BORLAND BENEFIELD, P.C. 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209

> ALABAMA POSSIBLE P.O. BOX 55058 BIRMINGHAM, AL 35255

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CLIENT'S COPY

CLIENT: 11084 SEPTEMBER 7, 2021

ALABAMA POSSIBLE P.O. BOX 55058 BIRMINGHAM, AL 35255

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2020 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT SCHEDULE O, SUPPLEMENTAL INFORMATION FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	ALABAMA POSSIBLE P.O. BOX 55058 BIRMINGHAM, AL 35255
Prepared by	BORLAND BENEFIELD, P.C. 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

	IRS e-file Signature Authorization		OMB No. 1545-0047
orm 8879-EO	for an Exempt Organization		
	For calendar year 2020, or fiscal year beginning, 2020, and ending	, 20	2020
epartment of the Treasury Iternal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		
ame of exempt organization		Taxpayer id	lentification number
LABAMA POSSIBLE		58-2074	080
ame and title of officer or pe ENDI BOYEN	rson subject to tax		
OARD CHAIR			
	Return and Return Information (Whole Dollars Only)		
heck the box on line 1a, lank, then leave line 1b, 2	Irn for which you are using this Form 8879-EO and enter the applicable amount, if a 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being file 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you e applicable line below. Do not complete more than one line in Part I.	d with this form w	as
a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	520,037.
a Form 990-EZ check h			
a Form 1120-POL chec	k here 🕨 🔟 b Total tax (Form 1120-POL, line 22)	3b	
a Form 990-PF check h			
Form 8868 check here			
a Form 990-T check he			
a Form 4720 check here Part II Declarat	tion and Signature Authorization of Officer or Person Subject t		
	, I declare that \boxed{X} I am an officer of the above organization or $$ I am a perso		vith respect to
name of organization)	, (EIN)	-	-
dentification number (PIN IN: check one box only	ecessary to answer inquiries and resolve issues related to the payment. I have select) as my signature for the electronic return and, if applicable, the consent to electror	nic funds withdray	wal.
X I authorize BOR	LAND BENEFIELD, P.C.	to enter my	PIN 11111
	ERO firm name		Enter five numbers, bu do not enter all zeros
a state agency(i PIN on the retur As an officer or electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return es) regulating charities as part of the IRS Fed/State program, I also authorize the af n's disclosure consent screen. person subject to tax with respect to the organization, I will enter my PIN as my sig ed return. If I have indicated within this return that a copy of the return is being filed ises as part of the IRS Fed/State program, I will enter my PIN on the return's disclos	nature on the tax with a state ager	RO to enter my year 2020 ncy(ies)
ignature of officer or person subje	ect to tax	Date	•
	tion and Authentication		
-	our six-digit electronic filing identification (your five-digit self-selected PIN 63047721243		
IUTIDET (EFIN) TOBOWED Dy	y your five-digit self-selected PIN. 63047721243 Do not enter all 2	zeros	
•	meric entry is my PIN, which is my signature on the 2020 electronically filed return i eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Ir	ndicated above. I	
RO's signature 🕨 BORLAN	D BENEFIELD, P.C. Date ►	09/07/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To	o Do So	
HA For Paperwork Rec	luction Act Notice, see instructions.		Form 8879-EO (2020)
			、
023051 11-03-20			

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see in	nstructions.		Taxpaye	ridentificat	ion number (TIN)
print	ALABAMA POSSIBLE					4080
File by the due date filing your	Number, street, and room or suite no. If a P.O. b	ox, see instruc	tions.			
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35255						
Enter th	e Return Code for the return that this application is for	or (file a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	KRISTINA SCOTT					
	books are in the care of 🕨 PO BOX 55058 - BIR	MINGHAM, AL	35255			
Tele	bhone No. 256-939-1408		Fax No. 🕨			
• If the	e organization does not have an office or place of bus	iness in the Ur	nited States, check this box			🕨 📖
• If thi	s is for a Group Return, enter the organization's four o		emption Number (GEN)	If this is fo	r the whole	e group, check this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs o	f all memb	ers the ext	ension is for.
	request an automatic 6-month extension of time until			e the exen	npt organiz	ation return for
	e organization named above. The extension is for the	e organization's	s return for:			
	▶ X calendar year 2020 or					
	tax year beginning	, an	d ending		·	
2 If	the tax year entered in line 1 is for less than 12 mont Change in accounting period	hs, check reas	on: L Initial return	Final retur	'n	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4	1720, or 6069,	enter the tentative tax, less			
<u>a</u>	ny nonrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or	6069, enter an	y refundable credits and			
e	stimated tax payments made. Include any prior year o	overpayment a	llowed as a credit.	3b	\$	0.
с В	alance due. Subtract line 3b from line 3a. Include yo	ur payment wit	h this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System)	. See instructio	ons.	3c	\$	0.
Cautio instruct	 If you are going to make an electronic funds withdr ions. 	awal (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 88	379-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act No	tice, see instru	uctions.		Form	8868 (Rev. 1-2020)

Form 990

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



546,580.

23 23

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23,985. 852. 33,806. 520,037. Ο. Ο. 295,320.

0.

327, 713.

Depa Interr	rtment of al Reveni	the Treasury ue Service	 Go to www.irs.gov/Form990 for instructions and 	d the latest	information.	Inspection
AF	or the	2020 calend		ending	_	•
B c	heck if pplicable:	C Name o	forganization		D Employer identifi	ication number
	Address	ALABAM	A POSSIBLE			
X	Name change	Doing b	usiness as		58-2074080	
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/	P.O. B	OX 55058		205-939-1408	}
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	546,580
	Amende	BIRMIN	GHAM, AL 35255		H(a) Is this a group r	eturn
	Applica	F Name a	nd address of principal officer:WENDI BOYEN		for subordinates	s? Yes X No
	pending	SAME AS	C ABOVE		H(b) Are all subordinates i	included? Yes No
11	ax-exe	mpt status:	<u>x</u> 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	a list. See instructions
J١	Vebsite	e: 🕨 WWW.AL	ABAMAPOSSIBLE.ORG		H(c) Group exemption	on number 🕨
KF	orm of o	organization: [x Corporation Trust Association Other ►	L Year	of formation: 1993	V State of legal domicile: AL
Pa	art I	Summary				
0	1 E	Briefly describ	e the organization's mission or most significant activities: TO PRO	VIDE LEAI	DERSHIP IN POVERTY	Y
Governance	E	DUCATION	THAT RESULTS IN THE ELIMINATION OF POVERTY.			
rna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net a	ssets.
ove	3 N	Number of vo		23		
Activities & Go	4 N	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			23
			of individuals employed in calendar year 2020 (Part V, line 2a)			10
			of volunteers (estimate if necessary)			
			d business revenue from Part VIII, column (C), line 12			0
~	b١	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0
					Prior Year	Current Year
Ð	8 0	Contributions	and grants (Part VIII, line 1h)		518,968.	461,394
Revenue	9 F	Program servi	ce revenue (Part VIII, line 2g)		63,861.	23,985
ě	10 li	nvestment in	come (Part VIII, column (A), lines 3, 4, and 7d)		1,064.	852
Π.	11 0	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,529.	33,806
	12 T	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		609,422.	520,037
	13 0	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0
	14 E	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)		300,345.	295,320
nse	16 a F	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0
Expenses				,391.		
Ш	17 0	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		235,359.	266,716
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		535,704.	562,036
			expenses. Subtract line 18 from line 12		73,718.	-41,999
s or ces					ginning of Current Year	End of Year
Net Assets or - -und Balances	20 T	Total assets (I	Part X, line 16)		369,712.	377,413
t As id B	21 T	Total liabilities	(Part X, line 26)		0.	49,700
Ne	22	let assets or	fund balances. Subtract line 21 from line 20		369,712.	327,713

Part II | Signature Block

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

Sign	Signature of officer			Date				
Here	WENDI BOYEN, BOARD CHAIR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JEFFREY D. CHANDLER	JEFFREY D. CHANDLER	09/07/21	self-employed P00764759				
Preparer	Firm's name BORLAND BENEFIELD , P.C.			Firm's EIN 🕨 63-0721243				
Use Only	Firm's address 💊 800 SHADES CREEK PKWY, S	TE 875						
	BIRMINGHAM, AL 35209	Phone no.205-802-7212						
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	S2001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

Pa	990 (2020) ALABAMA POSSIBLE t III Statement of Program Service Accomplishments	58-207408) Page
	Check if Schedule O contains a response or note to any line in this Part III		2
1	Briefly describe the organization's mission:		L
•	TO PARTNER WITH HIGHER-EDUCATION AND FAITH-BASED ORGANIZATIONS TO		
	STRENGTHEN AWARENESS ABOUT POVERTY AND ITS CAUSES WHILE ADVOCATING FOR		
	FACT-BASED POLICY DECISIONS STATEWIDE.		
2	Did the organization undertake any significant program services during the year which were not listed on the	e	
	prior Form 990 or 990-EZ?		Yes X
	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 service	es?	Yes X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total e	xpenses, and
4	revenue, if any, for each program service reported.	•	24,834
4a	(Code:)(Expenses \$118,511. including grants of \$)(Re RESEARCH. ALABAMA POSSIBLE'S PROGRAMS AND ADVOCACY WORK ARE	evenue \$	24,034
	DATA-DRIVEN, AND ALABAMA POSSIBLE COMPILES AND SUMMARIZES ITS RESEARCH		
	ON AN ANNUAL BASIS THROUGH THE POVERTY DATA SHEET, A COMPREHENSIVE		
	GRAPHIC RESOURCE THAT HIGHLIGHTS STATEWIDE POVERTY RATES.		
	ENGAGED LEARNING. ALABAMA POSSIBLE PROMOTES ENGAGED LEARNING THAT		
	COMBINES CLASSROOM INSTRUCTION WITH THOUGHTFUL COMMUNITY AND CIVIC		
	ENGAGEMENT. ALABAMA POSSIBLE'S 20-MEMBER HIGHER EDUCATION ALLIANCE		
	FACILITATES THIS WORK AND IDENTIFIES INNOVATIVE APPROACHES TO TEACHING		
	AND LEARNING. IT ALSO PROMOTES RELATIONSHIP-BUILDING BETWEEN THESE		
	PARTNERS THROUGH STATEWIDE PROFESSIONAL DEVELOPMENT WORKSHOPS.		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4d	Other program services (Describe on Schedule Q.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e)
4e	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (20

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			x
7	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		x
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	ts reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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? <i>If "Yes,"</i>			v
~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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 1? If "Yes," complete Schedule I, Parts I and II	21		x
02000			990	(2020)
032000	3 12-23-20			(-U-U)

ALABAMA POSSIBLE

Form 990 (2020)

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4 2020.04020 ALABAMA POSSIBLE 58-2074080

Page 3

	990 (2020) ALABAMA POSSIBLE 58-207408 t IV Checklist of Required Schedules (continued) 58-207408	-		°aç
1 41			Yes	Т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			t
	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			Ι
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			I
	Schedule J	23		I
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Ī
	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		
b	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			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
-04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		-
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	School via L. Davit L	054		
06	Schedule L, Part I	25b		-
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		-
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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			
	"Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	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		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		-
	sections 301.7701-2 and 301.7701-3? 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	- 55		
94		04		
	Part V, line 1			-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		-
87	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		
88	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	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	4
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	Form	990 (2020) ALABAMA POSSIBLE 58-2074080		Р	age 5
ge Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of line 2a, did the organization may be required to 4-file (see instructions) 3a X at Aray time during the calendary exar did the organization have an interest in, or a signification or 3cheduko O ver, a financial accounts (FBAP), 5a X b If Yes, "inset the name of the foreign country. All if the organization is the foreign country. 4a X b If Yes, "inset the name of the organization that in twas or is a party to a prohibited tax shele: X 5c X b Dase the organization aperty to organization that the vasice of the organization and the organization in the results of the organization and the organization aperty from 88617 5c X b If Yes, "indication an exarger statement that such contributions or gifts we not tax deductible? 5c X b Does the organization aperty from 88617 5c X b If Yes, "indit the organization inee mornally grea	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form	990 (2020) ALABAMA POSSIBLE		58-2074080		P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7	b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See in	structions.			
	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	1a	23			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with ar	ny other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
	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 9	90 was	filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 ap					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the f	ollowing:			
а	The governing body?			8a	х	
	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 rea	ched at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	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 arranger					
-	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17		1 000 7) t	A	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-i	(Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website I Upon request Other (explain		,	a. e.		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	DITILICT OF	interest policy, an	ia finar	ICIAI	
00	statements available to the public during the tax year.	alia - '				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	KRISTINA SCOTT - 256-939-1408 PO BOX 55058, BIRMINGHAM, AL 35255					
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Form 990 (2			Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's	tax vear

to be listed. hepoint c ar year enuing with or within the • 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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)	•		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per					than is bot		compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			en sa		(W-2/1099-MISC)		organization
	organizations	al trus	inal tr		loyee	e				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnc	lns	E.	Ke	≞, E	Б			
(1) KRISTINA SCOTT	40.00							74 750	0	10 776
EXECUTIVE DIRECTOR	40.00			x				74,752.	0.	12,776.
(2) CHANDRA SCOTT	40.00							17 (0)	0	0
EXECUTIVE DIRECTOR	1.00			X				17,692.	0.	0.
(3) DR. EDWARD WILSON	1.00									
CHAIR	1.00	X		X				0.	0.	0.
(4) VIRGINIA PATTERSON	1.00									
VICE CHAIR	1 00	X		x				0.	0.	0.
(5) LAUREL HITCHCOCK	1.00								0	0
SECRETARY (6) WENDI BOYEN	1 00	X		X				0.	0.	0.
	1.00	x							0	0
TREASURER (7) KENT ANDERSEN	1 00	^		X				0.	0.	0.
(7) KENT ANDERSEN DIRECTOR	1.00	x						0.	0.	0
(8) CHRISTIAN BECRAFT	1.00	^						U.	υ.	0.
DIRECTOR	1.00	x						0.	0.	0
(9) TOMMY BICE	1.00	^						U.	υ.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) STACEY TORCH	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(11) LIBBA VAUGHAN	1.00							· · ·	•••	
DIRECTOR	1.00	x						0.	0.	0.
(12) RALPH FOSTER	1.00							`		
DIRECTOR		x						0.	0.	0.
(13) HOUSTON SMITH	1.00								-	
DIRECTOR		x						0.	0.	0.
(14) SHERIE GRACE	1.00									
DIRECTOR		x						0.	0.	٥.
(15) NATALIE BOLLING	1.00									
DIRECTOR		x						0.	0.	0.
(16) KRYSTEN HOLLOWAY	1.00									
DIRECTOR		x						0.	0.	0.
(17) SAM PARKER	1.00									
DIRECTOR		х						٥.	0.	0.
032007 12-23-20						0				Form 990 (2020)

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Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos check	more erson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	ipensa rom th janizat d relat anizati	e tion ted
(18) JEAN SHANKS DIRECTOR	1.00	x						0.		0.			
(19) RON HOUSTON	1.00	^						0.		0.			0.
DIRECTOR		x						0.		Ο.			٥.
(20) JIM SPEARMAN	1.00												
DIRECTOR		X						0.		0.			0.
(21) NICOLE HAMPTON DIRECTOR	1.00	x						0.		Ο.			0.
(22) ARCHIE TUCKER	1.00									•.			••
DIRECTOR		x						0.		Ο.			Ο.
(23) CHARLIE TAYLOR	1.00												
DIRECTOR		X						0.		0.			0.
1b Subtotal								92,444.		0.		12	,776.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								92,444.		0.		12	,776.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportabl	е			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, trust	ee, l	key	emp	loye	e, o	r hig	phest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for											3		х
4 For any individual listed on line 1a, is the s											4		x
and related organizations greater than \$15 5 Did any person listed on line 1a receive or											4		~
rendered to the organization? If "Yes," cor	•							v			5		x
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation	from	
the organization. Report compensation for (A)	the calendar y	ear	end	ing v	with	or w	rithir I	n the organization's tax (B)	year.			C)	
Name and busines	s address	NO	NE					Description of s	ervices	С		nsatio	n
							_						
							_						
							_						
2 Total number of independent contractors \$100,000 of compensation from the organ	Ũ	not li	mite	ed to		se li: 0	stec	d above) who received n	nore than				
						-					Form	990 (2020)

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	t VIÌ	2020) ALAB	evenu	Je						
		Check if Schedule O	contai	ins a resp	onse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue exclud from tax unde
								function revenue	business revenue	sections 512 - 3
2	1.0	Federated campaigns		1a						
		Membership dues								
2		Fundraising events								
	d	Related organizations		1d						
	е	Government grants (conti	ributio	ns) 1e		15,000.				
2	f	All other contributions, gifts,	grants	, and						
		similar amounts not included	l above	. 1f		446,394.				
2	g	Noncash contributions included in	n lines 1a	a-1f 1g	\$					
	-	Total. Add lines 1a-1f					461,394.			
						Business Code	•			
	2 a	CONFERENCE INCOME				900099	22,985.	22,985.		
	_	PROGRAM INCOME - PO				900099	1,000.	1,000.		
2	b	FROGRAM INCOME - FO	VER			300033	1,000.	1,000.		
	c									
	d					<u> </u>				
	е									
		All other program service								
	g	Total. Add lines 2a-2f				🕨	23,985.			
	3	Investment income (inclue	ding d	ividends,	inter	est, and				
		other similar amounts)				►	852.			8
	4	Income from investment of								
	5	Royalties								
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	.,						
			6b							
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss	³⁾							
	7 a	Gross amount from sales of	-	(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	С	Gain or (loss)	7c							
	d	Net gain or (loss)				►				
		Gross income from fundraisi								
		including \$		-						
		contributions reported on								
		•		,	8a	59,500.				
	Ŀ.	Part IV, line 18			8b	<u> </u>				
		Less: direct expenses					20 057			30.0
		Net income or (loss) from		-		🕨	32,957.			32,9
	9 а	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses				· · · · · · · · · · · · · · · · · · ·				
	С	Net income or (loss) from	gamir	ng activitie	es <u>.</u>	🕨				
	10 a	Gross sales of inventory,	less re	eturns						
		and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
T		, ,			,	Business Code				
	11 a	OTHER INCOME				900099	849.	849.		
	b						•	•		
1	C In					<u>├</u> ───┤				
		All other revenue					0.4.0			
		Total. Add lines 11a 11d					849.			
	12	Total revenue. See instruction	าทร				520,037.	24,834.	0.	33,8

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 respons		-	,	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	скрепаеа
•	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				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4					
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	92,512.	53,738.	9,251.	29,523.
6	Compensation not included above to disqualified	52,512.	55,750.	5,231.	29,523.
6	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	169,595.	118,068.	6,031.	45 496
7	Other salaries and wages	T02,020.	110,000.	0,031.	45,496.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	14,613.	0 570	852.	1 100
9	Other employee benefits		9,579.	-	4,182.
10	Payroll taxes	18,600.	12,192.	1,084.	5,324.
11	Fees for services (nonemployees):				
	Management				
	Legal	F 100	F10	4 150	
	Accounting	5,188.	519.	4,150.	519.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	179,364.	174,838.		4,526.
12	Advertising and promotion	14,081.	11,264.	704.	2,113.
13	Office expenses	5,422.	3,796.	813.	813.
14	Information technology				
15	Royalties				
16	Occupancy	11,980.	1,198.	9,584.	1,198.
17	Travel	7,335.	5,868.	367.	1,100.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,440.	5,160.	280.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,402.	340.	3,062.	
23	Insurance	7,578.	1,516.	5,304.	758.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND EQUIPMENT	17,095.	12,821.	1,709.	2,565.
b	CONTRACT WORKERS	6,671.	6,671.		
С	BANK FEES	1,592.	159.	159.	1,274.
d	MISCELLANEOUS	1,568.	784.	784.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	562,036.	418,511.	44,134.	99,391.
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 Figure if following SOP 98-2 (ASC 958-720)				
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Check if Schedule O contains a response or note to any line in this Part X ...

Part X Balance Sheet

		· · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			355,472.	1	354,786.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	8,016.
	5	Loans and other receivables from any current or				_	,
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualit				_	
		under section 4958(f)(1)), and persons described	•	· ·		6	
Ś	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		0a Land, buildings, and equipment: cost or other			_		
		basis. Complete Part VI of Schedule D	10a	40,026.			
	b	Less: accumulated depreciation		25,415.	14,240.	10c	14,611.
	11	Investments - publicly traded securities		,	11	,	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			369,712.	16	377,413.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F			21		
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of thes	e pers	ons		22	
Ξ	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		F		24	49,700.
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			Ο.	26	49,700.
S		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🛛			
ice;		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			315,173.	27	327,713.
ΪB	28	Net assets with donor restrictions	54,539.	28	0.		
n		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄			
г		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq		F		30	
ťΑ	31	Retained earnings, endowment, accumulated in		F		31	
Ne	32	Total net assets or fund balances			369,712.	32	327,713.
	33	Total liabilities and net assets/fund balances			369,712.	33	377,413.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		520	,037.
2	Total expenses (must equal Part IX, column (A), line 25)	2		562	,036.
3	Revenue less expenses. Subtract line 2 from line 1	3		-41	,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		369	,712.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		327	,713.
Pa	t 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 Cash Corual Conter				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	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 requ	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_	000	

Form **990** (2020)

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
2020
Open to Public Inspection
 tal and the set is a second by a

Nan	ne of t	the organization						Employer	identification nu	umber
			A POSSIBLE						8-2074080	
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instruction	S.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch								
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ).)				
3		A hospital or a cooperative					ii).			
4		A medical research organiz					•	(iiii) Enter	the hosnital's nar	me
-		city, and state:		rijunetion with a nospital	ucsenber				the nospital s ha	no,
F			or the banafit of a ac		d or opera	tod by a a	overnmental	nit dooorik	ad in	
5		An organization operated for		liege of university owned	u or opera	leu by a y	overnmentaru	nii uesoni		
-		section 170(b)(1)(A)(iv). (C	• •							
6		A federal, state, or local go	•							
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	l unit or from th	ne general	public described	in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersł	nip fees, a	nd gross receipts	from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross invest	tment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 19	975.
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a		ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	rry out the	purposes of one	e or
		more publicly supported or	-	•				•		
		lines 12a through 12d that								
а		Type I. A supporting orga							aivina	
		the supported organization								
		organization. You must c			a majority -				apporting	
b		Type II. A supporting org	-		tion with it	e cupport	od organizatio	n(c) by ba	vina	
U	L		-				•		-	
		control or management o			ame perso	JIS ITAL CU	Shtroi or mana	ge the sup	iponed	
_		organization(s). You mus							!: . !!	
С		☐ Type III functionally inte 						ly integrate	ea with,	
		its supported organizatio								
d		Type III non-functionally						-		
		that is not functionally int			•		-	an attent	iveness	
		requirement (see instruct	,	•	-					
е		Check this box if the orga					а Туре I, Туре	II, Type III		
		functionally integrated, or								
f		er the number of supported of								
<u> </u>		vide the following information			(iv) to the error	nization listed				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of	-	(vi) Amount of o	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instru	cuons)
Tota	h									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 ALABAMA POSSIBLE

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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.)

Calendar yrar (of fiscal year beginning in) (g) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levide for the organization ization's benefit and ellerp paid to or expended on its behat 3 The value of services or facilities 3 The value of services or facilities 4 Total. Additions the engineration without charge 4 Total. Additions the engineration without charge 4 Total. Additions the engineration without charge 5 The portion of total contributions by such person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 29:8 (the amount shown on line 11, column (f) 5 Addition and the exceeds 29:8 (the amount shown on line 11, column (f) 6 Addities support. Subset line Stowners, 5 Addities support. Subset line Stowners, 5 Addities any parts (in fiscal year beginning in) 6 Addities support. Subset line Stowners, 5 Addities support. Subset line Stowners, 5 Addities any parts (in fiscal year beginning in) 6 Addities support. Subset line Stowners, 5 Addities, whether or not the business is regularly carried on 1 Charl and charge and that any subsets activities, whether or not the business is regularly carried on 1 Charl and the 2 Addities, subsets, etc. (see instructions) 1 2 1 35, 28.5 5 Addities, whether or not the business is regularly carried on 1 Charl and the 2 Addities, subsets, etc. (see instructions) 1 2 1 35, 28.5 5 Addities, whether or not the business is regularly carried on 1 Charl and the 2 Addities, etc. (see instructions) 1 2 1 35, 28.5 5 Addities, whether or not the business is regularly carried on 1 Charl and the 2 Addities, etc. (see instructions) 1 2 1 35, 28.5 5 Addities, whether or not the business is regularly carried on more addities as a publicly support of organization 5 Addities and charling as a data base here. Explain in Part Vi how the organization 5 Addities support percentage for 2020 (the court fi), of Waddit	Se	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 603, 816. 441, 021. 549, 406. 575, 669. 520, 894. 2, 691, 006. 2 Tax revenues levide on its behalt 603, 816. 441, 021. 549, 406. 575, 669. 520, 894. 2, 691, 006. 3 The value of services or facilities furnished by a governmental unit to the organization without charge by each person (ofter than a government) unit or publicly supported organization) included on lise 1 thraceseds 2% of the amount shown on line 11, column (f) 603, 816. 441, 021. 549, 406. 575, 669. 520, 894. 2, 691, 006. 5 Public support. Solve to s for mot eacurities loars, rents, royalties, and income from similar sources. 603, 816. 441, 021. 549, 406. 575, 669. 520, 894. 2, 691, 006. 6 Public support. Solve to s for mot 603, 816. 441, 021. 549, 406. 575, 669. 520, 894. 2, 691, 006. 7 Amounts from line 4 603, 816. 441, 021. 549, 406. 575, 669. 520, 894. 2, 691, 006. 8 Oras income from simular sources. 535. 540. 325. 1, 064. 852. 3, 316. 9 Net income from simular sources. 535. 540. 325. 1, 064. 852. 3, 316.	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	►
	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	ind see instruction	is 🕨 🗖

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

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

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

Section A. Pub	blic Support						
Calendar year (or fise	cal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, o	contributions, and						
membership fe	ees received. (Do not						
include any "u	nusual grants.")						
merchandise s formed, or faci any activity th	s from admissions, sold or services per- ilities furnished in at is related to the						
-	tax-exempt purpose from activities that						
are not an unr	elated trade or bus-						
iness under se	ection 513						
4 Tax revenues	levied for the organ-						
	fit and either paid to						
or expended c	·						
-	ervices or facilities						
	governmental unit to						
	on without charge						
	es 1 through 5						
	ded on lines 1, 2, and						
	m disqualified persons						
b Amounts included from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
8 Public suppor	rt. (Subtract line 7c from line 6.)						
Section B. Tota							
Calendar year (or fise	cal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from	line 6						
10a Gross income dividends, pay securities loan							
b Unrelated busine	ess taxable income						
(less section 51	1 taxes) from businesses						
acquired after Ju	une 30, 1975						
c Add lines 10a	and 10b						
activities not in	om unrelated business ncluded in line 10b, t the business is ed on						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
•	If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
							▶∟
	nputation of Publi						
15 Public support	t percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
	t percentage from 2019					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
	come percentage for 202					17	%
	come percentage from 2					18	%
19a 33 1/3% supp	ort tests - 2020. If the	organization did n	ot check the box	on line 14, and lin	ie 15 is more than 3	$33 1/3\%$, and line $^{-1}$	17 is not
more than 33	1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	▶∟
b 33 1/3% supp	ort tests - 2019. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not n	nore than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20 Private found	ation. If the organization	ו did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	structions	
032023 01-25-21					Sch	edule A (Form 99	0 or 990-EZ) 2020
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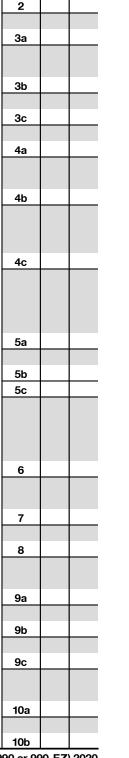
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Page 4

Yes No

1

Schedule A (Form 990 or 990-EZ) 2020

			Yes	No
1	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 line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Sec	ection c. Type in Supporting Organizations				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				

or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	
Section D. All Type III Supporting Organizations		 -

000	Section B. An Type in Supporting Organizations								
1	Did the organization provide to each of its supported organizations, by the last day of the								
	organization's tax year (i) a written notice describing the type and amount of support pro-								

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

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

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2

3

2a

2b

За

3b

Yes No

Yes

No

No Yes

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Schedule A (Form 990 or 990-EZ) 2020 ALABAMA POSSIBLE 58-2074080 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 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

emergency temporary reduction (see instructions).
 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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6

Income tax imposed in prior year

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

5

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contine}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
-	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	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				
	Applied to 2020 distributable amount				
	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. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 ALABA	MA POSSIBLE			58-2074080	Page
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F	n. Provide the explanations re 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 and 3; Part IV, Section E, lines	1a, 11b, and 11c; Part 1c, 2a, 2b, 3a, and 3b;	IV, Section B, lines ; Part V, line 1; Part \	1 and 2; Part IV, Sec V, Section B, line 1e	2;
	(See instructions.)					
32028 01-25-3	21			Schedul	e A (Form 990 or 9	90-EZ) 2
			21			
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

ALA	BAMA POSSIBLE	58-2074080			
Organization type (check one):					
Filers of:	Section:				

Form 990 or 990-EZ	L SU1(C)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious.

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

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

ALABAMA POSSIBLE

Employer identification number

58-2074080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 UNITED WAY OF CENTRAL ALABAMA 3600 EIGHTH AVENUE SOUTH BIRMINGHAM, AL 35242	Total contributions \$ 10,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MIKE & GILLIAN GOODRICH FOUNDATION 3800 COLONNADE PARKWAY, SUITE 430 BIRMINGHAM, AL 35242	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	INDEPENDENT PRESBYTERIAN CHURCH FOUNDATION 3100 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE DANIEL FOUNDATION OF ALABAMA 510 OFFICE PARK DRIVE SUITE 210 BIRMINGHAM, AL 35223	\$15,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JUDGE AND MRS. SCOTT VOWELL 2625 CREST ROAD BIRMINGHAM, AL 35223	\$24,747.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALABAMA POWER FOUNDATION 600 18TH STREET N	\$40,000.	Person X Payroll Noncash (Complete Part II for
023452 11-2	BIRMINGHAM, AL 35203	Schedule B (Form	noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page **2**

Employer identification number

ALABAMA POSSIBLE

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MEDICAL PROPERTIES TRUST 1000 URBAN CENTER DRIVE, SUITE 501 BIRMINGHAM, AL 35242	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COMMUNITY FOUNDATION OF GREATER BIRMINGHAM 2100 FIRST AVENUE N STE 700 BIRMINGHAM, AL 35203	\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VULCAN MATERIALS FOUNDATION PO BOX 385014 BIRMINGHAM, AL 35238	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	REGIONS BANK PO BOX 11007 BIRMINGHAM, AL 35288	\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	WELLS FARGO FOUNDATION 420 20TH STREET N.	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	BIRMINGHAM, AL 35203		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)		

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

ALABAMA POSSIBLE

58-2074080

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13	STATE OF ALABAMA AVAILABLE UPON REQUEST MONTGOMERY, AL 36104	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
14	NAVIGATE HOUSING AFFORDABILITY TRUST 1827 1ST AVE N BIRMINGHAM, AL 35203	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
15	ALABAMA COMMUNITY COLLEGE SYSTEM 135 S UNION ST. MONTGOMERY, AL 36130	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
16	THE CARING FOUNDATION 450 RIVERCHASE PARKWAY E HOOVER, AL 35244	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
17	THE UNIVERSITY OF ALABAMA 203 ROSE ADMINISTRATION BLDG. BOX 870137 TUSCALOOSA, AL 35487	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
18	VULCAN VALUE PARTNERS 2801 HWY. 280 S STE. 300 BIRMINGHAM, AL 35223	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)				

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Name of or	rganization		Employer identification number
LABAMA	POSSIBLE		58-2074080
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	٤.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
023453 11-25	5-20 26		B (Form 990, 990-EZ, or 990-PF) (2020

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.04020 ALABAMA POSSIBLE

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Page 3

Page 4

art III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	V For orda	nizations
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift		tionship 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, ar	(e) Transfer of gift		tionship 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, ar	(e) Transfer of gift		tionship of transferor to transferee
a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift nd ZIP + 4		tionship of transferor to transferee
454 11-25-				Schedule B (Form 990, 990-EZ, or 990-PI

SCHEDULE D

Department of the Treasury Internal Revenue Service

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



Nam	e of the organization ALABAMA POSSIBLE	58-2074080
Pa		
I U	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	historically important land area
	Protection of natural habitat	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	• • •	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
•	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the c	organization during the tax
4	year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
•		ration bacomente danny the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	►\$	0, 1
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	•
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	N A
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial g	
2	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
		ν Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20 28 Schedule D (Form 990) 2020

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2020.04020	ALABAMA	POSSIBLE

Sche	dule D (Form 990) 2020 ALABAMA POS	SIBLE						58-20740	080	Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at make	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I []	Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma		<u> </u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" or	n Form 990), Part IV,	line 9, o	-	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi		•						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										T
	Did the organization include an amount on Fe								Yes		_ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										<u> </u>
1 0		(a) Current year			(c) Two yea			vare back		r voare	hack
10	Paginning of year balance	(a) Current year	(0) P	rior year		IS DOCK	(a) Thee y	Cars Dack	(e) i ou	years	Dauk
1a 5	Beginning of year balance										
U O	Contributions										
с d	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e	-										
f	and programs Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	l re (line 1	a column (a)) held as:						
a	Board designated or quasi-endowment		%	g, oolanni (u)) Hold us.						
	Permanent endowment	%									
		/0 %									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	at are held a	and administe	ered for	the organi;	zation			
	by:	5					5			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	V, line 11a. S	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or c basis (investr			t or other (other)		ccumulate preciation		(d) Boo	k value	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				40,026.		25,	415.		14,	611.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line i	10c.)					14,	611.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
		dda Oas Farm 000 Dart V line do	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of yoor market yolyo
		(c) Method of Valuation. Cost of end	1-01-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			(2) 20011 12/20
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990 Part X col. (B) lin	25)		

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

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

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 ALABAMA POSSIBLE	58-2074080	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	546,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b			
С			
d		26,543.	
-	•		26,543.
3	Subtract line 2e from line 1		520,037.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a			
b			0
_	Add lines 4a and 4b		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expen		520,037.
Га		ses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	588,579.
1	Total expenses and losses per audited financial statements		500,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a		
a k			
b			
C d	Other losses 2c Other (Describe in Part XIII.) 2d	26,543.	
u			26,543.
3	•		562,036.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		562,036.
	rt XIII Supplemental Information.		
PARI	22 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. T X, LINE 2: OF DECEMBER 31, 2020, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS		
THAT	T QUALIFY FOR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION		
FILE	ES AN ANNUAL FORM 990 WITH THE INTERNAL REVENUE SERVICE AND ITS TAX		
RETU	URNS FOR THE YEAR 2017 AND SUBSEQUENT YEARS REMAIN SUBJECT TO		
EXAN	MINATION BY TAX AUTHORITIES.		
PART	T XI, LINE 2D - OTHER ADJUSTMENTS:		
FUNI	DRAISING EXPENSES NETTED AGAINST FUNDRAISING REVENUE 26,543.		
PARI	T XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNI	DRAISING EXPENSES NETTED AGAINST FUNDRAISING REVENUE 26,543.		
03205	54 12-01-20 31	Schedule D (F	orm 990) 2020
180	0907 786654 11084 2020.04020 ALABAMA POSSIBLE	1	10841

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art Am Suppi	emental Information (co	ontinued)		
				Schedule D (Form 990) 2
55 12-01-20			20	

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SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1					, or if the	2020
Department of the Treasury	ŭ	Attach to Form 990						Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				ion.		Inspection
Name of the organization								ntification number
Part I Fundrais	ALABAMA POS	Complete if the organization answe	ared "Y	/es" 0	n Form 990 Part IV	line -	58-2074080	7 filers are not
	complete this par			03 0				
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P) highest paid indiv	f ☐ Solicita g ☐ Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stee:	Yes	
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
								<u> </u>
Total								
3 List all states in whitor licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	s exempt from r	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

Schedule	G (Form	990 o	r 990-F7	2020	ALABAMA	POSSIBLE

58-2074080 Page **2**

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

		of fundraising event contributions and gr		,	<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			2020 FUNDRAISING		NONE	(add col. (a) through
			DINNER			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	59,500.			59,500.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	59,500.			59,500.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				26,543.
	10				>	26,543.
	11	Net income summary. Subtract line 10 from li				32,957.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu	· · -	-1-1-0		
		the organization licensed to conduct gaming a				Yes No
D D	11	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
0320	32 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 ALABAMA POSSIBLE	58-2074080	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recorr	ds:	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount	unt	
	of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the	
	organization's own exempt activities during the tax year s		01 401
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines 9	, 9b, 10b,
0320	83 11-25-20 Schedule 35	G (Form 990 or 990	D-EZ) 2020

032084 04-01-20	Schedule G (Form 990 or 990-EZ)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 58-2074080

ALABAMA POSSIBLE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POVERTY SIMULATIONS. ALABAMA POSSIBLE FACILITATES POVERTY SIMULATIONS

TO INCREASE PARTICIPANTS' UNDERSTANDING OF THE HARDSHIPS AND EMOTIONAL

TOLL EXPERIENCED BY LOW-INCOME FAMILIES.

COLLEGE ACCESS AND SUCCESS. ALABAMA POSSIBLE'S COLLEGE ACCESS AND

SUCCESS PROGRAMS BUILD EDUCATIONAL EQUITY ACROSS ALABAMA FOR LOW-INCOME

AND FIRST-GENERATION COLLEGE-GOING STUDENTS AND STUDENTS OF COLOR.

THROUGH THE CASH FOR COLLEGE FINANCIAL AID FORM COMPLETION CAMPAIGN,

ALABAMA HIGH SCHOOL GRADUATES ACCESSED MORE THAN \$672 MILLION TO PAY

FOR EDUCATION AFTER HIGH SCHOOL, INCLUDING TECHNICAL AND ACADEMIC

CREDENTIALS. ALABAMA ALSO HAD THE NATION'S FOURTH-LARGEST INCREASE IN

FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) COMPLETIONS FROM 2017

TO 2018.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEW THE FINANCIAL STATEMENTS AND FORM 990

TOGETHER PRIOR TO ISSUANCE OF BOTH REPORTS.

FORM 990, PART VI, SECTION B, LINE 12C:

ORGANIZATION REQUIRES EACH DIRECTOR AND EMPLOYEE PROVIDE WRITTEN

DOCUMENTATION ANNUALLY OF ANY POTENTIAL CONFLICTS

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS THE TOP EXECUTIVE SALARY ANNUALLY AND DOCUMENTS THIS

REVIEW AND THE PROCESS IN THE BOARD MINUTES.

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization		Employer identification numb
ALABAMA POSSIBLE		58-2074080
ORM 990, PART VI, SECTION C, LINE 19:		
THE INFORMATION IS AVAILABLE AT THE ORGANIZATION'S ADMINISTR	ATIVE OFFICE.	
ORM 990, PART IX, LINE 11G, OTHER FEES:		
PROGRAM SERVICE EXPENSES	174,838.	
IANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	4,526.	
TOTAL EXPENSES	179,364.	
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	179,364.	
PART XII, LINE 2C		
THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR SELECTION OF AN I	NDEPENDENT	
ACCOUNTANT AND FOR OVERSIGHT OF THE AUDIT.		
32212 11-20-20	38	Schedule O (Form 990 or 990-EZ) 20
	LABAMA POSSIBLI	E 11084