CHANGE OF ACCOUNTING PERIOD

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Form **990** (2019)

1(1	(CIIIa	MOVE	alde Service		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
A	Fo	r th	e 2019 calendar year, or tax year beginning $$ JAN 1 , 2020 and er	nding J	<u>UN 30, 20</u>	<u>20 ₹</u>	<u> </u>	
В		eck if			D Employer ide	ntifica	tion number	
	app	licab	le					
[Addre chang						
[Name chanç			20-070	383	1	
[\neg	Initial return	District the second sec	oom/suite	E Telephone nur	nber		
Ī		Final return	DO BOX 209		(719)3		9657	
		termir ated			G Gross receipts \$		211,900.	
ſ	\neg	Amen return	ded ET PHODN NE 69022		H(a) Is this a grou	ıp retu		
Ī		Appli			for subordina		Yes X No	
_		pendi	SAME AS C ABOVE	`	H(b) Are all subordina		$\overline{}$	
ī	Та	x-ex	empt status X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	527	1 ''		t. (see instructions)	
i.			te: WWW.POSSIBILITIESAFRICA.ORG	<u>, </u>	H(c) Group exem			
			forganization: X Corporation Trust Association Other	L Year		_	itate of legal domicile: IL	
	Par		Summary					
		1	Briefly describe the organization's mission or most significant activities POSSI	BILIT	IES.AFRIC	A IS	5 A	
	ဦ	•	CHRIST-CENTERED MINISTRY CHAMPIONING HOLIS					
	Activities & Governance	2	Check this box if the organization discontinued its operations or dispose					
	<u>ĕ</u>	3	Number of voting members of the governing body (Part VI, line 1a)			3	9	
Ċ	5	4	Number of independent voting members of the governing body (Part VI, line 1.b)	R VUN	U 2820	4	9	
c	න් ග		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	0	
3	19	6	Total number of voluntoors (estimate if pages and			6	9	
1	<u> </u>		Total unrelated business revenue from Part VIII, column (C), line 12	Ogder	ր , Մ Մ	7a	0.	
4	₹		Net unrelated business taxable income from Form 990-T, line 39		· ·	7b	0.	
_	+		The difficulties business taxable mooning normal billions 1, into 66		Prior Year	-3	Current Year	
	_	8	Contributions and grants (Part VIII, line 1h)		428,78	8.	211,467.	
	Revenue		Program service revenue (Part VIII, line 2g)			0.	0.	
	i e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		64	-	433.	
ć	~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0	
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	429,43		211,900.	
_	\neg		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		295,00		224,247.	
			Benefits paid to or for members (Part IX, column (A), line 4)	-		0.	0.	
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		56,31		44,229.	
S	ועפ		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
5	Del		Total fundraising expenses (Part IX, column (D), line 25) 42, 566	6. 				
SCANNE	Ĭ .		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	••	49,32	0.1	30,916.	
Ē			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		400,63		299,392.	
m			Revenue less expenses Subtract line 18 from line 12		28,80		-87,492.	
	S S	13	Heveride iess expenses odstract line to normine 12	Red	ginning of Current Ye		End of Year	
○ §	Balances	20	Total assets (Part X, line 16)	50,	236,92		147,406.	
Ass.	<u>ख</u> (Total liabilities (Part X, line 26)		1,78		2,076.	
F	립 :		Net assets or fund balances Subtract line 21 from line 20		235,14	_	145,330.	
	ar		Signature Block		233711	•,	113/3301	
ം ∟	_	_	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the hest of	of my ki	nowledge and helief it is	
•		•	et, and complete. Declaration of preparer (other than officer) is based on all information of which			y	nomougo uno bonoi, it is	
- <u>u</u>	10, 0	01100	Som Wall	прорадот	inde diriy initeriousger			
Q;	ign		Signature of officer		Date			
			LOGAN WATLEY, TREASURER		11/1	3/2	0	
ri:	ere		Type or print name and title			- 10		
_			Print/Type preparer's name Preparer's signatur	D	ate Check		PTIN	
Ps	id		AMY SUGHROUE		1-13-2026 If sett-er		P01058335	
	epai		Firm's name FRANKEL ZACHARIA, LLC				7-0574775	
	e Oi		Firm's address 11404 WEST DODGE RD, SUITE 700		THIN S LIN	- -	<u>, , , , , , , , , , , , , , , , , , , </u>	
US	, UI	y	OMAHA, NE 68154-2576		Phone no.	л	2-496-9100	
_	.	hc !	RS discuss this return with the preparer shown above? (see instructions)		j riiolie iio.	4.	X Yes No	
M	av t	ne II	no discuss this return with the preparer shown above? (see instructions)				LALITES LINO	

Form	990 (2019) POSSIBILITIES AFRICA	20-0703831 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
•	TO MOBILIZE AND EQUIP CHRISTIANS TO BECOME AGENTS OF SPI	TRITUAL AND
	SOCIO-ECONOMIC TRANSFORMATION IN AFRICA.	
	SOCIO-ECONOMIC TRANSFORMATION IN AFRICA.	
		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🗶 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🗶 No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 78,487. including grants of \$ 78,487.) (Revenue	
	CHURCH LEADERSHIP - TRAIN AND EQUIP CHURCH LEADERS AND	
	SERVING IN LOCAL AFRICAN COMMUNITIES THROUGH SEMINARS,	
	MATERIALS, AND MENTORSHIP PROGRAMS. PA CONTINUES TO WORK	K THROUGHOUT
	COMMUNITIES IN KENYA, MALAWI, RWANDA AND TANZANIA.	
4b	(Code) (Expenses \$116,608. including grants of \$116,608.) (Revenue	
	ECONOMIC PROGRAMS - DEVELOP DAIRY FARMING, POULTRY FARMI	
	LIGHTING, COMMUNITY INITIATED FINANCIAL ASSOCIATIONS AND	OTHER ECONOMIC
	PROJECTS IN LOCAL COMMUNITIES THROUGHOUT AFRICA TO ALLEY	JIATE POVERTY
	AND TRAIN UNEMPLOYED ADULTS AND TEENS IN BUSINESS.	
		-
		· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ 29,152. including grants of \$ 29,152.) (Revenue	
	CHILDREN'S PROGRAMS - SPONSOR CHRISTIAN YOUTH EVENTS IN	
	ENCOURAGE AND TEACH LOCAL CHILDREN TO TRUST AND GROW IN	JESUS.
	ACTIVITIES ARE CENTERED AROUND SUPPORTING THE PASTOR LEA	ADERS TO MENTOR
	AND PROVIDE EDUCATION TO THEIR CHILDREN. PA ALSO TRAINS	
	WORKERS TO SUPPORT THE WORK OF THE PASTERS, AND IN SOME	
	PROVIDES MATERIAL SUPPORT LIKE BOOKS AND CONSTRUCTING OF	
	THE NUMBER OF CHILDREN UNDER MENTORSHIP AND EDUCATION CO	ONTINUE TO
	INCREASE EACH YEAR.	
4-1	Other program services (Describe on Schedule O)	
4d		V
	224 247	
4e	Total program service expenses 224, 247.	Form 990 (2019)
		Form 330 (2019)

20-0703831

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Part IV | Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
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		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	·	,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	x	
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	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II	21_	000	<u>X</u>
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Pa	rt IV Checklist of Required Schedules (continued)		1,,	τ
	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	+-	 ^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		X
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23	 	
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	╁
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40	1	\vdash
·	any tax-exempt bonds?	24c	1	
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+	\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	=	†	
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ł	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	===	1	\vdash
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ì	1
	Schedule L, Part I	25b	1	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		T	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1	1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			١
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u>.</u>
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	+	 ^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	+	 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	 	<u> </u>
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		1	t
			1	1

If "Yes," complete Schedule R, Part V, line 2

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

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

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this Part V

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a 0 1b 0 portable gaming

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Form **990** (2019)

Yes No

36

orm	990 (2019) POSSIBILITIES AFRICA 20-0703	831	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			!
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			لـــــا
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X

If "Yes," complete Form 4720, Schedule O

. Form 990 (2019) POSSIBII

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions		,-							
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	9								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u> </u>		<u>x</u>						
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	L	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	ļ	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1-0	<u>x</u>							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
		12b	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	x	ĺ						
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	14	X	-						
14	Did the organization have a written document retention and destruction policy?	14	 ^							
15	Did the process for determining compensation of the following persons include a review and approval by independent		ļ							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x							
	The organization's CEO, Executive Director, or top management official	15a	X	 						
a	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1.55	- <u></u> -	 						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
ioa	taxable entity during the year?	16a		X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ŀ								
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avaıl	able						
	for public inspection. Indicate how you made these available. Check all that apply									
	X Own website Another's website Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records			_						
	LOGAN WATLEY - 402-304-7913									
	PO BOX 209, ELKHORN, NE 68022									
			000	/2010\						

Form **990** (2019)

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

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

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

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

Check this box if neither the organic		orga I	anıza			mpe	nsaı	T"	(F)		
(A)	(B)			(C Pos		1		(D) Reportable	(E) Reportable	(F) Estimated	
Name and title	Average hours per	(do	(do not ch		t check more than one nless person is both an			compensation	compensation	amount of	
	week	offi	cer ar	id a d	irecto	or/trus	tee)	from	from related	other	
	(list any	į						the	organizations	compensation	
	hours for	를				eg G		organization	(W-2/1099-MISC)	from the	
	related	iee o	ustee			ensat		(W-2/1099-MISC)		organization	
	organizations	al frus	ag t		loyee	1 m 2 m				and related	
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DOUG REED	line) 40.00	<u> </u>	Ĕ	8	35.	훈등	&	<u> </u>		_	
(1) DOUG REED MINISTRY DIRECTOR	40.00	ł		х	l			39,000.	0.	0.	
(2) MERRELL MCILWAIN	5.00	╁				╁	\vdash	33,000.			
PRESIDENT	3.00	x		x	l			0.	0.	0.	
(3) JERRY SAFRANEK	1.00	 	-	 	\vdash	\vdash	\vdash		•		
VICE PRESIDENT		x		х	l			0.	0.	0.	
(4) MATTHEW JACOBSON	5.00	Ħ		Ħ		_	Т	· ··			
CHAIRMAN		Х		х			ł	0.	0.	0.	
(5) LOGAN WATLEY	3.00	Г									
TREASURER		X		Х				0.	0.	0.	
(6) DANIEL FRESE	1.00					П					
SECRETARY		Х		X				0.	0.	0.	
(7) MATT SHADA	5.00								_		
DIRECTOR		Х	L					0.	0.	0.	
(8) MARTIN SIMIYU	5.00										
DIRECTOR		Х						0.	0.	0.	
(9) TYSON GRIFFIN	1.00									•	
DIRECTOR		X	$ldsymbol{le}}}}}}$			Ц.		0.	0.	0.	
(10) DAVID WATSON	3.00					ĺ				•	
DIRECTOR		Х				<u> </u>		0.	0.	0.	
		\vdash				<u> </u>					
		H		\vdash	_	 					
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	_									Farm 990 (2010)	

932007 01-20-20

Form 990 (2019) POSSIBIL	ITIES A	FR:	I ÇZ	A		•			20-0	<u> 7038</u>	331	Page 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	/40	not a	Pos			•	Reportable	Reportable	.	Estir	nated
	hours per	box	, unle	ess pe	erson	than is bo	th an	compensation	compensation	on	amo	unt of
	week	offi	cer ar	id a d	lirecto	or/trus	stee)	from	from related	t l	ot	her
	(list any	ġ						the	organization	ıs	compe	ensation
	hours for	l a				<u>s</u>		organization	(W-2/1099-MI	SC)	fror	n the
	related	te	ustee			asat		(W-2/1099-MISC)			organ	iization
	organizations	T S	la tr		oyee	₽́					and r	elated
	below	Individual trustee or director	Institutional trustee	5	Key employee	loye	朣				organi	zations
	line)	ğ	眶	Officer	Key	Highest compensate employee	Former	ļ				
		-										
					-			-				
		-	_	_		-	-					
	 			 			H					
				ļ				<u> </u>				
	}	1			ŀ							
						Г						
	<u> </u>			┢	-	-	┢					
		-					ĺ					
1b Subtotal				<u>. </u>		<u>. </u>	▶	39,000.		0.		0
c Total from continuation sheets to Part V	II. Section A						•	0.		0.		0
d Total (add lines 1b and 1c)	.,,						•	39,000.		0.		0
2 Total number of individuals (including but	not limited to th	nnse	liste	ed a	hov	e) w	ho r		0.000 of reportab	le		
compensation from the organization	not innited to the	.000		.		o,						
		•									Y	es No
3 Did the organization list any former officer	director, trust	ee, l	ev e	emp	loye	e, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for			•	•	•		•		·	ľ	3	X
4 For any individual listed on line 1a, is the s			nmn	ensa	ation	n and	d ot	her compensation from	the organization	Ī		
and related organizations greater than \$15									and digameaners	ľ	4	X
									idual for services	<u> </u>	 -	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							Ciai	ted organization or indiv	idual for services	' ·	5	$ {x}$
Section B. Independent Contractors	ripiete Scriedui	e J /	UI S	ucn	pers	5011					<u> </u>	
1 Complete this table for your five highest co										npensa	ation fro	m
the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>rithir</u>		year			
(A)				_				(B)		0.	(C)	_4
Name and business	s address	N	INC	<u> </u>			\dashv	Description of s	ervices		ompens	ation
				-			\exists					
							\dashv				·	
						_					_	_
							\dashv					
					••			d - k \				
 Total number of independent contractors (\$100,000 of compensation from the organ 		ot lii	mite	d to		se li: O	stec	above) who received in	iore than			
\$100,000 or our periodical from the organ						-		<u> </u>		F	orm 9 9	0 (2019

Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenuè excluded Related or exempt Total revenue from tax under function revenue lbusiness revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 211,467 1f similar amounts not included above 10,401 g Noncash contributions included in lines 1a-1f 211,467. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 433 433. Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses \blacktriangleright c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue Total. Add lines 11a-11d

12 932009 01-20-20 433.

211,900

0.

0.

Total revenue. See instructions

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses` Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 224,247 224,247 individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 41,589. 2,589. 39,000. Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,640. 226. 2,414. 10 Payroll taxes Fees for services (nonemployees) Management **b** Legal 833. 833. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,102. 2,081. 21. Office expenses 13 6,113. 6,113. Information technology 14 15 Royalties 16 Occupancy 19,433. 19,074. 359. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,120. 1,120. DUES AND SUBSCRIPTIONS TELEPHONE 693. 543. 150. PRINTING & POSTAGE 582. <u>582.</u> 40. 40. d BANK CHARGES e All other expenses 42,566. 299,392. 224,247. 32,579. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

Form	n 990 (2019) POSSIBILITIES AFRICA	20-0	703831	Pag	ge 12					
	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
			21:		^^					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.					
2	Total expenses (must equal Part IX, column (A), line 25)	2			92. 92.					
3	Revenue less expenses Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5										
6	Donated services and use of facilities	_6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	14	145,330						
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_	<u> </u>							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	L					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both		1 1							
	Separate basis Consolidated basis Both consolidated and separate basis				اجيا					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,								
	consolidated basis, or both		1 1							
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	t							
	Act and OMB Circular A-133?		3a		Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audı	t							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь							

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization POSSIBILITIES AFRICA 20-0703831 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (a) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	Section A. Public Support									
Cale	ndar year (or fiscal year beginning ın)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants ")	234,673.	484,081.	376,662.	428,788.	211,467.	1735671.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to			:						
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to			!						
	the organization without charge		10.	0 = 6 - 6 - 0	100 700	044 465	4505654			
	Total. Add lines 1 through 3	234,673.	484,081.	376,662.	428,788.	211,467.	1735671.			
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,				ŀ					
	column (f)						341,847.			
	Public support. Subtract line 5 from line 4						1393824.			
	ction B. Total Support		··· ·· ··		ı	- · · ·	·			
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	234,673.	484,081.	376,662.	428,788.	211,467.	1735671.			
8	Gross income from interest,									
	dividends, payments received on	1								
	securities loans, rents, royalties,			1 215	649.	422	2 207			
	and income from similar sources			1,215.	049.	433.	2,297.			
9	Net income from unrelated business	ļ								
	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)						1737968.			
	Total support. Add lines 7 through 10			r	· -	40	1737300.			
	Gross receipts from related activities,			-1		12				
13	First five years. If the Form 990 is for		s first, second, thir	a, tourth, or titth ta	ax year as a section	n 501(c)(3)	\sim			
Sec	organization, check this box and store ction C. Computation of Publ	ic Support Pe	rcentage		··········					
	Public support percentage for 2019 (I			column (fl)		14	80.20 %			
	Public support percentage from 2018			, Old 1111 (1 <i>)</i>		15	79.36 %			
	33 1/3% support test - 2019. If the c			n line 13, and line	ו 14 ıs 33 1/3% or π					
	stop here. The organization qualifies	-				,	ightharpoons			
b	33 1/3% support test - 2018. If the c				line 15 is 33 1/3%	or more, check th				
	and stop here. The organization qual	•				•				
17a	10% -facts-and-circumstances test	•			e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"					3				
ь	10% -facts-and-circumstances test					7a, and line 15 is	10% or			
~	more, and if the organization meets th									
	organization meets the "facts-and-circ									
18	Private foundation. If the organization						s •			
			-			dule A (Form 990				

Schedule A (Form 990 or 990-EZ) 2019 POSSIBILITIES AFRICA Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support			_			
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						/ _
	membership fees received (Do not					1	/
	include any "unusual grants ")				_		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					/	<u> </u>
3	Gross receipts from activities that					/	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					<i>i</i>	
	ızatıon's benefit and either paid to					/	
	or expended on its behalf					/	
5	The value of services or facilities				/	ľ	
	furnished by a governmental unit to	1					
	the organization without charge				/		
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and				/		
	3 received from disqualified persons				/		
	no Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			
	c Add lines 7a and 7b			,	<u> </u>		
	Public support. (Subtract line 7c from line 6.)			/			
	ction B. Total Support		·	/			<u></u>
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) =	1-7			, ,	
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/				
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		/				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		/	-			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ić Support Pe	rcentage				
15	Public support percentage for 2019/	ine 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ai						▶□
t	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						▶Щ
20	Private foundation If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl			
9320	23 09-25-19				Sch	edule A (Form 990	or 990-E Z) 2019

Part IV Supporting Organizations

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

Section A. All Suppo	orting Organizations
----------------------	----------------------

Sec	tion A. All Supporting Organizations		I	T
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
		1		
_	class or purpose, describe the designation. If historic and continuing relationship, explain		 	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
•	organization was described in section 509(a)(1) or (2)	-	 	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	- -		
	(b) and (c) below	3a		ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	- -		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	 -		
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		_
ь				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		 -
С				,
	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 (b) and (c) 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		<u> </u>
b	11 0 1			
	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			لـــــا
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			
	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]		
	ın 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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

10b

determine whether the organization had excess business holdings)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		"
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		·	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	,	
7	Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting org	janization (see
	inctrictions)			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	<u> </u>
Secti	ion D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admı	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	ints paid to acquire exempt-use assets	· ·		
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI) See instructions	<u></u>		
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI) See instructions			
9	Distrib	outable amount for 2019 from Section C, line 6	·		
10	Line 8	amount divided by line 9 amount			
Secti	ion E -	Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6	#. 		
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able o	cause required- explain in Part VI) See instructions	· · · · · ·		
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
	From				
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
ŧ	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder Subtract lines 3g, 3h, and 3i from 3f			
4	Distrib	outions for 2019 from Section D,			
	line 7	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С		inder Subtract lines 4a and 4b from 4			
5	Rema	ining underdistributions for years prior to 2019, if			
	•	Subtract lines 3g and 4a from line 2 For result greater			
	than a	zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2019 Subtract lines 3h			
	and 4	b from line 1 For result greater than zero, explain in			
		/I See instructions			
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	<u>c</u>	 · · · · · · · · · · · · · · · · ·	 	
8	Break	down of line 7		~~~	!
а	Exces	s from 2015			
b	Exces	s from 2016		****	
С	Exces	s from 2017	····		
d	Exces	s from 2018			
_	Evaca	c from 2010]

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

POSSIBILITIES A	FRICA			20-07038	31
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part IV	/, line 14b				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance or	utside the
United States					
3 Activities per Region (T	he following Parl		an be duplicated if additional space is		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	1	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	ın the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION	N/A	224,247.
					<u> </u>
					·
3 a Subtotal	0	0			224,247.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			224,247.

932071 10-12-19

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

Page 2

POSSIBILITIES AFRICA

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(e) Amount (f) Manner of of cash grant cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RELIGIOUS PURPOSES	224, 247.WIRE	WIRE	.0	0.N/A	PMV
								•
							•	
				•				
·							·	
	of recipient organization inch the grantee or cor	Enter total number of recipient organizations listed above that are by the IRS, or for which the grantee or counsel has provided a sec	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, er	recognized as tax-e:	empt		, [
3 Enter total number of	Enter total number of other organizations or entities	or entities				4		

Schedule F (Form 990) 2019

27

20-0703831

Page 3

POSSIBILITIES AFRICA

Schedule F (Form 990) 2019 P(

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2019

Par	Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes 🛣 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes X No

Schedule F (Form 990) 2019

Page 5

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART	т	LINE	2.
PARI	т.	TITIE	4:

POSSIBILITIES AFRICA (HEREAFTER PA) REQUIRES ALL GRANTEES TO PREPARE A
PRE-GRANT INQUIRY APPLICATION TO PROVIDE DETAILED INFORMATION ABOUT THE
GRANTEE'S LEGAL STATUS, ITS OPERATIONS/STAFF, AND THE PURPOSES OF THE
PROPOSED GRANT PROJECT. THE PARTIES THEN ENTER INTO AN INTERNATIONAL
GRANT AGREEMENT TO GOVERN THE USE OF THE GRANT FUNDS BY THE GRANTEE. THE
AGREEMENT REQUIRES GRANTEE TO MAINTAIN THE FUNDS IN A SEGREGATED ACCOUNT
AND SETS FORTH SPECIFIED PROJECTS TO BE CONDUCTED IN ACCORDANCE WITH THE
AGREEMENT. FOLLOWING EXECUTION OF THE AGREEMENT, THE GRANTEE SUBMITS A
PROPOSED BUDGET FOR THE GRANT PROJECT FOR THE YEAR WHICH IS REVIEWED AND
APPROVED BY THE PA BOARD. THE GRANTEE IS THEN REQUIRED TO SUBMIT REGULAR
FINANCIAL AND PROGRAM REPORTING (QUARTERLY AND ANNUAL) WITH PHOTOS TO PA
FOR BOARD REVIEW. PA THEN CONDUCTS YEARLY SITE VISITS TO MONITOR THE
PROGRESS AND USE OF THE GRANT FUNDS BY GRANTEE, AND ALSO CONTINUALLY
REVIEWS AND RESEARCHES GRANTEE ORGANIZATIONS IN ACCORDANCE WITH
ANTI-TERRORISM RECOMMENDATIONS BY THE US TREASURY.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

" POSSIBILITIES AFRICA

Employer identification number 20-0703831

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGHOUT RURAL COMMUNITIES IN AFRICA. POSSIBILITIES AFRICA PROVIDES
HOPE AND EMPOWERMENT TO FAMILIES AND COMMUNITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO THE BOARD FOR THEIR REVIEW PRIOR TO FILING.
AFTER ADDRESSING ANY QUESTIONS/COMMENTS FROM THE BOARD, THE RETURN IS
FINALIZED AND FILED WITH THE IRS.
TODY OOG DADE UT GEGETON D. LEVE 100
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REGULARLY REVIEWS ANY REPORTED CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS DETERMINED BY THE BOARD THROUGH A REVIEW OF COMPARABLE DATA
AND JOB DUTIES.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NEITHER THE OVERSIGHT PROCESS OF THE COMPILATION NOR THE SELECTION
PROCESS OF THE COMPILATION FIRM CHANGED DURING THE YEAR.

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

Schedule O (Form 990 or 990-EZ) (2019)