$1,000. eligious, charitable, etc. eived nonexclusively rm 990,
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2020)
		—— Page 2 ————		
Oakadula D (Fair 1999 99	0 E7 -= 000 DE\ (0000\			D 2
Schedule B (Form 990, 99	u-⊏∠, 01 990-PF) (2020)			Page 2

Name of organization

Employer identification number

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		* DECEDIATE	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	☐ Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		_	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
	-	Ψ_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		φ.	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
	Page 3		
	(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org POSSIBILIT		Employer identificati	on number
		85-3989363	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

-			\$	
(a) No. from Part I	No. from Description of noneash 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
-			<u> </u>	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
	B (Form 990, 990-EZ, or 990-PF) (2020)	Page 4	Fmplover iden	Page 4
POSSIBILI			85-3989363	incation number
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) the total of exclusively religious, caructions.) \(\) \(\) \(\) \(\)	hrough (e) and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
-	Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to	o transferee
(a)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and 2	ZIP 4	Relationship of transferor to	transferee
(a)				

0/31/24, 12:12 P No. trom Part I	(b) Purpose of giπ	Possibility Labs - Full Filing- Nonprofit E (c) Use οτ gιπ	(a) Description of now gift is neighbor.
	Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
_		Sch	nedule B (Form 990, 990-EZ, or 990-PF) (202
Addition	al Data		Return to Form

Software ID: Software Version:

ObjectId: 202133199349311763 - Submission: 2021-11-15

TIN: 85-3989363

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

	tment of the Treasury		ach to Form 990	0.				n to Public
	al Revenue Service me of the organ	► Go to <u>www.irs.gov/Form990</u>	for instructions	a	nd the latest info		identification	spection
	SSIBILITY LABS	iizatioii				1		i ildilibei
D-		instituto Maintainia a Barras Adaire d	F d O.U.		C:!	85-398936		
Pa		izations Maintaining Donor Advised lete if the organization answered "Yes" or				or Accounts	5.	
	Comple	the organization unswered res or	(a) Donor ac			(b) Fu	ınds and other	accounts
1	Total number at	end of year						
2	Aggregate value	of contributions to (during year)						
3	Aggregate value	of grants from (during year)						
4	Aggregate value	at end of year						
5		ation inform all donors and donor advisors in property, subject to the organization's exclusiv					_	Yes No
6	charitable purpo	ation inform all grantees, donors, and donor a oses and not for the benefit of the donor or do '	onor advisor, or fo	or a	any other purpose of			Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes" or	ı Form 990, Par	rt]	[V, line 7.			1.03 - 1.10
1		onservation easements held by the organization						
	Preservation	on of land for public use (e.g., recreation or e	ducation)		Preservation of an	historically in	mportant land	area
	Protection	of natural habitat			Preservation of a	certified histo	ric structure	
		on of open space						
2		2a through 2d if the organization held a qualit	fied conservation	co	ntribution in the fo	rm of a conse	rvation	
		ne last day of the tax year.		-			d at the End	of the Year
а	Total number of	conservation easements				2a		
b	Total acreage re	estricted by conservation easements				2b		
С	Number of conse	ervation easements on a certified historic stru	cture included in	(a)	2c		
d		ervation easements included in (c) acquired a in the National Register	fter 7/25/06, and	d n	ot on a historic	2d		
3	Number of cons tax year ▶	servation easements modified, transferred, rel	eased, extinguish	nec	, or terminated by	the organizat	ion during the	
4	Number of state	es where property subject to conservation eas	ement is located	۰				
5	Does the organi and enforcemer	ization have a written policy regarding the per nt of the conservation easements it holds?	riodic monitoring,	, in	spection, handling	of violations,	☐ Yes	□ No
_	Staff and volunt	teer hours devoted to monitoring, inspecting,	handling of violat	tioi	ns and enforcing o	nnservation e		
6	▶	teel modes devoted to monitoring, inspecting,	manaming or violat		is, and emoreing e	onservation e	ascincins dan	ing the year
7	Amount of expe	enses incurred in monitoring, inspecting, hand	ling of violations,	, ar	nd enforcing conser	vation easem	ents during th	e year
8		servation easement reported on line 2(d) abov 0(h)(4)(B)(ii)?				70(h)(4)(B)(i)	□ No
9	balance sheet, a	scribe how the organization reports conservat and include, if applicable, the text of the footr n's accounting for conservation easements.						
Par	rt III Organi	izations Maintaining Collections of A				er Similar	Assets.	
		ete if the organization answered "Yes" or					ll !	-61
1a	historical treasu	ion elected, as permitted under FASB ASC 956 ures, or other similar assets held for public exl ext of the footnote to its financial statements t	hibition, education	n,	or research in furth			
b	historical treasu	ion elected, as permitted under FASB ASC 95t ures, or other similar assets held for public exl nts relating to these items:						
((i) Revenue includ	ded on Form 990, Part VIII, line 1				> \$		
(1	ii)Assets included	l in Form 990, Part X				🕨 \$		
2	If the organizat	ion received or held works of art, historical transfer required to be reported under FASB ASC 9	easures, or other	sir	nilar assets for fina		ovide the	
а	Revenue include	ed on Form 990, Part VIII, line 1				🕨 \$		
b	Assets included	in Form 990, Part X · · · · · · · · · ·				▶ \$,

Cat. No. 52283D

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

Schedule D (Form 990) 2020

	_		_
- 1	ノコ		,

Sche	dule D	(Form 990) 2020												Page 2
Parl	III	Organizations Ma	aintaining Col	lections o	of Art, Histor	ical Tre	easures	s, or (Other	Similar	Assets	(conti	nued)	
3		the organization's acquired (check all that apply):		, and other	records, check	any of tl	he follow	ing tha	it are a	significa	nt use of	its coll	ection	
a		Public exhibition			d		Loan or e	exchan	ge pro	grams				
b		Scholarly research			e		Other							
С		Preservation for future	generations											
4	Provid Part X	de a description of the GIII.	organization's coll	ections and	explain how th	ey furthe	er the org	ganizat	ion's e	xempt pu	rpose in			
5	During assets	g the year, did the orga s to be sold to raise fur	anization solicit or ads rather than to	receive doi be maintai	nations of art, h ned as part of t	istorical ne organ	treasure: ization's	s or ot collect	her sim	nilar 		Yes	□ N	0
Par	t IV	Escrow and Cust Complete if the orgline 21.			on Form 990	, Part I	V, line 9	, or r	eporte	d an am	ount on	Form	990, 1	Part X,
1a		organization an agent led on Form 990, Part)									. 🗆	Yes	□ N	0
b	If "Ye:	s," explain the arrange	ment in Part XIII	and comple	ete the following	table:					Amour	nt		_
С	Begini	ning balance							1c					_
d	Additi	ons during the year .							1d					_
е	Distrib	butions during the year	·						1e					
f	Ending	g balance							1f					_
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line 21, for	escrow	or custod	lial acc	ount li	ability? .	🗆	Yes	\square N	0
b		s," explain the arrange												
Pa	rt V	Endowment Fund	ds.		·									
		Complete if the org	ganization answ							Te 15 =1				
1a	Reginni	ing of year balance .		(a) Currer	nt year (b)	Prior year	(c)	Two yea	rs back	(d) Three	years bac	k (e) F	our yea	rs back
	_	outions												
		estment earnings, gair	s and losses											
		or scholarships	•											
		expenditures for facilities												
		ograms												
f.	Adminis	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated percei	ntage of the curre	ent year end	l balance (line 1	g, colum	nn (a)) he	eld as:						
а	Board	l designated or quasi-e	ndowment 🕨											
b	Perma	anent endowment 🕨												
С														
За		ercentages on lines 2a, nere endowment funds	•	•		t are he	ld and ad	lminict	orod fo	r tho				
Ja		ization by:	not in the posses	Sion or the t	organizacion cha	t are ne	iu aiiu au	1111111150	ereu ic	ii tile			Yes	No
	(i) Ur	related organizations									· • [3a(i)		
		elated organizations									[3a(ii)		
		s" on 3a(ii), are the rel	=		=				•		. [3b		
4		ibe in Part XIII the inte			n's endowment	runas.								
Par	t VI	Land, Buildings, Complete if the ord			" on Form 990	Part I	V line 1	1a S	ee For	m 990	Part X I	ine 10		
	Descri	ption of property	(a) Cost or oth (investme	er basis	(b) Cost or othe					depreciation			ok valu	e
1a	Land													
		gs												
		old improvements												
		nent												
	Other													

Part VII	Investments - Other Securities.)t T\ / !:.	11h	Coo Form 000 D	V	line 12
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book value	ie IID	(c) Metho Cost or end-of-	d of va	luation:
	al derivatives					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	nn (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, P	art IV, lir	ne 11c.	See Form 990, F	Part X	, line 13.
	(a) Description of investment	<u> </u>		(b) Book value	(c)	Method of valuation: or end-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	nn (b) must equal Form 990, Part X, col.(B) line 13.)		Þ			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	e 11d.	See Form 990, Part	X, lin	
(2)	(a) Description					(b) Book value
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	umn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities.	71 "		1160 =		
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	art IV, lin	e 11e	or 111.See Form S	990, F	Part X, line 25. (b) Book value

/31/24, 12:12 PM Possibility Labs - Fu	II Filing- Nonprofit Explorer -	ProPublica	
1) Federal income taxes			
2)			
3)			
4)			
5)			
6)			
(7)			
8)			
(9)			
'otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		>	21,682
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote			
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the text of the footnote I	•	
		Schedule D (Form 990) 2020
Page 4 —			
chedule D (Form 990) 2020			Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Pa		r Return.	
Total revenue, gains, and other support per audited financial statements .		1	380,000
Amounts included on line 1 but not on Form 990, Part VIII, line 12:			300,000
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	380,000
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	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	380,000
Part XII Reconciliation of Expenses per Audited Financial State		er Return.	
Complete if the organization answered 'Yes' on Form 990, Pa Total expenses and losses per audited financial statements	rt IV, line 12a.	1	140.07
Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:		1	149,07
	2a		
a Donated services and use of facilities	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	149,070
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	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	149,070
Part XIII Supplemental Information			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part	X, line 2; Part \overline{XI} ,
Return Reference	•	n	
RELUITI REFERENCE	Explanatio	11	

Additional Data

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Software ID: Software Version:

ObjectId: 202133199349311763 - Submission: 2021-11-15

TIN: 85-3989363 OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

2020

Department of the Treasury	Cor	nplete if the organiza	tion answe	ered "Yes" of I more than	on Form 990, Part IV, lines \$15,000 on Form 990-EZ, 990 or Form 990-EZ.	17, 18, or 1	9, or if the	Quen to Public
Internal Revenue Service		Go to www.	irs.gov/Fo	rm990 for i	nstructions and the latest i	nformation.	F	Inspection
Name of the organization POSSIBILITY LABS								ntification number
							85-3989363	
	_	•	_		answered "Yes" on F	orm 990,	Part IV, line 1	7.
		re not required to		·		11 46 - 4 -		
_	_	ion raised funds th	rough an	•	ollowing activities. Check		• • •	
a Mail solicitations				e	Solicitation of nor		-	
b Internet and em		ions		f	Solicitation of gov		grants	
c Phone solicitation				g	Special fundraising	g events		
d In-person solicita	ations							
or key employees lis	sted in Forr	m 990, Part VII) or	entity in	connectio	ridual (including officers n with professional fund	raising ser	vices?	es 🗆 No
b If "Yes," list the 10 l to be compensated	nighest pai at least \$5,	d individuals or ent ,000 by the organiz	ities (fun zation.	draisers)	pursuant to agreements	under wh	ich the fundraise	r is
(i) Name and address of i or entity (fundraise		(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				. ▶				
3 List all states in which licensing.	the organi	ization is registered	d or licens	sed to soli	cit contributions or has	been notifi	ed it is exempt f	rom registration or
For Paperwork Reduction A	ct Notice, s	ee the Instructions	for Form	990 or 990	D-EZ. Cat. No	. 50083H	Schedule G (Form 990 or 990-EZ) 2020
Schedule G (Form 990 or	990-EZ) 20)20		—— Pa	ge 2 —————			Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through	
		(event type)	(event type)	(total number)	col. (c))	
nue						
Revenue						
~						
	1 Gross receipts					
	2 Less: Contributions					
	3 Gross income (line 1 minus line 2)					
	4 Cash prizes					
es	5 Noncash prizes					
seus	6 Rent/facility costs					
ᇫ	7 Food and beverages 8 Entertainment					
Direct Expenses	9 Other direct expenses					
Ω	10 Direct expense summary. Add lines 4 tl	hrough 9 in column (d)				
	11 Net income summary. Subtract line 10					
Pai	Gaming. Complete if the organ on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000	
е	on roini 990-LZ, line da.		(b) Pull tabs/Instant		(d) Total gaming (add col.	
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))	
Rev	1 Gross revenue				_	
Ses	2 Cash prizes					
benses						
쬤	3 Noncash prizes					
Direct	4 Rent/facility costs					
ш	5 Other direct expenses		O M			
	6 Volunteer labor	☐ Yes <u>%</u>	Yes %	Yes%		
	l l	□ No	☐ No	□ No	_	
	7 Direct expense summary. Add lines 2 th	hrough 5 in column (d)		•		
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	<u> </u>		
9	Enter the state(s) in which the organization					
a b						
•						
10a	Were any of the organization's gaming lic					
b If "Yes," explain:						
				Schedule G (Form 990 or 990-EZ) 2020	

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Sche	dule G (Form 990 or 990-EZ) 2020				Page 3
11	Does the organization conduct ga	ning activities with nonmember	s?	· · □ Yes	□No
12	Is the organization a grantor, beneformed to administer charitable ga		member of a partnership or other entity	· · · □ Yes	
13	Indicate the percentage of gaming	activity conducted in:			_ 110
а	The organization's facility .		:	13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the orga	nization's gaming/special events books and reco	ords:	
	Name				
	Address				
15a	_	ract with a third party from who	om the organization receives gaming	· · □ Yes	□No
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization 🕨 \$ and the	_ 1es	_ 110
С	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information: Name Gaming manager compensation				
	Description of services provided	,			
	☐ Director/officer	Employee	☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under retain the state gaming license?		stributions from the gaming proceeds to	· · □ Yes	□No
b	Enter the amount of distributions in the organization's own exempt		uted to other exempt organizations or spent	U les	ONO
Par	t IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, columns (licable. Also provide any additional inform		
	Return Reference		Explanation		
		•	Schedule	e G (Form 990 or	990-EZ) 2020
Ac	ditional Data			Return	to Form

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TIN: 85-3989363OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

2020

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

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

Name of the organization POSSIBILITY LABS

Employer identification number

85-3989363

		03-3909303
Return Reference	Explanation	
Member election for additional members Part VI line 7a	THERE WERE NO MEMBER ELECTIONS	
Committee meeting documentation Part VI line 8b	THERE WERE NO COMMITTEE MEETINGS	
Form 990 governing body review Part VI line 11	THE GOVERNING BODY REVIEWS ALL FINANCIAL STATEMENTS	
Conflict of interest policy compliance Part VI line 12c	THERE IS A CONFLICT OF INTEREST POLICY	
CEO executive director top management comp Part VI line 15a	COMPENSATION IS REVIEWED	
Other officer or key employee compensation Part VI line 15b	ALL COMPENSATION IS REVIEWED	
Governing documents etc available to public Part VI line 19	DOCUMENTS MADE AVAILABLE UPON REQUEST	Sakadula O //Sam 000 az 000 E71 2020

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Schedule O (Form 990 or 990-EZ) 2020

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