

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

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

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW PROFIT INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 225 FRANKLIN STREET 350 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02110 F Name and address of principal officer: DOUG BORCHARD SAME AS C ABOVE	D Employer identification number 04-3396766 E Telephone number 617-912-8800 G Gross receipts \$ 28,289,763. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NEWPROFIT.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1997		M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PLEASE REFER TO OUR WEBSITE (WWW.NEWPROFIT.ORG) FOR DESCRIPTIONS OF OUR MISSION, PROGRAMS AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	74
6	Total number of volunteers (estimate if necessary)	6	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	23,225.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	16,115,471.	27,482,118.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	578,706.	529,725.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,345.	272,169.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,782.	5,751.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,776,304.	28,289,763.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,849,414.	7,896,000.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,372,814.	8,696,642.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,812,322.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,578,343.	6,352,708.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,800,571.	22,945,350.
19	Revenue less expenses. Subtract line 18 from line 12	-9,024,267.	5,344,413.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	45,473,808.	50,713,445.
22	Net assets or fund balances. Subtract line 21 from line 20	777,108.	799,420.
		44,696,700.	49,914,025.

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 Here	Signature of officer DOUG BORCHARD, MANAGING DIRECTOR AND COO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name MATTHEW HUTT, CPA	Preparer's signature MATTHEW HUTT, CPA	Date 10/08/19	Check if self-employed <input type="checkbox"/>	PTIN P01070603
	Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581	Firm's EIN ▶ 04-2571780 Phone no. 508-366-9100			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,992,549. including grants of \$ 4,825,000.) (Revenue \$ 250,000.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 3,024,600. including grants of \$ 750,000.) (Revenue \$) SEE SCHEDULE O.

4c (Code:) (Expenses \$ 974,895. including grants of \$ 325,000.) (Revenue \$) SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,680,541. including grants of \$ 1,996,000.) (Revenue \$ 285,476.)

4e Total program service expenses 18,672,585.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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 arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA, NY, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **IAN MAGEE, CFO - 617-912-8808**
225 FRANKLIN STREET, SUITE 350, BOSTON, MA 02110

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF WALKER CHAIRMAN	1.00	X		X			0.	0.	0.	
(2) BILL MCCLEMENTS CLERK	1.00	X		X			0.	0.	0.	
(3) STEVE BARNES DIRECTOR	1.00	X					0.	0.	0.	
(4) JOSH BEKENSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(5) PAUL GROGAN DIRECTOR	1.00	X					0.	0.	0.	
(6) DAVID HARRIS DIRECTOR	1.00	X					0.	0.	0.	
(7) STEVE JENNINGS DIRECTOR	1.00	X					0.	0.	0.	
(8) WENDY KOPP DIRECTOR	1.00	X					0.	0.	0.	
(9) HENRY MCCANCE DIRECTOR	1.00	X					0.	0.	0.	
(10) DUNCAN MCFARLAND DIRECTOR	1.00	X					0.	0.	0.	
(11) VALERIE MOSLEY DIRECTOR	1.00	X					0.	0.	0.	
(12) KRISTIN MUGFORD DIRECTOR	1.00	X					0.	0.	0.	
(13) MARK NUNNELLY DIRECTOR	1.00	X					0.	0.	0.	
(14) JOSH BEKENSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(15) JOHN RICE DIRECTOR	1.00	X					0.	0.	0.	
(16) MICHAEL CANNING DIRECTOR	1.00	X					0.	0.	0.	
(17) VENKAT SRINIVASAN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRIAN SPECTOR DIRECTOR	1.00	X						0.	0.	0.
(19) VANESSA KIRSCH FOUNDER AND CEO	45.00	X		X				398,602.	0.	24,672.
(20) DOUG BORCHARD MANAGING PARTNER, COO	45.00			X				297,496.	0.	8,080.
(21) IAN MAGEE MANAGING PARTNER, CFO	45.00			X				222,062.	0.	14,007.
(22) ELIZA GREENBERG MANAGING PARTNER	45.00				X			235,588.	0.	18,672.
(23) SARA CONAHAN MANAGING PARTNER, SR. PHILANTHROPIC	45.00					X		239,432.	0.	10,407.
(24) DEBORAH SMOLOVER EXECUTIVE DIRECTOR OF AMER	45.00					X		301,914.	0.	24,922.
(25) JACOB SCHRAMM MANAGING PARTNER, LEARN TO	45.00					X		260,179.	0.	8,890.
(26) SHRUTI SEHRA MANAGING PARTNER, REIMAGIN	45.00					X		226,161.	0.	15,207.
1b Sub-total								2,181,434.	0.	124,857.
c Total from continuation sheets to Part VII, Section A								233,327.	0.	27,092.
d Total (add lines 1b and 1c)								2,414,761.	0.	151,949.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CENTER FOR COLLABORATIVE EDUCATION, 33 HARRISON AVE, 6TH FLOOR, BOSTON, MA 02111	DEVELOPMENT AND IMPLEMENTATION OF LEARNI	360,000.
VOLITION LLC 3 SOUTH BROOK ROAD, LINCOLN, MA 01771	PORTFOLIO AND STRATEGY CONSULTING	360,000.
ORR ASSOCIATES INC, 3000 K STREET NW, SUITE E280, WASHINGTON, DC 20007	FUNDRAISING CONSULTING	270,540.
CORTEX COLLABORATIONS, 2 HARVARD SQUARE, UNIT 1, BROOKLINE, MA 02445	PORTFOLIO SUPPORT AND PARENT EMPOWERMENT	207,409.
EVALUATION STRATEGIES LLC 5019 RENO RD NW, WASHINGTON, DC 20008	EVALUATION CONSULTING	204,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KIMBERLY SYMAN MANAGING PARTNER	45.00					X		233,327.	0.	27,092.
Total to Part VII, Section A, line 1c								233,327.		27,092.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,482,118.				
	g Noncash contributions included in lines 1a-1f: \$		457,169.				
	h Total. Add lines 1a-1f		27,482,118.				
Program Service Revenue	2 a NETWORKING EVENT FEES	Business Code	900099	279,725.	279,725.		
	b ADVISORY FEES		541610	250,000.	250,000.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			529,725.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			272,169.		272,169.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	5,751.	5,751.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			5,751.				
12 Total revenue. See instructions			28,289,763.	535,476.	0.	272,169.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,896,000.	7,896,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,219,181.	444,579.	518,283.	256,319.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,385,586.	4,702,573.	977,978.	705,035.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,566.	98,810.	20,031.	16,725.
9 Other employee benefits	481,163.	341,704.	82,182.	57,277.
10 Payroll taxes	475,146.	323,099.	90,278.	61,769.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,689.		42,689.	
d Lobbying	28,654.	28,654.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,500,813.	2,508,995.	493,411.	498,407.
12 Advertising and promotion				
13 Office expenses	125,984.	57,777.	20,721.	47,486.
14 Information technology				
15 Royalties				
16 Occupancy	628,749.	423,471.	94,174.	111,104.
17 Travel	341,711.	252,680.	58,782.	30,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,580,435.	1,555,195.	6,306.	18,934.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,686.		10,686.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	58,917.	20,181.	29,809.	8,927.
b RECRUITING AND TALENT	34,070.	18,867.	15,113.	90.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,945,350.	18,672,585.	2,460,443.	1,812,322.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,895,451.	1	3,279,966.
	2 Savings and temporary cash investments	13,547,565.	2	17,172,464.
	3 Pledges and grants receivable, net	27,868,628.	3	30,140,544.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	135,372.	9	104,365.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,058.		
	b Less: accumulated depreciation	10b 15,952.	26,792.	10c 16,106.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,473,808.	16	50,713,445.	
Liabilities	17 Accounts payable and accrued expenses	777,108.	17	799,420.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	777,108.	26	799,420.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,819,884.	27	3,215,166.
	28 Temporarily restricted net assets	41,876,816.	28	46,698,859.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	44,696,700.	33	49,914,025.	
34 Total liabilities and net assets/fund balances	45,473,808.	34	50,713,445.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,289,763.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,945,350.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,344,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,696,700.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-127,088.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,914,025.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

2018

Open to Public Inspection

Name of the organization: NEW PROFIT INC.
Employer identification number: 04-3396766

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,357,429.	37,221,348.	38,960,652.	16,115,471.	27,482,118.	144,137,018.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	24,357,429.	37,221,348.	38,960,652.	16,115,471.	27,482,118.	144,137,018.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						34,248,151.
6 Public support. Subtract line 5 from line 4.						109,888,867.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	24,357,429.	37,221,348.	38,960,652.	16,115,471.	27,482,118.	144,137,018.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,990.	1,653.	24,046.	80,345.	272,169.	380,203.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	53,880.	74,488.	282,730.	1,782.	5,751.	418,631.
11 Total support. Add lines 7 through 10						144,935,852.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	75.82 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	72.62 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), 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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) 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 (a) and (b) 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? 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.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

COPY

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">NEW PROFIT INC.</p>	Employer identification number <p style="text-align: center;">04-3396766</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	40,600.	59,164.	21,979.	28,654.	150,397.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NEW PROFIT INC. Employer identification number 04-3396766

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d, and various monitoring and reporting questions.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		32,058.	15,952.	16,106.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,106.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	30,132,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	1,970,297.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-127,088.	
e	Add lines 2a through 2d		2e	1,843,209.
3	Subtract line 2e from line 1		3	28,289,763.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	28,289,763.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	24,915,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,970,297.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,970,297.
3	Subtract line 2e from line 1		3	22,945,350.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	22,945,350.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION

HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER

31, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CANCELLED COMMITMENTS RECEIVABLE

-52,102.

Part XIII Supplemental Information *(continued)*

PROVISION FOR UNCOLLECTIBLE COMMITMENTS -74,986.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -127,088.

COPY

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization: **NEW PROFIT INC.** Employer identification number: **04-3396766**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ORR ASSOCIATES, INC. - 3000 K STREET NW, SUITE E280,	CONSULTING ON LAUNCHING A FUNDRAISING CAMPAIGN		X	0.	270,540.	-270,540.
Total					270,540.	-270,540.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MA, CA, NY

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 ▶ \$ _____ and the amount 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:

Name ▶ _____
 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 in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ORR ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER:

3000 K STREET NW, SUITE E280, WASHINGTON, DC 20007

Part IV Supplemental Information *(continued)*

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **NEW PROFIT INC.** Employer identification number **04-3396766**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACELERO LEARNING 63 WEST 125TH STREET, 6TH FLOOR HARLEM, NY 10027	30-0077025	N/A	250,000.	0.			PROGRAM EXPANSION
CAST 40 HARVARD MILLS SQUARE, SUIT 3 WAKEFIELD, MA 01880	22-2746879	501 (C) 3	100,000.	0.			PROGRAM EXPANSION
DATA QUALITY CAMPAIGN 1341 G STREET NW, SUITE 700 WASHINGTON, DC 20005	27-4566795	501 (C) 3	67,500.	0.			PROGRAM EXPANSION
DETROIT JUSTICE CENTER 2465 LONGFELLOW ST. DETROIT, MI 48206	82-2295339	N/A	50,000.	0.			PROGRAM EXPANSION
EDUCATION LEADERS OF COLOR, INC. 16430 JANINE DRIVE WHITTIER, CA 90603	81-2253548	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
ENLEARN 400 N. 34TH ST., #310 SEATTLE, WA 98103	46-1009728	501 (C) 3	750,000.	0.			PROGRAM EXPANSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **35.**

3 Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYE TO EYE 50 BROAD ST., SUITE 1702 NEW YORK, NY 10004	51-0570498	501 (C) 3	100,000.	0.			PROGRAM EXPANSION
FAMILY INDEPENDENCE INITIATIVE 5539 DEER RUN DRIVE EL SOBRANTE, CA 94803	65-1187733	501 (C) 3	350,000.	0.			PROGRAM EXPANSION
FLIKSHOP 9630 MILESTON WAY, UNIT 4059 COLLEGE PARK, MD 20740	45-3724273	N/A	50,000.	0.			PROGRAM EXPANSION
GREAT SCHOOLS 1999 HARRISON STREET, SUITE 1100 OAKLAND, CA 94612	94-3311628	501 (C) 3	282,500.	0.			PROGRAM EXPANSION
HIGHLANDER INSTITUTE 166 VALLEY ST., BLDG 31, SUITE 101 PROVIDENCE, RI 02909	22-3115046	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
IMBLAZE (BIG PICTURE LEARNING) 325 PUBLIC ST. PROVIDENCE, RI 02905	05-0485883	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
INACOL 1934 OLD GALLOWS RD., SUITE 350 VIENNA, VA 22182	20-0310109	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
INNOVATE PUBLIC SCHOOLS 1400 PARKMOOR AVE NO. 240 SAN JOSE, CA 95126	46-2155826	501 (C) 3	268,000.	0.			PROGRAM EXPANSION
JUMPSTART 308 CONGRESS ST., 6TH FLOOR BOSTON, MA 02210	04-3262046	501 (C) 3	75,000.	0.			PROGRAM EXPANSION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADING EDUCATORS 1824 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	45-1447048	501 (C) 3	625,000.	0.			PROGRAM EXPANSION
LEAP INNOVATIONS C/O 1871, 222 W. MERCHANDISE MART PLAZA, SUITE 1212 - CHICAGO, IL 60654	46-4784152	501 (C) 3	650,000.	0.			PROGRAM EXPANSION
THE LEARNING ACCELERATOR 10605 FARALLONE DR. CUPERTINO, CA 95014	46-1059054	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
LEARNING INNOVATION FUND (MIT MEDIA LAB) - 77 MASSACHUSETTS AVENUE NE49-3142 - CAMBRIDGE, MA 02139	04-2103594	501 (C) 3	200,000.	0.			PROGRAM EXPANSION
LIFTED 120 LINDEN ST. OAKLAND, CA 94607	81-1454016	N/A	100,000.	0.			PROGRAM EXPANSION
THE MATCH FOUNDATION, INC. 215 FOREST HILLS STREET JAMAICA PLAIN, MA 02130	04-3476160	501 (C) 3	450,000.	0.			PROGRAM EXPANSION
MINDRIGHT 3400 PROSPECT ST. NW WASHINGTON, DC 20007	81-3042564	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
MISSION: LAUNCH, INC. 10 E. NORTH AVE, C/O IMPACT HUB BA BALTIMORE, MD 21202	45-4633339	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
MORTAR CINCINNATI 1329 VINE ST. CINCINNATI, OH 45202	47-2431620	501 (C) 3	50,000.	0.			PROGRAM EXPANSION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR LEARNING DISABILITIES - 32 LAIGHT ST., 2ND FLOOR - NEW YORK, NY 10013	13-2899381	501 (C) 3	100,000.	0.			PROGRAM EXPANSION
NATIONAL CENTER FOR SPECIAL EDUCATION IN CHARTER SCHOOLS, INC. - 420 LEXINGTON AVE., SUITE 300 - NEW YORK, NY 10170	46-3576125	501 (C) 3	100,000.	0.			PROGRAM EXPANSION
OBODO (THROUGH MISSION: LAUNCH) 730 DANNY LANE O'FALLON, MO 63366	45-4633339	N/A	50,000.	0.			PROGRAM EXPANSION
PAVE C/O WEWORK, 1342 FLORIDA AVE NW WASHINGTON, DC 20009	81-2330119	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
POLICY INNOVATORS IN EDUCATION 510 1ST AVE. NORTH, SUITE 408 MINNEAPOLIS, MN 55403	27-5550971	501 (C) 3	18,000.	0.			PROGRAM EXPANSION
POWERMYLEARNING 520 8TH AVE., 10TH FLOOR NEW YORK, NY 10018	13-3935309	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
THE PRISON SCHOLAR FUND 1752 NW MARKET ST., #953 SEATTLE, WA 98107	41-2175677	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
REENTRY CAMPUS PROGRAM 1 EMPIRE ST. PROVIDENCE, RI 02903	82-2962618	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
SALEM PUBLIC SCHOOLS (CITY OF SALEM) - 29 HIGHLAND AVE. - SALEM, MA 01970	04-6001413	N/A	100,000.	0.			PROGRAM EXPANSION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONTAG PRIZE IN URBAN EDUCATION 50 MILK ST., 16TH FLOOR BOSTON, MA 02109	47-1265528	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
THE LADIES OF HOPE MINISTRIES (OPERATION RESTORATION) - 712 CARLTON AVE., APT C - METAIRIE, LA 70005	61-1791941	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
THINK OF US 88 PINE ST. NEW YORK, NY 10005	82-1157215	501 (C) 3	50,000.	0.			PROGRAM EXPANSION
THIRD SECTOR CAPITAL PARTNERS 200 CLARENDON ST, 44TH FLOOR BOSTON, MA 02116	46-1301032	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
TRANSCEND 159 LINCOLN AVE. HASTINGS-ON-HUDSON, NY 10706	30-0878820	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
UNBOUNDED 81 PROSPECT ST. BROOKLYN, NY 11201	43-1243999	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
VALOR COLLEGIATE ACADEMIES 4527 NOLENSVILLE PIKE NASHVILLE, TN 37211	46-1413472	501 (C) 3	250,000.	0.			PROGRAM EXPANSION
YOUTH BUILD USA 58 DAY ST. SOMERVILLE, MA 02144	22-3076454	501 (C) 3	100,000.	0.			PROGRAM EXPANSION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

NEW PROFIT'S PORTFOLIO INVESTING MODEL PROVIDES FINANCIAL AND STRATEGIC
 RESOURCES TO RESULTS-DRIVEN ORGANIZATIONS. NEW PROFIT PROVIDES A PORTFOLIO
 MANAGER TO EACH ORGANIZATION WHO WORKS CLOSELY WITH THE ORGANIZATION'S
 LEADERSHIP TO PROVIDE SUPPORT IN A VARIETY OF AREAS, INCLUDING IMPACT
 INNOVATION, LEADERSHIP AND GOVERNANCE, ORGANIZATIONAL STRATEGY, PERFORMANCE
 MEASUREMENT, AND MANAGEMENT AS INDICATED IN PART III OF THE FORM 990. A
 PORTFOLIO MANAGER ALSO HOLDS A SEAT ON THE ORGANIZATION'S BOARD OF
 DIRECTORS THROUGHOUT THE TERM OF NEW PROFIT'S INVESTMENT IN THE

Part IV Supplemental Information

ORGANIZATION. FOR THE YEAR ENDED DECEMBER 31, 2018, NEW PROFIT INCURRED

\$4,663,428 OF PERSONNEL COSTS RELATING TO THE PORTFOLIO MANAGEMENT

ACTIVITIES AND SUPPORT TO ITS PORTFOLIO ORGANIZATIONS. THIS AMOUNT

REPRESENTED APPROXIMATELY 54% OF THE TOTAL PERSONNEL COSTS OF NEW PROFIT IN

2018.

COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW PROFIT INC.

Employer identification number

04-3396766

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VANESSA KIRSCH FOUNDER AND CEO	(i)	346,102.	52,500.	0.	6,000.	18,672.	423,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOUG BORCHARD MANAGING PARTNER, COO	(i)	259,246.	38,250.	0.	6,000.	2,080.	305,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) IAN MAGEE MANAGING PARTNER, CFO	(i)	222,062.	0.	0.	4,625.	9,382.	236,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZA GREENBERG MANAGING PARTNER	(i)	235,588.	0.	0.	0.	18,672.	254,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARA CONAHAN MANAGING PARTNER, SR. PHILANTHROPIC	(i)	226,932.	12,500.	0.	1,025.	9,382.	249,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEBORAH SMOLOVER EXECUTIVE DIRECTOR OF AMER	(i)	301,914.	0.	0.	6,000.	18,922.	326,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JACOB SCHRAMM MANAGING PARTNER, LEARN TO	(i)	260,179.	0.	0.	6,000.	2,890.	269,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHRUTI SEHRA MANAGING PARTNER, REIMAGIN	(i)	226,161.	0.	0.	6,000.	9,207.	241,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KIMBERLY SYMAN MANAGING PARTNER	(i)	233,327.	0.	0.	6,000.	21,092.	260,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **NEW PROFIT INC.** Employer identification number: **04-3396766**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	457,169.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER 8 IN COLUMN B REFERS TO THE NUMBER OF STOCK CONTRIBUTIONS.

COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NEW PROFIT INC.

Employer identification number

04-3396766

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPLEMENTAL 990 INFORMATION.

FORM 990, PART I, LINE 19:

LEADING UP TO 2018, NEW PROFIT HAD RECEIVED SIGNIFICANT MULTI-YEAR

GRANTS THAT WERE RECORDED AS REVENUE IN THE YEAR OF COMMITMENT,

ACCORDING TO U.S. GAAP, WITH THE FUTURE PAYMENTS CLASSIFIED AS

TEMPORARILY RESTRICTED NET ASSETS. AS THOSE TEMPORARILY RESTRICTED

COMMITMENTS WERE RECEIVED IN 2018 AND RELEASED TO UNRESTRICTED NET

ASSETS, NEW PROFIT WAS ABLE TO END THE YEAR WITH A SURPLUS OF

UNRESTRICTED CASH IN 2018.

FORM 990, PART III, LINE 1, MISSION STATEMENT:

NEW PROFIT INC. IS A NONPROFIT VENTURE PHILANTHROPY ORGANIZATION THAT

BACKS SOCIAL ENTREPRENEURS WHO ARE ADVANCING EQUITY AND OPPORTUNITY IN

AMERICA. IN PARTNERSHIP WITH A NATIONAL NETWORK OF PHILANTHROPISTS, WE

INVEST IN A PORTFOLIO OF SOCIAL ENTREPRENEUR-LED ORGANIZATIONS TO HELP

THEM REALIZE THEIR FULL POTENTIAL AND WE WORK TO IMPROVE CONDITIONS TO

ENSURE ALL SOCIAL ENTREPRENEURS CAN THRIVE.

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

THROUGH PORTFOLIO INVESTING, NEW PROFIT SELECTS AND INVESTS FINANCIAL

CAPITAL AND EXPERT STRATEGIC SUPPORT IN A PORTFOLIO OF SOCIAL

ENTREPRENEUR-LED ORGANIZATIONS (DESCRIBED AS PORTFOLIO ORGANIZATIONS)

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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AND HELPS THEM TO BUILD THEIR ORGANIZATIONAL CAPACITY AND IN TURN,
 INCREASE THEIR IMPACT, SCALE, AND SUSTAINABILITY. EACH PORTFOLIO
 ORGANIZATION IS ASSIGNED A DEAL PARTNER WHO SERVES AS A BOARD MEMBER
 AND ADVISOR WHO SUPPORTS THESE ORGANIZATIONS IN NAVIGATING CHALLENGES
 AND INCREASING THEIR CAPABILITIES IN FOUR KEY AREAS--LEADERSHIP AND
 GOVERNANCE, IMPACT MODEL DEVELOPMENT, STRATEGIC MANAGEMENT AND
 PLANNING, AND ECONOMIC MODEL. A PRO BONO COLLABORATION WITH DELOITTE
 ENABLES NEW PROFIT TO PROVIDE ADDITIONAL SUPPORT TO SOCIAL
 ENTREPRENEURS AND THEIR ORGANIZATIONS, INCLUDING STRATEGIC GROWTH
 PLANNING AND EXECUTIVE COACHING. ORGANIZATIONS FUNDED THROUGH THE
 INNOVATION FUND HAVE RECEIVED \$1,119,560 OF DONATED CONSULTING SERVICES
 THROUGH A PRO-BONO AGREEMENT WITH DELOITTE.

WITHIN NEW PROFIT'S PORTFOLIO, THERE ARE SEVERAL INITIATIVES AIMED AT
 SUPPORTING SOCIAL ENTREPRENEURS WHO ARE DRIVING CHANGE IN SPECIFIC
 ISSUE AREAS. THESE INITIATIVES BRING LIKE-MINDED SOCIAL ENTREPRENEURS,
 PHILANTHROPISTS AND INSTITUTIONAL DONORS, RESEARCHERS, POLICY EXPERTS,
 AND OTHER CROSS SECTOR PARTNERS TOGETHER FOR INTENSIVE COLLABORATION
 AIMED AT CATALYZING NEW APPROACHES AND BREAKING THROUGH ON INTRACTABLE
 CHALLENGES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 REIMAGINE LEARNING IS A SIX-YEAR INITIATIVE LAUNCHED IN 2013 THAT AIMS
 TO CHART NEW PATHWAYS TOWARD HELPING THE MOST UNDERSERVED STUDENTS
 ACHIEVE ACADEMIC AND LIFE SUCCESS. IN PARTNERSHIP WITH A SET OF
 FUNDERS, REIMAGINE LEARNING HAS DEPLOYED \$38M TO BUILD A COALITION OF
 OVER 700 EDUCATION LEADERS COMMITTED TO ENSURING THAT ALL STUDENTS,

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INCLUDING THOSE WITH MORE COMPLEX AND NEEDS AND CHALLENGES, ARE SUPPORTED BY LEARNING ENVIRONMENTS THAT MEET THEIR DIVERSE NEEDS AND NURTURE THEIR DIVERSE STRENGTHS. REIMAGINE LEARNING HAS FUNDED AND ADVISED 25 HIGH-POTENTIAL ORGANIZATIONS LED BY VISIONARY SOCIAL ENTREPRENEURS THAT COLLECTIVELY SERVE OVER 7 MILLION STUDENTS TO HELP THEM SCALE THEIR INNOVATIONS AND ENHANCE THEIR ORGANIZATIONAL CAPACITY AND SUSTAINABILITY, WITH AN EYE TOWARD HELPING THEM BETTER ADDRESS THE NEEDS OF UNDERSERVED STUDENTS. IN 2018, ORGANIZATIONS FUNDED THROUGH THE REIMAGINE LEARNING FUND RECEIVED \$3,609,000 IN UNRESTRICTED GRANTS AND \$322,200 OF DONATED CONSULTING SERVICES THROUGH A PRO-BONO AGREEMENT WITH DELOITTE. REIMAGINE LEARNING ALSO HAS ENGAGED IN PRACTITIONER-LED FEDERAL AND STATE POLICY ADVOCACY TO ADVANCE PUBLIC POLICIES THAT SUPPORT THE SUCCESS OF THE MOST UNDERSERVED STUDENTS, INCLUDING SUCCESSFULLY ADVOCATING FOR KEY PROVISIONS IN THE EVERY STUDENT SUCCEEDS ACT (ESSA) THAT REFLECTED REIMAGINE LEARNING'S EMPHASIS ON PERSONALIZED LEARNING, EQUITY, AND ACCESS. IT ALSO HAS DEVELOPED PROOF POINTS OF DISTRICTS AND SCHOOLS THAT ARE FUNDAMENTALLY TRANSFORMING TO BETTER SUPPORT ALL STUDENTS, PARTICULARLY THE MOST UNDERSERVED.

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

THE EARLY LEARNING FUND (LAUNCHED IN 2014) SEEKS A WORLD WHERE ALL CHILDREN HAVE A START IN THEIR EARLIEST YEARS OF LIFE THAT SETS THEM ON A COURSE TO FULFILL THEIR POTENTIAL. EXTRAORDINARY ADVANCES IN NEUROBIOLOGY AND BEHAVIORAL SCIENCE, TOGETHER WITH INCREASING PUBLIC RECOGNITION OF THE IMPORTANCE OF A STRONG START, HAVE CREATED A DYNAMIC OPPORTUNITY FOR TRANSFORMATIVE CHANGE IN THE EARLY LEARNING FIELD. THE

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FUND IS WORKING TO CONNECT AND ALIGN RESEARCHERS, PRACTITIONERS, FUNDERS, AND POLICYMAKERS TO PURSUE A SHARED ACTION AGENDA AND INVESTING IN ORGANIZATIONS, PILOTS, AND PARTNERSHIPS THAT HAVE THE POTENTIAL TO LIFT UP NEW APPROACHES TO WHOLE-CHILD DEVELOPMENT AND ENABLE EFFECTIVE EARLY LEARNING FOR ALL CHILDREN AT SCALE. THE SERVICES PROVIDED TO PORTFOLIO ORGANIZATIONS FUNDED BY EARLY LEARNING ALSO INCLUDE THOSE PROVIDED WITHIN THE INNOVATION FUND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN 2017, THE PERSONALIZED LEARNING INITIATIVE WAS LAUNCHED WITH SUPPORT THROUGH A COLLABORATION BETWEEN THE CHAN ZUCKERBERG INITIATIVE AND THE BILL & MELINDA GATES FOUNDATION. THIS INITIATIVE IS AN EFFORT TO INVEST IN PROMISING NEW APPROACHES AND TECHNOLOGIES THAT CAN GIVE STUDENTS MORE AGENCY IN THEIR OWN LEARNING JOURNEY AND PROVIDE TEACHERS WITH TOOLS TO TAILOR CLASSROOM INSTRUCTION TO THE UNIQUE NEEDS OF EACH STUDENT. A VARIETY OF NEW AND EMERGING MODELS RISING IN THE NASCENT PERSONALIZED LEARNING FIELD WILL BE SUPPORTED BY THE INITIATIVE. THESE MODELS INCLUDE ON-THE-GROUND SCHOOL MODELS IMPLEMENTING A PERSONALIZED LEARNING CURRICULUM IN CLASSROOMS; TOOLS AND PLATFORMS FOR TEACHERS, PARENTS, AND STUDENTS TO ADOPT FOR MORE INDIVIDUALIZED SUPPORTS; TECHNICAL ASSISTANCE THAT PROVIDES DEEP IMPLEMENTATION SUPPORT FOR SCHOOLS AND DISTRICT; POLICY AND ADVOCACY EFFORTS FOR BEST PRACTICES IN PERSONALIZED LEARNING; AND KNOWLEDGE DISSEMINATION AND NETWORK CONNECTIONS OF LEARNINGS FOR THE OVERALL FIELD. AS A PART OF THIS FOUR-YEAR INITIATIVE, SEVEN ORGANIZATIONS ARE RECEIVING A \$1M UNRESTRICTED GRANT AND STRATEGIC ADVISORY SUPPORT FROM NEW PROFIT, AND EACH OF THE ORGANIZATION'S CEOs ARE PARTICIPATING IN A PEER LEARNING

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COMMUNITY TO SHARE INSIGHTS ACROSS DIFFERENT MODELS AND TO PARTNER TO
ACCELERATE THE OVERALL DEVELOPMENT OF THE FIELD.

THE REIMAGINE SCHOOL SYSTEMS FUND (LAUNCHED IN 2014) SEEKS TO RAPIDLY

INCREASE THE NUMBER OF HIGH PERFORMING SCHOOLS SERVING LOW INCOME

STUDENTS BY FUNDING, ADVISING, AND BUILDING POWERFUL INDIVIDUAL

ORGANIZATIONS AND PRACTITIONER NETWORKS ON BOTH THE DEMAND AND SUPPLY

SIDE OF SYSTEMS CHANGE. THIS FUND SEEKS TO CHANGE THIS SITUATION AND

CREATE NEW OPPORTUNITY IN LOW-INCOME COMMUNITIES BY INVESTING IN

STRATEGIES TO: (1) CONVERT LATENT DEMAND INTO ACTIONABLE DEMAND FOR

MORE HIGH-QUALITY SCHOOLS AND (2) GROW THE SUPPLY OF HIGH-QUALITY

SCHOOLS TO MEET THIS ACTIONABLE DEMAND. THE SERVICES PROVIDED TO

PORTFOLIO ORGANIZATIONS FUNDED BY REIMAGINE SCHOOL SYSTEMS ALSO INCLUDE

THOSE PROVIDED WITHIN THE INNOVATION FUND. IN 2018, ORGANIZATIONS

FUNDED THROUGH THE REIMAGINE SCHOOL SYSTEMS HAVE RECEIVED \$705,000 OF

DONATED CONSULTING SERVICES THROUGH A PRO-BONO AGREEMENT WITH DELOITTE.

LEARN TO EARN AIMS TO COORDINATE AND ADVANCE THE EFFORTS OF

EVIDENCE-DRIVEN NONPROFITS, SYSTEMS LEADERS, POLICYMAKERS, AND FUNDERS

TO COLLECTIVELY ENSURE THAT 10M+ MORE AMERICANS ARE PREPARED FOR CAREER

SUCCESS BY 2025. LEARN TO EARN IS INVESTING BEHIND THE "NEW WORKFORCE

PARADIGM" THAT ENABLES LOW-INCOME PEOPLE TO BUILD SKILLS, CREDENTIALS,

AND SELF-SUFFICIENCY, AND IS PARTNERING WITH A WIDE RANGE OF OTHERS IN

THE FIELD, INCLUDING LARGE EMPLOYERS, TO SOLIDIFY IT. LEARN TO EARN IS

AN UMBRELLA OF INTERLOCKING INITIATIVES DESIGNED TO ACCELERATE THE PACE

AND IMPACT OF INNOVATIVE MODELS ACROSS HIGH SCHOOL, POSTSECONDARY AND

CAREER. TO HELP LEARNERS SUCCEED IN A RAPIDLY EVOLVING WORLD, LEARN TO

EARN SEEKS TO SCALE POSTSECONDARY AND CAREER INNOVATION WITH PROVEN

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IMPACT FOR LOW-INCOME AND UNDER-REPRESENTED STUDENTS SPECIFICALLY. TO THAT END, LEARN TO EARN TACKLES BARRIERS AT TWO LEVELS: 1) DIRECT LEARNER IMPACT, WHERE WE PROVIDE BREAKTHROUGH ORGANIZATIONS (INSIDE AND OUTSIDE OF EXISTING INSTITUTIONS) WITH THE FINANCIAL AND LEADERSHIP CAPACITY TO SCALE THEIR IMPACT, AND 2) SYSTEMS CHANGE, WHERE WE ALIGN DIVERSE GROUPS OF LEADING ACTORS IN THE ECOSYSTEM TO REMOVE BARRIERS THAT STALL PROGRESS IN POLICY AND PRACTICE.

THROUGH THE EARLY CHILDHOOD SUPPORT ORGANIZATION (ECSO) INITIATIVE, NEW PROFIT WILL ESTABLISH A PUBLIC-PRIVATE PARTNERSHIP THAT PROVIDES RESOURCES AND ALIGNS FINANCIAL INCENTIVES TO SUPPORT BETTER OUTCOMES FOR CHILDREN FROM LOW-INCOME COMMUNITIES WHO ARE ENROLLED IN CENTER-BASED HEAD START AND SUBSIDIZED CHILD CARE PROGRAMS. ECSO OFFERS AN OPPORTUNITY FOR FUNDERS AND LEADERS IN EARLY EDUCATION TO DEVELOP A SYSTEMS-LEVEL, SCALABLE APPROACH TO IMPROVING THE QUALITY OF LEARNING IN SETTINGS WHERE YOUNG CHILDREN FROM LOW-INCOME COMMUNITIES ARE SERVED. ECSOS WILL SERVE AS INTERMEDIARY ORGANIZATIONS THAT PARTNER WITH THESE LOCAL CENTER-BASED EARLY CHILDHOOD PROVIDERS TO HELP THEM IMPLEMENT THE ECSO'S ARTICULATED PROGRAM MODEL, COVERING ALL THE AREAS WE KNOW ARE ESSENTIAL FOR HIGH-QUALITY PROGRAM DELIVERY AND LONG-TERM IMPACT.

THE NEW PROFIT ACCELERATOR PROGRAM IDENTIFIES, CONNECTS, ADVISES, AND INVESTS IN SOCIAL ENTREPRENEURS FROM UNDERREPRESENTED COMMUNITIES WHO ARE CREATING INNOVATIVE SOLUTIONS TO PERSISTENT PROBLEMS IN THEIR COMMUNITIES. WE PROVIDE A \$50K UNRESTRICTED GRANT, STRATEGIC ADVICE, AND A PEER LEARNING COMMUNITY OVER ONE YEAR TO SOCIAL ENTREPRENEURS FROM UNDERREPRESENTED COMMUNITIES WHO ARE GROWING EARLY-STAGE

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ORGANIZATIONS. NEW PROFIT CURRENTLY HAS COHORT-BASED ACCELERATOR PROGRAMS FOCUSED ON INVESTING IN SOCIAL ENTREPRENEURS OF COLOR AND SOCIAL ENTREPRENEURS WHO HAVE BEEN DIRECTLY IMPACTED BY THE CRIMINAL JUSTICE SYSTEM . IN ADDITION TO DIRECTLY SUPPORTING ENTREPRENEURS, NEW PROFIT ALSO WORKS TO ADVANCE INCLUSIVE AND TRANSPARENT GRANTMAKING THAT REMOVE BARRIERS TO EQUITABLE LEADERSHIP AND OPPORTUNITY IN THE NONPROFIT AND PHILANTHROPIC SECTORS.

PORTFOLIO SUPPORT SERVICES INCLUDE COSTS RELATING TO DEVELOPING AND MAINTAINING CONSISTENT PORTFOLIO ORGANIZATION MANAGEMENT, INVESTMENT SELECTION, DEAL SUPPORT, AND PROGRAM EVALUATION PRACTICES THROUGHOUT THE ORGANIZATION'S PORTFOLIO. CERTAIN COMPONENTS ARE ALLOCATED TO EACH OF THE ORGANIZATION'S PORTFOLIO INVESTMENT PROGRAMS.

NEW PROFIT ALSO CONDUCTS A VARIETY OF FIELD LEADERSHIP ACTIVITIES THAT WORK TO CONSTANTLY PUSH THE SOCIAL SECTOR TO EMBRACE INNOVATION, GENERATE NEW SOLUTIONS, AND CREATE THE CONDITIONS THAT ENABLE ALL SOCIAL ENTREPRENEURS TO THRIVE. NEW PROFIT HAS CREATED COMMUNITIES OF LEARNING FOR SOCIAL ENTREPRENEURS TO COLLABORATE, SHARE, AND NETWORK FOR MAXIMUM IMPACT. THIS ECOSYSTEM BUILDING APPROACH PROVIDES THE OPPORTUNITY FOR SOCIAL ENTREPRENEURS TO LEARN FROM EACH OTHER AND COLLABORATE WITH PHILANTHROPISTS, RESEARCHERS, POLICYMAKERS, AND OTHER ESSENTIAL CONTRIBUTORS WHO ARE ALIGNED IN PURSUING SYSTEMIC CHANGE IN PHILANTHROPY AND SOCIAL PROBLEM-SOLVING. THE GATHERING OF LEADERS, NEW PROFIT'S ANNUAL CROSS-SECTOR CONVENING, IS THE SIGNATURE PLATFORM FOR BRINGING TOGETHER LEADERS TO DEVELOP AND ADVANCE BIG NEW IDEAS FOR SOCIAL IMPACT. IN ADDITION, AMERICA FORWARD IS NEW PROFIT'S NONPARTISAN POLICY ARM THAT UNITES POLICYMAKERS WITH SOCIAL ENTREPRENEURS TO

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ADVANCE A PUBLIC POLICY AGENDA THAT CHAMPIONS INNOVATIVE AND EFFECTIVE

SOLUTIONS TO OUR COUNTRY'S MOST PRESSING SOCIAL PROBLEMS. THE AMERICA

FORWARD COALITION LEADS A NETWORK OF MORE THAN 70 SOCIAL INNOVATION

ORGANIZATIONS THAT FOSTER INNOVATION, IDENTIFY MORE EFFICIENT AND

EFFECTIVE SOLUTIONS, REWARD RESULTS, AND CATALYZE CROSS-SECTOR

PARTNERSHIPS IN EDUCATION, EARLY CHILDHOOD, WORKFORCE DEVELOPMENT,

YOUTH DEVELOPMENT, AND POVERTY ALLEVIATION.

EXPENSES \$ 7,680,541. INCL GRANTS OF \$ 1,996,000. REVENUE \$ 285,476.

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

CERTAIN EMPLOYEES OF THE ORGANIZATION REVIEW THE FORM 990 PRIOR TO THE
FILING. IN ADDITION, THE FULL FORM 990 WAS REVIEWED BY NEW PROFIT'S FINANCE
COMMITTEE BEFORE BEING FILED WITH THE IRS. A FULL COPY OF THE 990 WAS
EMAILED TO THE ENTIRE BOARD PRIOR TO ITS FILING.

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

THE NEW PROFIT BOARD OF DIRECTORS ADOPTED A CONFLICT OF INTEREST POLICY IN
2005 AND REVISED THE DOCUMENT DURING 2009 AND 2011. ALL NEW DIRECTORS ARE
GIVEN A COPY OF THE POLICY WHEN THEY ARE VOTED ONTO THE BOARD. ALL BOARD
MEMBERS ARE ALSO REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO
CONFLICTS AND PROVIDE ANNUAL CONFLICT OF INTEREST SIGNOFFS. ADDITIONALLY,
WHEN DIRECTORS HAVE DIRECT RELATIONSHIPS WITH CURRENT PORTFOLIO
ORGANIZATIONS OR PIPELINE ORGANIZATIONS (E.G. THEY SERVE ON THE BOARD OF AN
ORGANIZATION), DIRECTORS ARE ASKED TO RECUSE THEMSELVES FROM VOTING WHEN
DECISIONS REGARDING THESE ORGANIZATIONS ARE MADE BY THE BOARD OF DIRECTORS.
WHEN COMPENSATION OF MANAGEMENT IS DISCUSSED AND DECIDED BY THE BOARD,
DIRECTORS WITH DIRECT RELATIONSHIPS WITH INDIVIDUALS ON THE MANAGEMENT TEAM
ARE ASKED TO RECUSE THEMSELVES.

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

COMPENSATION FOR CERTAIN MEMBERS OF NEW PROFIT'S EXECUTIVE TEAM IS SET BY THE COMPENSATION COMMITTEE OF THE NEW PROFIT BOARD OF DIRECTORS. AS INPUT TO THIS DECISION-MAKING PROCESS, MANAGEMENT PROVIDES THE BOARD'S COMPENSATION COMMITTEE WITH SALARY DATA FOR COMPARABLE POSITIONS WITHIN COMPARABLE ORGANIZATIONS, AN ASSESSMENT OF NEW PROFIT'S PERFORMANCE AGAINST GOALS FOR THE PREVIOUS FISCAL YEAR, AND PERFORMANCE ASSESSMENTS FOR EACH STAFF MEMBER, INCLUDING A SELF-ASSESSMENT. MANAGEMENT MEETS WITH THE COMPENSATION COMMITTEE TO DISCUSS THE MATERIAL PROVIDED. THE COMPENSATION COMMITTEE THEN MEETS INDEPENDENTLY TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE PROVIDED UPON REQUEST AND IN ACCORDANCE WITH APPLICABLE STATES AND FEDERAL LAWS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,508,995.
MANAGEMENT AND GENERAL EXPENSES	493,411.
FUNDRAISING EXPENSES	498,407.
TOTAL EXPENSES	3,500,813.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,500,813.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CANCELLED COMMITMENTS RECEIVABLE	-52,102.
PROVISION FOR UNCOLLECTIBLE COMMITMENTS	-74,986.
TOTAL TO FORM 990, PART XI, LINE 9	-127,088.

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PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

COPY

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. NEW PROFIT INC.	Employer identification number (EIN) or 04-3396766
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 225 FRANKLIN STREET, NO. 350	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02110	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

IAN MAGEE, CFO

- The books are in the care of ▶ 225 FRANKLIN STREET, SUITE 350 - BOSTON, MA 02110
Telephone No. ▶ 617-912-8808 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2018 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.