**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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	C Name of organization			D Employer identif	fication number
	Addres	NEW PROFIT INC.				
	Name change				**-***6766	
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numb	er
	Final return/	99 BEDFORD STREET	,	500	617-912-880	
	termin- ated	City or town, state or province, country, and a	7IP or foreign postal code		G Gross receipts \$	22,156,350.
	Ameno		an or reverger poortal code		H(a) Is this a group	
F	Application		BORCHARD		for subordinate	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
	Websit		(		H(c) Group exempti	
			ociation Other	L Year		M State of legal domicile; MA
	art I	Summary	<del></del>			<u> </u>
_	1	Briefly describe the organization's mission or most	significant activities: NEW PR	OFIT IS A	VENTURE	
Governance	1	PHILANTHROPY ORGANIZATION THAT BACKS S				
rna	2	Check this box if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net a	assets.
ove	3	Number of voting members of the governing body (	Part VI, line 1a)		3	20
<u>ن</u> ھ		Number of independent voting members of the gov				20
Se		Total number of individuals employed in calendar y				88
ξį		Total number of volunteers (estimate if necessary)				21
Activities		Total unrelated business revenue from Part VIII, col				0.
_		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			77,008,557	. 21,717,666.
	9	Program service revenue (Part VIII, line 2g)			101,731	. 160,125.
ě	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		8,686	. 278,559.
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0	0.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		77,118,974	. 22,156,350.
	13	Grants and similar amounts paid (Part IX, column (A	N), lines 1-3)		10,306,000	. 12,385,000.
	14	Benefits paid to or for members (Part IX, column (A	, line 4)		0	0.
es	15	Salaries, other compensation, employee benefits (F	art IX, column (A), lines 5-10)		10,531,823	. 12,238,553.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			224,521	. 200,402.
ğ	b.	Total fundraising expenses (Part IX, column (D), line	25) 3,008,	718.		
ш	17 '	Other expenses (Part IX, column (A), lines 11a-11d,			6,418,333	<del> </del>
		rotal expenses. Add lines 13-17 (must equal Part ۱٪			27,480,677	, ,
		Revenue less expenses. Subtract line 18 from line	12		49,638,297	
Net Assets or Fund Balances				Ве	ginning of Current Year	<u> </u>
Sset	20				113,525,114	<u> </u>
et A	21				592,953	<del> </del>
		Net assets or fund balances. Subtract line 21 from	line 20		112,932,161	. 98,934,460.
_	art II	Signature Block	and all all and a second and a second all all all all all all all all all al			and the state of t
	-	ties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	) is based on all illiormation of w	nich preparer	lias any knowledge.	
0:-		Signature of officer			I Date	
Sig		DOUG BORCHARD, MANAGING DIRECTOR AND C	00		Duto	
He	re	Type or print name and title				
		<i>71</i> 1	Dropararia aignatura	П	Date Check	T I PTIN
Pai	<sub>d</sub>		Preparer's signature IATTHEW HUTT, CPA		0 (21 (02 lif	
	u parer	Firm's name AAFCPAS, INC.	LITTIEW HOIT, CPA		1	7*-***1780
	Only	Firm's address 50 WASHINGTON STREET	Firm's EIN *	1700		
030	, only	WESTBOROUGH, MA 01581			Dhone no 50	8-366-9100
1/10	v tha IF	S discuss this return with the preparer shown abo	/e2 See instructions		TEHOUR HO.50	X Yes No
ivid	y 1.110 11	io discuss this return with the preparer shown abo	, c : Occ    Ibil uctions			169 180

	1990 (2022) NEW PROFIT INC.	**-***6766	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		х
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
	Did the exemination undertake any significant program convices during the year which were not listed on the		
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
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.		162 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10,505,359. including grants of \$6,825,000. ) (Revenue	e\$	160,125.)
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ 7 , 352 , 827 . including grants of \$ 4 , 900 , 000 . ) (Revenue	e \$	)
	SEE SCHEDULE O.		
4c	(Code: ) (Expenses \$ 302,105. including grants of \$ ) (Revenue	e \$	)
	SEE SCHEDULE O.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 10,511,792. including grants of \$ 660,000.) (Revenue \$	)	
4e	Total program service expenses 28,672,083.	•	

232002 12-13-22

12031031 715045 90138

# 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)?  If "Yes," complete Schedule A	1	х	
0	If "Yes," complete Schedule A	2	X	
2			21	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		۱,,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		<del></del>
′	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<del></del>
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		17	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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**\*\***-**\*\***6766 Page 4

Form 990 (2022)

NEW PROFIT INC. Part IV Checklist of Required Schedules (continued)

22 X  23 Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, committed (***), complete \$5 checkele (***) Fart I and III				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5, about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule U.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", ye to line 25a.  24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December \$1, 2002? If "Yes," answer lines 2-b through 24d and complete Schedule II "No.", or to lime 25a.  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary particle exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary particle exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary particle exception?  5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary particle exception?  5 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  5 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  5 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 990 or 990 E27 If "Yes," complete Schedule I. Part II.  5 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributions or any of these persons? If "Yes," complete Schedule I., Part II.  2 Did the organization report any of these persons? If "Yes," complete Schedule I., Part II.  2 Did the organization aware thereof) or family member of any of these persons? If "Yes," complete Schedule I., Part II.  2 Did the organization			22		Х
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No."; yo to line 25a  24b  25b  26c  27b  27b  27c  27c  27d  27d  27d  27d  27d  27d	23				
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027 if "Yeş," answin lines 24b through 24d and complete Schedule K. If "No," go to line 25a    24a				l	
start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  Schedule K, If "No," go to line 25a  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d  25S Section 501(23), 501(44), and 501(429) organizations. Out the organization engage in an excess benefit transaction with a disqualified person during the year?  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 £27 if "Yes," complete Schedule I., Part I  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramin permber of any of these persons? If "Yes," complete Schedule I., Part II  d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee threed) or family member of any of these persons? If "Yes," complete Schedule I., Part III  28 Was the organization party to a business transaction with one of the following parties leet the Schedule I., Part IV instructions for applicable fining thresholds, conditions, and exceptions?  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part IV instructions for applicable Schedule I., Part IV instructions for applicable Schedule II., Part IV instructions for applicable Sched	04 -	Schedule J	23	X	
Schedule K. If "No." go to lime 25s   24a   X   b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escorw account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year 10 year. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I   25s   X   b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 er90-E27 If "Yes," complete Schedule I., Part I   25b   X   25b   25c	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24b   27c   2			242		l x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24d    25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I   25a	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  246    25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a   X  25b   St. the organization avaer that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I    25b   X  26					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(3), 501(4), 4n 501(4)			24c		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that if engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II "Yes," complete Schedule L, Part II  25b	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Schedule L, Part I   25b    X    10	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "ves," complete Schedule L, Part III.  26					l
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27   28			25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II    27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant at selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    28a	26				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IVI instructions for applicable filling thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IVI 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IVI 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IVI 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? "35a X  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b X  35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership			06		, v
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27	27		20		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt no	Zi				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a			27		x
instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a	28				
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  28c					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If  "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O contains a response or note to any line in this Part V  Yes Note: All Form 990 filers are requi	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//  "Yes," complete Schedule L, Part IV  28c		"Yes," complete Schedule L, Part IV	28a		Х
"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V II 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X  Part V  Statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No			28b		Х
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	С				l
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30				v	X
contributions? If "Yes," complete Schedule M  30			29	^	_
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 Check if Schedule O contains a response or note to any line in this Part V  29 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  30 In an Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  31 In an Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable	30		30		l x
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32	31				├──
Schedule N, Part II  32			<u> </u>		
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34	33				
Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V			33		Х
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Test No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 113	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 113					-
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			35a		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10  11  12  13  113	b		255		
If "Yes," complete Schedule R, Part V, line 2  36	26		350		_
27 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  28 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  28 X  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 113	30		36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 113	37		-00		<del>-</del>
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 113			37		х
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 113	38				
Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 113		Note: All Form 990 filers are required to complete Schedule O	38	х	
1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a113113	Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   113		Check if Schedule O contains a response or note to any line in this Part V			Ш
		February 1		Yes	No
DELICE THE HUMBER OF FORMS W-2G INCIDICE OF THE TALE EFFECTOR IN THE TALE EFFECTOR APPLICABLE TO THE TOTAL PROPERTY OF THE TALE FOR THE			4		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
(gambling) winnings to prize winners?	·		1c	х	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 88	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
3a			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١.		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
oa	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		- Ou		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40-			
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	-		
11	Section 501(c)(12) organizations. Enter:	TOD	-		
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	T T G	1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b> </b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	•			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				1,5
	excess parachute payment(s) during the year?		15		Х
40	If "Yes," see the instructions and file Form 4720, Schedule N.	t in a cons 0	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
17	If "Yes," complete Form 4720, Schedule O.	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 49532		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
				1	

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Form 990 (2022)

NEW PROFIT INC.

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Page

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a NO	respoi	150
				Х
800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
Sec	tion A. Governing body and Management		V	Na
4.	Entay the number of veting members of the gaverning heady at the and of the tay year	0	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a	- 1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	0		
b	Enter the Hamber of Young members included on the Ta, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
•	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3				Х
4	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vac	No
100	Did the expenientian have lead charters branches as effiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
h	Other officers or key employees of the organization	15b	Х	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed MA, NY, CA, FL, WA, AL, AK, CO, HI, KS, KY, ME			
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	n avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	JJS OI II y	, avail	ADIC
	Own website Another's website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public during the tax year.	a IIIIa	iioiai	
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			

SEE SCHEDULE O FOR FULL LIST OF STATES

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Form **990** (2022)

90138\_\_1

99 BEDFORD STREET, 500, BOSTON, MA

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	CCI all	lu a u	ii ecic	)/ ii us	100)	from	from related	other 
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1000 (120)	and related
	below	dual	ution	_	oldm	est co byee	la e			organizations
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former			· ·
(1) VANESSA KIRSCH	45.00									
FOUNDER AND CO-CEO				Х				420,242.	0.	33,454.
(2) TULAINE MONTGOMERY	45.00									
CO-CEO				Х				426,103.	0.	17,440.
(3) DEBORAH SMOLOVER	45.00									
MANAGING PARTNER, ED OF AMERICA FORW						Х		342,260.	0.	32,016.
(4) ELIZA GREENBERG	45.00									
MANAGING PARTNER					Х			277,788.	0.	25,416.
(5) DOUGLAS BORCHARD	45.00									
MANAGING PARTNER, CHIEF OPERATING OF	45.00			Х				282,915.	0.	7,569.
(6) DERREK SHULMAN	45.00					,,		241 605	0	24 774
MANAGING PARTNER	45.00		_			Х		241,685.	0.	31,771.
(7) IAN MAGEE MANAGING PARTNER, CHIEF FINANCIAL OF	45.00			х				240 276	0.	17 440
(8) SHRUTI SEHRA	45.00			Λ				249,376.	0.	17,440.
MANAGING PARTNER	45.00					x		244,129.	0.	17 //0
(9) KEVIN GREER	45.00					Δ.		244,125.	0.	17,440.
MANAGING PARTNER	43.00					x		215,235.	0.	31,761.
(10) SHAWN DOVE	45.00					<del> </del>		213,233.	• • • • • • • • • • • • • • • • • • • •	31,701.
MANAGING PARTNER						x		220,972.	0.	21,258.
(11) JEFFREY WALKER	1.00							, .	-	, -
CHAIRMAN		х		х				0.	0.	0.
(12) STEVE BARNES	1.00									
DIRECTOR		х						0.	0.	0.
(13) JOSH BEKENSTEIN	1.00									
DIRECTOR		х						0.	0.	0.
(14) KERWIN CHARLES	1.00									
DIRECTOR		х						0.	0.	0.
(15) SAM COBBS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ALISA DOCTOROFF	1.00									
DIRECTOR		Х						0.	0.	0.
(17) DAVID GERGEN	1,00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2022) NEW PROFIT INC. \*\*-\*\*6766 Page **8** 

Form 990 (2022) NEW PROFIT II	-								""-""6/66	Page <b>o</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) STACY JANIAK	1.00									
DIRECTOR		Х						0.	0.	0.
(19) STEVE JENNINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(20) WENDY KOPP	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MATT LEVIN	1.00									
DIRECTOR		Х						0.	0.	0.
(22) HENRY MCCANCE	1.00									
DIRECTOR		Х						0.	0.	0.
(23) DUNCAN MCFARLAND	1.00									
DIRECTOR		Х						0.	0.	0.
(24) VALERIE MOSLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(25) KRISTIN MUGFORD	1.00									
DIRECTOR		х						0.	0.	0.
(26) MARK NUNNELLY	1.00									
DIRECTOR		х						0.	0.	0.
1b Subtotal								2,920,705.	0.	235,565.
c Total from continuation sheets to Part V	II, Section A					<b></b>		0.	0.	0.
d Total (add lines 1b and 1c)								2,920,705.	0.	235,565.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

5 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
VOLITION LLC	PORTFOLIO AND STRATEGY	
3 SOUTH BROOK ROAD, LINCOLN, MA 01771	CONSULTING	360,000.
MCPHERSON STRATEGIES, LLC, 190 STATE	COMMUNICATION STRATEGY &	
STREET, #11A, WASHINGTON, DC 20008	IMPLEMENTATION	327,000.
EVALUATION STRATEGY LLC	EVALUATION AND PORTFOLIO	
5019 RENO RD NW, WASHINGTON, DC 20008	SUPPORT	233,750.
NRG CONSULTING GROUP		
62 CYPRESS STREET, NEWTON , MA 02459	TALENT RECRUITMENT	154,673.
JEFF NELSON	PORTFOLIO AND FUNDRAISING	
1135 MOREHEAD CT, ANN ARBOR, MI 48103	STRATEGY	151,050.
2 Total number of independent contractors (including but not limited t	to those listed above) who received more than	
\$100,000 of compensation from the organization	5	
·		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 NEW PROFIT INC. \*\*\_\*\*\*6766

Form 990 NEW PROFIT II	NC.								**-***676	6
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable compensation	Estimated
	hours			(check all that apply)			ly)	compensation		amount of
	per	Ť				Ė	Ť.	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old ma		organization	(W-2/1099-MISC)	from the
	hours for	or dir	a.			ited e		(W-2/1099-MISC)		organization
	related	stee	ruste		a.	pens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stituti	Officer	y em	ghest	Former			
-	,	٥	Ë	₽	ᇂ	宝	요			
(27) JOHN RICE	1.00									
DIRECTOR		Х						0.	0.	0.
(28) BRIAN SPECTOR	1.00									
DIRECTOR		Х						0.	0.	0.
(29) VENKAT SRINIVASAN	1.00									
DIRECTOR		х		L	L	L	L	0.	0.	0.
(30) DEBORAH QUAZZO	1.00									
DIRECTOR		х						0.	0.	0.
(31) JAMES PALLOTTA	1.00									
DIRECTOR (UNTIL 12/2022)		х						0.	0.	0.
						7				
										_
								· ·		
			-							
		L	L	L	L	L	L			
		L	L	L	L	L	L			
Total to Part VII, Section A, line 1c										

Form 990 (2022) NEW PROFIT
Part VIII Statement of Revenue NEW PROFIT INC. Page 9 \*\*-\*\*\*6766

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
ts t	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ا ق ق		Fundraising events 1c					
ifts r A							
ا الله		Government grants (contributions)  1d  1e					
Sir		All other contributions, gifts, grants, and					
e ti	٠,		21,717,666.				
등티			405,181.				
ng	_	Noncash contributions included in lines 1a-1f	405,161.	21 717 666			
9 0	n	Total. Add lines 1a-1f		21,717,666.			
		<del> </del>	Business Code				
<u>ice</u>	2 a	NETWORKING EVENT FEES	900099	160,125.	160,125.		
er e	b						
n S	С						
lev ev	d						
Program Service Revenue	е						
ه ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f		160,125.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		278,559.			278,559.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	1				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory 7a	(1) 0 11 (0)				
	h	Less: cost or other basis					
<u>o</u>	b	and sales expenses					
en	_						
ther Revenue							
놂		Net gain or (loss)					
¥	8 а	Gross income from fundraising events (not					
١		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses8b					
		` '					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 a						
Miscellaneous Revenue	b						
e e	С						
Aisc B	d	All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		22,156,350.	160,125.	0.	278,559.

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Form 990 (2022)

NEW PROFIT INC.

## 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,385,000.	12,385,000.		
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,	1 552 562	660 700	716 210	200 650
_	trustees, and key employees	1,773,763.	668,792.	716,319.	388,652
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0 104 406	5 252 650	1 404 760	1 245 054
7	Other salaries and wages	8,124,406.	5,353,670.	1,424,762.	1,345,974
8	Pension plan accruals and contributions (include	177 070	115 055	20 760	20 140
_	section 401(k) and 403(b) employer contributions)	177,979.	115,077.	32,760.	30,142
9	Other employee benefits	1,460,709.	915,328.	297,153.	248,228
10	Payroll taxes	701,696.	428,970.	150,291.	122,435
11	Fees for services (nonemployees):				
a	• • • • • • • • • • • • • • • • • • • •				
b	• • • • • • • • • • • • • • • • • • • •	27 205		27 205	
С	• • • • • • • • • • • • • • • • • • • •	27,205.	47 650	27,205.	
d	, 3 F	47,659.	47,659.		200 402
e	ř –	200,402.			200,402
f	Investment management fees				
g	,	5 260 242	4 556 120	576 076	226 120
40	column (A), amount, list line 11g expenses on Sch 0.)	5,369,243.	4,556,128.	576,976.	236,139
12	Advertising and promotion	114,988.	56,506.	33,137.	25,345
13	Office expenses	114,900.	30,300.	33,137.	23,343
14 45	Information technology				
15	Royalties	1,039,991.	540,880.	231,733.	267,378
16 17	Occupancy	220,721.	121,868.	63,885.	34,968
17 40	Travel	220,721.	121,000.	03,003.	34,900
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	3,137,258.	3,066,211.	58,217.	12,830
19 20		3,137,230.	3,000,211.	30,217.	12,030
20 21	Interest Payments to offiliates				
21 22	Payments to affiliates			+	
22 22					
23 24	Other expenses. Itemize expenses not covered				
<b>24</b>	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RECRUITING AND TALENT	641,536.	382,195.	169,732.	89,609
b	MISCELLANEOUS	96,353.	33,799.	55,938.	6,616
c		,	,	,	,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35,518,909.	28,672,083.	3,838,108.	3,008,718
<u> </u>	<b>Joint costs.</b> 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)				

Form 990 (2022)
Part X Balance Sheet

rai	t X	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X		<del></del>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			9,748,112.	1	2,807,683
	2	Savings and temporary cash investments			57,385,162.	2	65,653,953
	3	Pledges and grants receivable, net			46,004,320.	3	31,771,589
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer	nt or for	ner officer, director,			
		trustee, key employee, creator or founder, se	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descri	ribed in	section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			387,520.	9	242,90
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ine 11			12	
	13	Investments - program-related. See Part IV, I	line 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	1,620,56
	16	Total assets. Add lines 1 through 15 (must			113,525,114.	16	102,096,69
	17	Accounts payable and accrued expenses	592,953.	17	1,419,57		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ž	22	Loans and other payables to any current or					
<b>[</b>		trustee, key employee, creator or founder, si	ubstanti	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
5	23	Secured mortgages and notes payable to ur	nrelated	third parties		23	
	24	Unsecured notes and loans payable to unre	lated thi	rd parties		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	lines 17-	24). Complete Part X			
		of Schedule D			0.	25	1,742,660
	26	Total liabilities. Add lines 17 through 25			592,953.	26	3,162,23
,		Organizations that follow FASB ASC 958,	check ł	ere X			
<u> </u>		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			25,357,269.	27	29,479,56
<u> </u>	28	Net assets with donor restrictions			87,574,892.	28	69,454,89
בו		Organizations that do not follow FASB AS	SC 958,	check here			
		and complete lines 29 through 33.					
, ס	29	Capital stock or trust principal, or current fur	nds			29	
i se	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			112,932,161.	32	98,934,46
	33	Total liabilities and net assets/fund balances			113,525,114.	33	102,096,696

Form 990 (2022) NEW PROFIT INC. \*\*-\*\*\*6766 Page **12** 

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,	156,	350.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3	_	13,	362,	,559.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	12,	932,	,161.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	635,	,142.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		98,	934,	,460.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
					Yes	No	
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	ea 📗		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	b.	Х	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	:c	Х	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O	۱.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		∟₹	la		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b			

#### **SCHEDULE A**

(Form 990)

Total

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.

Open to Public

Open to Publ Inspection

OMB No. 1545-0047

Name of the organization

NEW PROFIT INC.

Employer identification number

\*\*-\*\*\*6766

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2022 NEW PROFIT INC. \*\*-\*\*6766 Page 2

## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27,482,118.	46,371,399.	20,430,328.	77,008,557.	21,717,666.	193,010,068.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	27,482,118.	46,371,399.	20,430,328.	77,008,557.	21,717,666.	193,010,068.
	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)						42,418,466.
6	Public support. Subtract line 5 from line 4.						150,591,602.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	27,482,118.	46,371,399.	20,430,328.	77,008,557.	21,717,666.	193,010,068.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	272,169.	395,367.	101,343.	8,686.	278,559.	1,056,124.
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.)	5,751.	5,009.	319.			11,079.
11	<b>Total support.</b> Add lines 7 through 10						194,077,271.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,847,545.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, 1	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<u></u>
Sec	tion C. Computation of Publ	ic Support Pei	rcentage				
	Public support percentage for 2022 (I					14	77.59 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	76.99 %
16a	33 1/3% support test - 2022. If the o	•		•		,	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	iblicly supported o	organization		Ш
b	10% -facts-and-circumstances tes	t - <b>2021.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s

Schedule A (Form 990) 2022

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

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

90	ction A. Public Support	clow, picase comp	olete i ait ii.j				
		( ) 2040	#1.0040	( ) 0000	( 1) 0004	( ) 0000	(0 T
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	tion.
	check this box and stop here	· ·			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						,,
	Investment income percentage for 20		<u>-</u> _			17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
.50	more than 33 1/3%, check this box a	-					
ŀ	33 1/3% support tests - 2021. If the						and
•	line 18 is not more than 33 1/3%, che	•			•	·	
	Private foundation. If the organization						

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 NEW PROFIT INC. \*\*-\*\*\*6766 Page 4

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

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

	Yes	No
1		
•		
2		
За		
3b		
3с		
4a		
4b		
40		
4c		
40		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
IUD		

Par	t IV   Supporting Organizations (continued)			
	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		'		
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,	_		
<u>Soc</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion C. Type it 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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 NEW PROFIT INC.			**-***6766 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly intogra	tod Type III supporting or	ganization (soo

Schedule A (Form 990) 2022

instructions).

Sche	dule A (Form 990) 2022 NEW PROFIT INC.				*- <b>***</b> 6766	Page <b>7</b>
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)		
Sect	ion D - Distributions		•		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
_6	Other distributions (describe in Part VI). See instructions.			6		
_7_	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
-	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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 **Employer identification number** \*\*-\*\*\*6766 NEW PROFIT INC. 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? Nο 4a Was a correction made? No b If "Yes," describe in Part IV. 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? 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. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

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Schedule C (F	orm 990) 2022	NEW PROFIT INC.		**-***6766	Page 2
Part II-A	Complete if the	organization is exemp	ot under section 501(c)(3) and filed F	orm 5768 (election ι	ınder

P	art II-A	section 501(h)).	on is exempt under section 50 f(c)(5) and in	ea Form 5766 (er	ection under
_	Check		gs to an affiliated group (and list in Part IV each affiliated	group member's name	e. address. EIN.
		expenses, and share of exces		5 1	, , ,
3	Check		ed box A and "limited control" provisions apply.		
_	<u> </u>	Limits on Lobb	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lol	bbying expenditures to influence pub	lic opinion (grassroots lobbying)	1,857.	
	<b>b</b> Total lol	bbying expenditures to influence a leg	gislative body (direct lobbying)	47,659.	
		bbying expenditures (add lines 1a and	49,516.		
				35,469,393.	
	e Total ex	empt purpose expenditures (add line	s 1c and 1d)	35,518,909.	
			unt from the following table in both columns.	1,000,000.	
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	er \$500,000	20% of the amount on line 1e.		
	Over \$5	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 \$1	7,000,000	\$1,000,000.		
	<b>g</b> Grassro	ots nontaxable amount (enter 25% o	f line 1f)	250,000.	
	h Subtrac	ct line 1g from line 1a. If zero or less, e	enter -0-	0.	
	i Subtrac	t line 1f from line 1c. If zero or less, e	nter -0-	0.	
	j If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reportin	g section 4911 tax for this year?		L	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								
<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total				
1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
				6,000,000.				
23,667.	44,244.	45,313.	47,659.	160,883.				
250,000.	250,000.	250,000.	250,000.	1,000,000.				
				1,500,000.				
			1,857.	1,857.				
	(a) 2019 1,000,000. 23,667. 250,000.	(a) 2019 (b) 2020  1,000,000.  23,667.  44,244.  250,000.  250,000.	(a) 2019 (b) 2020 (c) 2021  1,000,000. 1,000,000. 1,000,000.  23,667. 44,244. 45,313.  250,000. 250,000. 250,000.	(a) 2019 (b) 2020 (c) 2021 (d) 2022 1,000,000. 1,000,000. 1,000,000. 1,000,000. 23,667. 44,244. 45,313. 47,659. 250,000. 250,000. 250,000. 250,000.				

Schedule C (Form 990) 2022

# 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)).

(b)
mount
No
ine 3, is
е

### **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 Inspection

Name of the organization

NEW PROFIT INC.

**Employer identification number** \*\*-\*\*6766

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	s or Accounts. Complete if the
	organization answered Tes off form 555,1 art 14, iii	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			• • •
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advis	sed funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose	conferring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	<u>.</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	oution in the form	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	e organization during the tax
	year			
4	Number of states where property subject to conservation ea	_		
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, a	nd enforcing con	servation easements during the year
7	Amount of expanses incurred in monitoring increasing base	dling of violetions, and o	afaraina aanaan	stion accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and e	ntorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	ate of section 170	n/h)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservati			
•	balance sheet, and include, if applicable, the text of the footi		-	
	organization's accounting for conservation easements.	note to the organization	3 III ariolai Statorii	into that describes the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	· ·	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education	n, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	•	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

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

Schedule D (Form 990) 2022

NEW PROFIT INC. Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Dublic exhibition Loan or exchange program b Scholarly research Other ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 Yes No on Form 990, Part X? **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 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 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (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** Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. 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>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must	0.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NEW PROFIT INC.			- " " 6 / 6 6 Page <b>3</b>
Part VII Investments - Other Securities.	5 000 D 1 1 1 1 1	44L 0	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) = 1 1 1 1 1 1	(b) Book value	(e) memed or valuation. Seet of or	ia or your marrier 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" of	n 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 er	nd-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" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(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" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			1,742,660.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,742,660.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 NEW PROFIT INC.		**-***6	766 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per R	eturn.	
	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	25,138,036
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	+		
b	Donated services and use of facilities 2b	3,616,828.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)	-635,142.		
е	Add lines 2a through 2d		2e	2,981,686
3	Subtract line <b>2e</b> from line <b>1</b>		3	22,156,350
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ı		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	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	22,156,350
Pa	rt 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	39,135,737
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 4		
а	Donated services and use of facilities 2a	3,616,828.		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	3,616,828
3	Subtract line 2e from line 1		3	35,518,909
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	35,518,909
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		4; Part X,	line 2; Part XI,
PART	Y X, LINE 2:			
THE	ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE			
WITH	ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING F	OR		
UNCE	RTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND			
MEAS	SUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX			
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION	ИС		
HAS	DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY	FOR		
EITH	ER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBE	R		

PART XI, LINE 2D - OTHER ADJUSTMENTS:

31, 2022. THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO

EXAMINATION BY THE FEDERAL AND VARIOUS STATE JURISDICTIONS.

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  NEW PROFIT	INC.				**-***676	entification number		
Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" o	n Form 990, Part IV, li	ne 17. Form 990-	Z 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 X Internet and email solicitations  f Solicitation of government grants  c Phone solicitations  g Special fundraising events  d In-person solicitations  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?  X 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		
JEFFREY NELSON - 1135	CONSULTING ON FUNDRAISING	Yes	No					
MOREHEAD STREET, ANN ARBOR, DAVID LEVY - 3 SOUTH BROOK	STRATEGY CONSULTING ON FUNDRAISING		X	100,000.	62,402	37,598.		
ROAD, LINCOLN, MA 01773	STRATEGY AND TO ENGAGE		Х	0.	138,000	-138,000.		
· · · · · · · · · · · · · · · · · · ·					·			
			7					
Total 100,000. 200,402100,40  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.	or is registered or licerised to solicit	COITITIL	ulion	s or rias been notined	it is exempt from	registration		
MA,CA,NY,FL,WA								

232081 10-27-22

Schedule G (Form 990) 2022

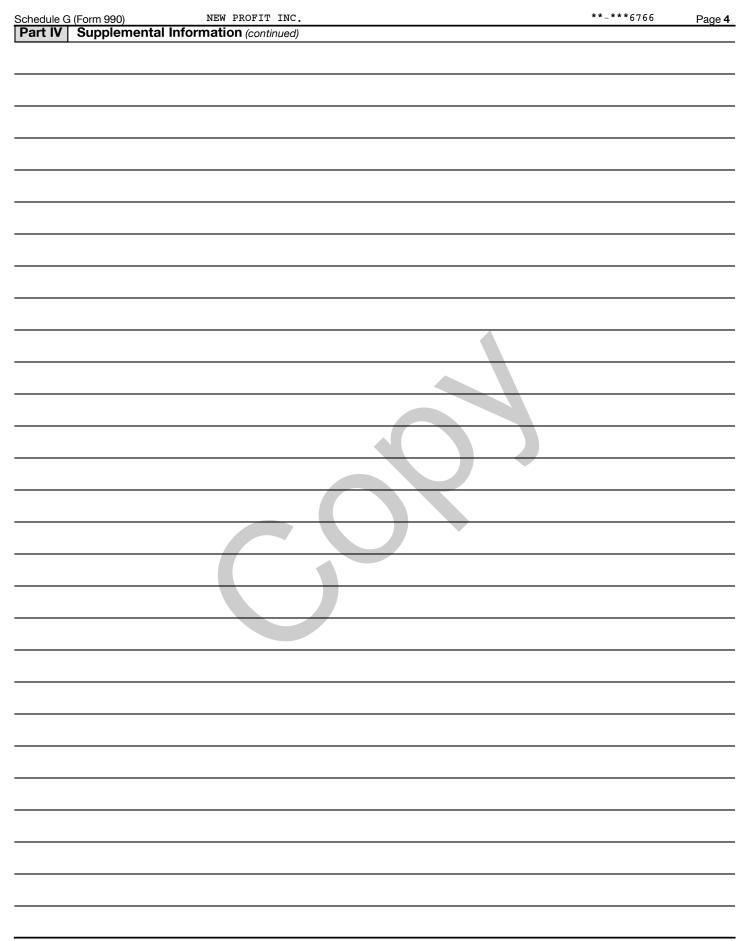
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

_		e G (Form 990) 2022 NEW PROFIT				**6766 Page <b>2</b>		
Pa	<b>Part II Fundraising Events.</b> 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.							
		of fundraising event contributions and gro				ots greater than \$5,000.		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Jue			(event type)	(event type)	(total Hamber)			
Revenue	1	Gross receipts						
æ	ļ .	aros recorpte						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	_							
S	5	Noncash prizes						
nse		Dent/facility agets						
xpe	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Öire	l	Toda and beverages						
_	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)					
		Net income summary. Subtract line 10 from li	ne 3, column (d)					
Pa	ırt I		answered "Yes" on Forr	m 990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.		n a Dull to be (in stant		1.n=		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				zgc,p.og.occ.yozgc		ooi. (a) timoagir ooi. (b)		
æ	1	Gross revenue						
	Ė	aross revenue						
S	2	Cash prizes						
Expenses								
xpe	3	Noncash prizes						
ct E								
Dire	4	Rent/facility costs						
_								
	5	Other direct expenses						
	ء ا	Voluntoer Johan	Yes %	Yes %	Yes %			
	°	Volunteer labor	∟∟ No	∟∟ No	∟ No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	-	Proof expense cummary: And miles 2 timeagn	10 11 00 a 11 11 (a)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		er the state(s) in which the organization condu	_					
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No		
b	lf "I	No," explain:						
10-	\//~	re any of the organization's gaming licenses re	avoked suspended or t	erminated during the tax	vear?	Yes No		
		re any or the organization's garning licenses re Yes," explain:	ovoneu, suspenueu, Or t	eminated during the tax	year:	. LI 169 LINO		
	•	. 00, одраш.						
	_							

Schedule G (Form 990) 2022 232082 10-27-22

Sch	nedule G (Form 990) 2022 NEW PROFIT INC. **	-***6766	Page 3					
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed							
	to administer charitable gaming?	Yes	☐ No					
13	Indicate the percentage of gaming activity conducted in:							
	a The organization's facility	13a	%					
	o An outside facility		<del></del>					
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,					
•	Zinor the half and address of the person who propares the organization organization of garming operations and resonate.							
	Name							
	Address							
	- Tadioco							
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No					
.00	2 Dood the organization have a contract with a time party from whom the organization received garning revenue.							
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	+						
•	of gaming revenue retained by the third party \$	•						
	c) If "Yes," enter name and address of the third party:							
,	5 in Tes, enter name and address of the tillid party.							
	Namo							
	Name							
	Address							
	Address							
16	Gaming manager information:							
10	daming manager information.							
	Name							
	Name							
	Gaming manager compensation \$							
	daming manager compensation $\psi$							
	Description of services provided							
	Description of services provided							
	Director/officer Employee Independent contractor							
	Employee Employee							
17	Mandatory distributions:							
٠	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
ŀ	retain the state gaming license?  Description: Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state of the stat							
	organization's own exempt activities during the tax year \$	10						
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III lings 0	9h 10h					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ar ar iii, iii les s,	JD, 10D,					
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.							
SCF	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:							
-	HIDDE G, TIME I, HIME 2D, HIST OF THE HIGHEST THIS TONDINISHES.							
(T)	NAME OF FUNDRAISER: JEFFREY NELSON							
( - /	THE OF TONDATION, CHILD REBON							
(T)	ADDRESS OF FUNDRAISER: 1135 MOREHEAD STREET, ANN ARBOR, MI 48103							
` _ /								
(T)	NAME OF FUNDRAISER: DAVID LEVY							
<u>\_</u> /								
(J)	ADDRESS OF FUNDRAISER: 3 SOUTH BROOK ROAD, LINCOLN, MA 01773							
/								
(II)	) ACTIVITY: CONSULTING ON FUNDRAISING STRATEGY AND TO ENGAGE PROSPECTS							



#### SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** \*\*-\*\*\*6766 NEW PROFIT INC. 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 X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 4.0 SCHOOLS 612 ANDREW HIGGENS, 3RD FLOOR \*\*-\*\*\*4661 NEW ORLEANS, LA 70130 501(C)3 250,000 PROGRAM EXPANSION ABOUT FRESH, INC. 69 SHIRLEY ST. \*\*-\*\*\*8535 100,000 BOSTON, MA 02119 501(C)3 PROGRAM EXPANSION ADVANCE NATIVE POLITICAL LEADERSHIP EDUCATION FUND (THROUGH FISCAL SPONSOR - 1012 TORNEY AVE \*\*-\*\*\*3100 - SAN FRANCISCO, CA 94129 501(C)3 100,000 0 PROGRAM EXPANSION AFRICAN LEADERSHIP GROUP (THROUGH FISCAL SPONSOR COLORADO NONPROFIT DEVELOP - 789 SHERMAN ST., SUITE \*\*-\*\*\*3585 250 - DENVER CO 80203 501(C)3 100,000 PROGRAM EXPANSION AMERICA ON TECH INC. 25 BROADWAY, 12TH FLOOR \*\*-\*\*\*6001 NEW YORK, NY 10004 501(C)3 PROGRAM EXPANSION 100,000 0 AMERICAN IMPACT CAPITAL FOUNDATION, INC. - 10 VIOLET LN. -\*\*-\*\*\*2513 501(C)3 WESTPORT, CT 06880 125 000 0 PROGRAM EXPANSION 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 85.

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

Schedule I (Form 990) 2022

\*\*-\*\*\*6766 NEW PROFIT INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) ARTS2WORK 1919 SOUTH SYRINGA RD. \*\*-\*\*\*4606 SPOKANE, WA 99203 501(C)3 20,000 0 PROGRAM EXPANSION ASIAN GIRLS IGNITE (THROUGH THE FISCAL SPONSOR THE HADANOU COLLECTIVE)\* - 3533 N. MARION ST. - DENVER, CO 80205 \*\*-\*\*\*6568 501(C)3 100,000 0 PROGRAM EXPANSION ASIAN-AMERICAN WOMENS POLITICAL INITIATIVE - 35 FAYWOOD AVE. -\*\*-\*\*\*8314 |501(C)3 BOSTON, MA 02128 100,000 0 PROGRAM EXPANSION AVANCE, INC. 824 BROADWAY ST., SUITE 204 \*\*-\*\*\*9114 SAN ANTONIO, TX 78215 501(C)3 250,000 0 PROGRAM EXPANSION BACKFIELD IN MOTION, INC. 920 WOODLAND ST. \*\*-\*\*\*6603 501(C)3 NASHVILLE, TN 37206 100,000 0 PROGRAM EXPANSION BARR CENTER 5115 EXCELSIOR BLVD. #476 \*\*-\*\*\*0444 ST. LOUIS PARK, MN 55416 501(C)3 250,000 PROGRAM EXPANSION 0 BELOVED COMMUNITY CENTER P.O. BOX 875 \*\*-\*\*\*7250 501(C)3 GREENSBORO, NC 27402 250 000 0 PROGRAM EXPANSION BEYOND12 EDUCATION 1625 CLAY ST. \*\*-\*\*\*5246 OAKLAND, CA 94612 501(C)3 250,000 0 PROGRAM EXPANSION BLACK CULTURAL ZONE COMMUNITY DEVELOPMENT CORPORATION - 8495 PARDEE DR., #6006 - OAKLAND, CA \*\*-\*\*\*5205 94621 501(C)3 100,000 0 PROGRAM EXPANSION

Schedule I (Form 990)

\*\*-\*\*\*6766 NEW PROFIT INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) BLACK NASHVILLE ASSEMBLY 1620 12TH AVE. NORTH \*\*-\*\*\*4390 NASHVILLE, TN 37208 501(C)3 100,000 0 PROGRAM EXPANSION BRAVA LEADERS LLC 3756 W. AVENUE 40, SUITE K, #302 LOS ANGELES, CA 90065 \*\*-\*\*\*7799 501(C)3 125,000 0 PROGRAM EXPANSION BRAVEN 171 NORTH ABERDEEN ST, SUITE 400 \*\*-\*\*\*0594 CHICAGO, IL 60607 501(C)3 250,000 0 PROGRAM EXPANSION CALCULUS ROUNDTABLE (THROUGH FISCAL SPONSOR WEST CONTRA COSTA PUBLIC EDUCAT - 1400 MARINA WAY S \*\*-\*\*\*5307 - RICHMOND, CA 94804 501(C)3 100,000 0 PROGRAM EXPANSION CARA CHICAGO 237 S. DESPLAINES ST. \*\*-\*\*\*8095 501(C)3 CHICAGO, IL 60661 250,000 0 PROGRAM EXPANSION CENTRAL VALLEY SCHOLARS 710 VAN NESS, 141 \*\*-\*\*\*6995 FRESNO, CA 93721 501(C)3 100,000 PROGRAM EXPANSION 0 CENTRO COMMUNITY PARTNERS 825 WASHINGTON ST., SUITE 228 \*\*-\*\*\*2960 501(C)3 OAKLAND, CA 94607 20 000 0 PROGRAM EXPANSION CITIZEN UNIVERSITY 300 LENORA ST., PMB 1391 \*\*-\*\*\*0721 SEATTLE, WA 98121 501(C)3 125,000 0 PROGRAM EXPANSION CODEPATH ORG 5214F DIAMOND HITS BLVD., UNIT #11 \*\*-\*\*\*8932 SAN FRANCISCO, CA 94131 501(C)3 250,000 0 PROGRAM EXPANSION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) COLLABORATIVE FOR ACADEMIC. SOCIAL, AND EMOTIONAL LEARNING -815 WEST VAN BUREN ST., SUITE 210 \*\*-\*\*\*4201 - CHICAGO, IL 60607 501(C)3 250,000 0 PROGRAM EXPANSION CONVIVIR COLORADO 3264 LARIMER ST., UNIT D DENVER, CO 80205 \*\*-\*\*\*3753 501(C)3 100,000 0 PROGRAM EXPANSION ENGLISH LEARNERS SUCCESS FORUM 2105 VISTA OESTE ST. NW. SUITE E-1 \*\*-\*\*\*3559 ALBUQUERQUE, NM 87120 501(C)3 250,000 0 PROGRAM EXPANSION ENVISON EDUCATION 111 MYRTLE ST., SUITE 202 \*\*-\*\*\*4659 OAKLAND, CA 94607 501(C)3 250,000 0 PROGRAM EXPANSION EQUAL OPPORTUNITY SCHOOLS 5601 6TH AVE.S, #258 \*\*-\*\*\*9659 501(C)3 SEATTLE, WA 98108 250,000 0 PROGRAM EXPANSION EVER FORWARD (THROUGH FISCAL SPONSOR YOUTH PASSAGEWAYS) - 1714 FRANKLIN ST., #100-337 - OAKLAND \*\*-\*\*\*0095 CA 94612 501(C)3 100,000 PROGRAM EXPANSION 0 FUND FOR GUARANTEED INCOME 2040 MARIPOSA AVE. \*\*-\*\*\*9049 501(C)3 EL SEQUNDO, CA 90245 100 000 0 PROGRAM EXPANSION GIRLS LEADERSHIP INSTITUTE INC. 1675 7TH ST., #24423 \*\*-\*\*\*7431 OAKLAND, CA 94615 501(C)3 250,000 0 PROGRAM EXPANSION HEALTH TECH FOR MEDICAID 5627 TELEGRAPH AVE. SUITE 222 \*\*-\*\*\*2511 501(C)3 OAKLAND, CA 94609 100,000 0 PROGRAM EXPANSION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) HEART & HAND CENTER 2736 WELSON ST., #204 \*\*-\*\*\*1869 DENVER, CO 80205 501(C)3 100,000 0 PROGRAM EXPANSION HOMIES EMPOWERMENT (THROUGH FISCAL SPONSOR SOCIAL GOOD FUND) - 12651 SAN PABLO AVE. UNIT 5473 -RICHMOND, CA 94805 \*\*-\*\*\*3531 501(C)3 100,000 0 PROGRAM EXPANSION ILLINOIS CONTRACEPTIVE ACCESS NOW (THROUGH FISCAL SPONSOR ALLIANCECHICAGO) - 225 W. ILLINOIS \*\*-\*\*\*4098 ST., SUITE 500 - CHICAGO, IL 60654 501(C)3 100,000 0 PROGRAM EXPANSION INNER CITY COMPUTER STARS FOUNDATION - 415 N. DEARBORN \*\*-\*\*\*3411 SUITE 300 - CHICAGO, IL 60654 501(C)3 250,000 0 PROGRAM EXPANSION INSTRUCTION PARTNERS 604 GALLATIN AVE. STE 202 \*\*-\*\*\*0182 NASHVILLE, TN 37206 501(C)3 250,000 0 PROGRAM EXPANSION ISSUE ONE 1401 K ST. NW, SUITE 350 \*\*-\*\*\*4285 WASHINGTON, DC 20005 501(C)3 125,000 PROGRAM EXPANSION 0 JOY AS RESISTANCE 7779 MARTIN LUTHER KING JR BLVD \*\*-\*\*\*2470 501(C)3 DENVER CO 80238 100 000 0 PROGRAM EXPANSION JUNTOS TO COLLEGE (THROUGH FISCAL SPONSOR COLORADO NONPROFIT DEVELOPMENT CE - 789 SHERMAN ST.. \*\*-\*\*\*3585 SUITE 250 - DENVER, CO 80203 501(C)3 100,000 0 PROGRAM EXPANSION KIDS FIRST CHICAGO FOR EDUCATION 21 S. CLARK ST., SUITE 4301 \*\*-\*\*\*9727 CHICAGO, IL 60603 501(C)3 250,000 PROGRAM EXPANSION 0

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) KINGMAKERS OF OAKLAND 745 ARIMO AVE. \*\*-\*\*\*5767 OAKLAND, CA 94610 501(C)3 250,000 0 PROGRAM EXPANSION LEGACY MISSION VILLAGE P.O. BOX 2984 BRENTWOOD, TN 37024 \*\*-\*\*\*2177 501(C)3 100,000 0 PROGRAM EXPANSION LIVE AGAIN FRESNO 161 N. VAN NESS \*\*-\*\*\*5241 FRESNO, CA 93701 501(C)3 100,000 0 PROGRAM EXPANSION MARCY LAB, INC. 829 JEFFERSON AVE. #1R \*\*-\*\*\*4699 BROOKLYN, NY 11221 501(C)3 100,000 0 PROGRAM EXPANSION MENTORING IN MEDICINE & SCIENCE 8393 CAPWELL DR., SUITE 200 \*\*-\*\*\*3074 501(C)3 OAKLAND, CA 94621 100,000 0 PROGRAM EXPANSION MOVES AND GROOVES 2275 MURFREESBORO PIKE, SUITE 101 \*\*-\*\*6440 NASHVILLE, TN 37217 501(C)3 100,000 PROGRAM EXPANSION 0 MUSLIM YOUTH FOR POSITIVE IMPACT 1880 GOLDEN EAGLE CT. \*\*-\*\*\*8674 501(C)3 BROOMFIELD, CO 80020 100,000 0 PROGRAM EXPANSION NAEVA (FKA NAVA EDUCATION PROJECT) P.O. BOX 35698 \*\*-\*\*\*6733 ALBUQUERQUE, NM 87176 501(C)3 100,000 0 PROGRAM EXPANSION NARRATIVE NATION INC. 82-155 COUNTRY POINTE CIRCLE \*\*-\*\*\*0872 QUEENS VILLAGE, NY 11427 501(C)3 100,000 0 PROGRAM EXPANSION

\*\*-\*\*\*6766 NEW PROFIT INC. Schedule I (Form 990)

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) NATIONAL PARENTS UNION INC. 7 MARION AVE. \*\*-\*\*\*3274 WOBURN, MA 01801 501(C)3 25,000 0 PROGRAM EXPANSION OPPORTUNITY @ WORK, INC. 1100 CONNECTICUT AVE. NW. SUITE 43 \*\*-\*\*\*4432 501(C)3 WASHINGTON, DC 20036 100,000 0 PROGRAM EXPANSION ORANGE COUNTY COMMUNITIES ORGANIZED FOR RESPONSIBLE DEVELOPMENT - 1505 17TH ST., SUITE \*\*-\*\*\*2827 122 - SANTA ANA, CA 92705 501(C)3 100,000 0 PROGRAM EXPANSION PARENT TEACHER HOME VISITS P.O. BOX 189084 \*\*-\*\*\*7445 SACRAMENTO, CA 95818 501(C)3 100,000 0 PROGRAM EXPANSION PARITY BALTIMORE INCORPORATED 1014 W. 36TH ST., UNIT 96 \*\*-\*\*\*1143 501(C)3 BALTIMORE, MD 21211 100,000 0 PROGRAM EXPANSION PAVE, INC. 1805 7TH ST. NW, SIXTH FLOOR \*\*-\*\*\*0119 WASHINGTON, DC 20001 501(C)3 25,000 PROGRAM EXPANSION 0 PIVOT 1300 CLAY ST., SUITE 600 \*\*-\*\*\*7655 501(C)3 OAKLAND, CA 94612 250 000 0 PROGRAM EXPANSION PROJECT BASTA 1712 DEAN ST. \*\*-\*\*\*8868 BROOKLYN, NY 11213 501(C)3 250,000 0 PROGRAM EXPANSION PROSPERA COMMUNITY DEVELOPMENT 1072 60TH ST., #3 \*\*-\*\*\*3186 |501(C)3 OAKLAND, CA 94608 100,000 0 PROGRAM EXPANSION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) REINVENT STOCKTON FOUNDATION 110 N. SAN JOAQUIN ST. \*\*-\*\*\*5719 STOCKTON, CA 95202 501(C)3 100,000 0 PROGRAM EXPANSION RURAL OPPORTUNITY INSTITUTE (THROUGH FISCAL SPONSOR HEALTH EDUCATION FOUNDA - P.O. BOX 7368 \*\*-\*\*\*8802 ROCKY MOUNT, NC 27804 501(C)3 100,000 0 PROGRAM EXPANSION SAGA EDUCATION 10 LAUDHOLD RD. \*\*-\*\*\*8942 NEWTON, MA 02458 501(C)3 250,000 0 PROGRAM EXPANSION SCD ENRICHMENT PROGRAM 4860 CHAMBERS RD., #102 \*\*-\*\*\*2590 DENVER, CO 80239 501(C)3 100,000 0 PROGRAM EXPANSION SCHOOLSEED FOUNDATION 2670 UNION AVE. EXT. #1123 \*\*-\*\*\*7567 MEMPHIS, TN 38112 501(C)3 100,000 0 PROGRAM EXPANSION SEMBRANDO SENTIDO INC. 128 MARGINAL SUR AVE. ROOSEVELT \*\*-\*\*\*9539 SAN JUAN, PR 00917 501(C)3 100,000 PROGRAM EXPANSION 0 SPRINGBOARD COLLABORATIVE 2 PENN CENTER, STE 1315, 1500 JFK \*\*-\*\*\*9806 PHILADELPHIA, PA 19102 501(C)3 250,000 0 PROGRAM EXPANSION STREET MINISTRIES 430 VANCE AVE. \*\*-\*\*\*3815 MEMPHIS, TN 38126 501(C)3 100,000 0 PROGRAM EXPANSION TALKINGPOINTS 2021 FILLMORE ST., #2124 \*\*-\*\*\*6102 SAN FRANCISCO, CA 94115 501(C)3 250,000 0 PROGRAM EXPANSION

Schedule | (Form 990) NEW PROFIT INC. \*\*-\*\*6766

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W. 24TH BLVD. -\*\*-\*\*\*1074 CHICAGO, IL 60623 501(C)3 100,000 0 PROGRAM EXPANSION THE BLACK TEACHER COLLABORATIVE 2170 BOULEVARD GRANADA SW ATLANTA, GA 30311 \*\*-\*\*\*5921 501(C)3 250,000 0 PROGRAM EXPANSION THE COLLECTIVE BLUEPRINT P.O. BOX 40476 \*\*-\*\*\*2081 MEMPHIS, TN 38174 501(C)3 100,000 0 PROGRAM EXPANSION THE F.I.N.D. DESIGN 2787 SMITH SPRINGS RD. \*\*-\*\*\*1327 NASHVILLE, TN 37217 501(C)3 200,000 0 PROGRAM EXPANSION THE FARMLINK PROJECT 442 5TH AVE., #1814 \*\*-\*\*\*8171 501(C)3 NEW YORK, NY 10018 100,000 0 PROGRAM EXPANSION THE GENTLEMEN'S LEAGUE 656 FLORIDA ST., #301 \*\*-\*\*\*1721 501(C)3 MEMPHIS, TN 38103 100,000 PROGRAM EXPANSION 0 THE HIGHLAND PROJECT INC. 71 WEST 85TH ST., APT. 1A \*\*-\*\*\*1927 501(C)3 NEW YORK, NY 10024 100,000 0 PROGRAM EXPANSION THE KNOWLEDGE HOUSE FELLOWSHIP. INC. - 363 RIDER AVE., 3RD FLOOR \*\*-\*\*\*7713 BRONX, NY 10451 501(C)3 250,000 0 PROGRAM EXPANSION THE LAST MILE 44 TEHAMA ST. \*\*-\*\*\*9930 SAN FRANCISCO, CA 94105 501(C)3 20,000 0 PROGRAM EXPANSION

Schedule I (Form 990)

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (f) Method of (g) Description of (h) Purpose of grant (b) EIN (d) Amount of (e) Amount of organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) THINK OF US 88 PINE ST. \*\*-\*\*\*7215 NEW YORK, NY 10005 501(C)3 250,000 0 PROGRAM EXPANSION URBAN ALLIANCE 2030 O ST NW WASHINGTON, DC 20009 \*\*-\*\*\*8443 501(C)3 250,000 0 PROGRAM EXPANSION VOCAL JUSTICE (THROUGH FISCAL SPONSOR SOCIAL GOOD FUND) - 12651 SAN PABLO AVE., UNIT 5473 -\*\*-\*\*\*3531 501(C)3 RICHMOND, CA 94805 100,000 0 PROGRAM EXPANSION VOT-ER 2045 W. GRAND AVE., SUITE B, #3163 \*\*-\*\*\*0929 CHICAGO, IL 60612 501(C)3 100,000 0 PROGRAM EXPANSION WALKER'S LEGACY FOUNDATION (THROUGH FISCAL SPONSOR WASHINGTON GRANTMAKERS, - 1100 NEW JERSEY \*\*-\*\*\*6853 501(C)3 AVE. SE, SUITE 710 - WASHINGTON, 100,000 0 PROGRAM EXPANSION WASHINGTON HOUSING CONSERVANCY. INC. - 1310 L ST. NW. SUITE 325 -\*\*-\*\*\*6109 WASHINGTON, DC 20005 501(C)3 100,000 PROGRAM EXPANSION 0 ZEARN 261 W 35TH ST, 15 FL \*\*-\*\*\*5745 501(C)3 NEW YORK, NY 10001 500,000 0 PROGRAM EXPANSION

Schedule I (Form 990) 2022 NEW PROFIT INC. \*\*-\*\*6766 Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
"NEW PROFIT'S PORTFOLIO INVESTING MODEL PROVIDES FI	NANCIAL AND S	STRATEGIC			
RESOURCES TO RESULTS-DRIVEN ORGANIZATIONS. NEW PROF	IT PROVIDES A	A PORTFOLIO			
MANAGER TO EACH ORGANIZATION OR COHORT OF ORGANIZAT	IONS WHO WOR	KS CLOSELY			
WITH THE ORGANIZATION'S LEADERSHIP TO PROVIDE SUPPO	RT IN A VARII	ETY OF			
AREAS, INCLUDING IMPACT INNOVATION, LEADERSHIP AND	GOVERNANCE,				
ORGANIZATIONAL STRATEGY, PERFORMANCE MEASUREMENT, A	ND MANAGEMEN	T AS			
INDICATED IN PART III OF THE FORM 990. APORTFOLIO M	ANAGER ALSO I	HOLDS A SEAT			

ON THE ORGANIZATION'S BOARD OF DIRECTORS THROUGHOUT THE TERM OF NEW

Schedule I (Form 990)

## SCHEDULE J (Form 990)

**Compensation Information** 

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number \*\*-\*\*6766

Pá	art I Questions Regarding Compensation			
	·		Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		Х
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	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pogulations section 52 4059 6(c)2	۱۵	I	l .

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

NEW PROFIT INC.

Schedule J (Form 990) 2022

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VANESSA KIRSCH	(i)	355,242.	65,000.	0.	6,000.	27,454.	453,696.	0.
FOUNDER AND CO-CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TULAINE MONTGOMERY	(i)	361,103.	65,000.	0.	6,000.	11,440.	443,543.	0.
CO-CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH SMOLOVER	(i)	342,260.	0.	0.	6,000.	26,016.	374,276.	0.
MANAGING PARTNER, ED OF AMERICA FORW	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZA GREENBERG	(i)	277,788.	0.	0.	0.	25,416.	303,204.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOUGLAS BORCHARD	(i)	282,915.	0.	0.	6,000.	1,569.	290,484.	0.
MANAGING PARTNER, CHIEF OPERATING OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DERREK SHULMAN	(i)	223,927.	17,758.	0.	6,000.	25,771.	273,456.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) IAN MAGEE	(i)	249,376.	0.	0.	6,000.	11,440.	266,816.	0.
MANAGING PARTNER, CHIEF FINANCIAL OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHRUTI SEHRA	(i)	244,129.	0.	0.	6,000.	11,440.	261,569.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KEVIN GREER	(i)	215,235.	0.	0.	6,000.	25,761.	246,996.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHAWN DOVE	(i)	220,972.	0.	0.	0.	21,258.	242,230.	0.
MANAGING PARTNER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 NEW PROFIT INC.	**-***6766	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also cor	nolete this part for any additional information	
Tronds the information, explanation, or descriptions required for rairt, infecting, fig. of, fig. 15, ea, eb, fig. and e, and for rairtin rices cor	riplete tille part for any additional illienmation.	•

NEW PROFIT INC.

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### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*6766 NEW PROFIT INC. Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests ..... 3 Books and publications ..... 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 405,181.FAIR MARKET VALUE Securities - Publicly traded ..... 1,516 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles ..... 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **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.

232141 09-09-22

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

Schedule M (Form 990) 2022

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
	<b>Supplemental Information.</b> 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.
	this part for any additional information.

Schedule M (Form 990) 2022

232142 09-09-22

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

NEW PROFIT INC.

Employer identification number
\*\*-\*\*\*6766

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVANCING EQUITY AND OPPORTUNITY IN AMERICA. NEW PROFIT EXISTS TO BUILD A BRIDGE BETWEEN THESE LEADERS AND A COMMUNITY OF PHILANTHROPISTS WHO ARE COMMITTED TO CATALYZING THEIR IMPACT. NEW PROFIT PROVIDES UNRESTRICTED GRANTS AND STRATEGIC SUPPORT TO A PORTFOLIO OF ORGANIZATIONS LED BY VISIONARY SOCIAL ENTREPRENEURS TO INCREASE THEIR IMPACT, SCALE, AND SUSTAINABILITY. IT ALSO PARTNERS WITH SOCIAL ENTREPRENEURS AND OTHER CROSS-SECTOR LEADERS TO SHIFT HOW GOVERNMENT AND PHILANTHROPY PURSUE SOCIAL CHANGE TO ENSURE THAT ALL PEOPLE CAN THRIVE. SINCE ITS FOUNDING IN 1998, NEW PROFIT HAS INVESTED OVER \$350M IN 200+ ORGANIZATIONS AND THROUGH THE AMERICA FORWARD COALITION'S COLLECTIVE ADVOCACY EFFORTS, HAS UNLOCKED OVER \$1.9B IN GOVERNMENT FUNDING FOR SOCIAL INNOVATION. FORM 990, PART III, LINE 1, MISSION STATEMENT: NEW PROFIT IS A VENTURE PHILANTHROPY ORGANIZATION THAT BACKS SOCIAL ENTREPRENEURS WHO ARE ADVANCING EQUITY AND OPPORTUNITY IN AMERICA. NEW PROFIT EXISTS TO BUILD A BRIDGE BETWEEN THESE LEADERS AND A COMMUNITY OF PHILANTHROPISTS WHO ARE COMMITTED TO CATALYZING THEIR IMPACT. NEW PROFIT PROVIDES UNRESTRICTED GRANTS AND STRATEGIC SUPPORT TO A PORTFOLIO OF ORGANIZATIONS LED BY VISIONARY SOCIAL ENTREPRENEURS TO INCREASE THEIR IMPACT, SCALE, AND SUSTAINABILITY. IT ALSO PARTNERS WITH SOCIAL ENTREPRENEURS AND OTHER CROSS-SECTOR LEADERS TO SHIFT HOW GOVERNMENT AND PHILANTHROPY PURSUE SOCIAL CHANGE TO ENSURE THAT ALL PEOPLE CAN THRIVE. SINCE ITS FOUNDING IN 1998, NEW PROFIT HAS INVESTED OVER \$350M IN 200+ ORGANIZATIONS AND, THROUGH THE AMERICA FORWARD

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Schedule O (Form 990) 2022

Name of the organization **Employer identification number** \*\*-\*\*\*6766 NEW PROFIT INC. COALITION'S COLLECTIVE ADVOCACY EFFORTS, HAS UNLOCKED OVER \$1.9B IN GOVERNMENT FUNDING FOR SOCIAL INNOVATION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PORTFOLIO INVESTING - BUILD WE STAND SHOULDER-TO-SHOULDER WITH SOCIAL ENTREPRENEURS IN SUPPORT OF THEIR VISION. WITH A SPECIFIC FOCUS ON HELPING THEM BUILD THE CAPACITY OF THEIR ORGANIZATIONS, WHICH IS KEY TO STRENGTHENING THEIR LONG-TERM IMPACT AND SUSTAINABILITY. WE ARE COMMITTED TO BACKING SOCIAL ENTREPRENEURS WHO CENTER EQUITY IN THEIR WORK AND WHO ARE PROXIMATE TO THE COMMUNITIES WE COLLECTIVELY AIM TO SERVE. PROXIMATE LEADERS BRING SKILLS, INSIGHTS, RELATIONSHIPS, AND EXPERTISE THAT OUR SOCIETY NEEDS TO ADVANCE EQUITABLE WELLBEING. OUR BIGGEST SOCIETAL CHALLENGES ARE COMPLEX AND INTERCONNECTED, SO WE BELIEVE PROGRESS DEPENDS ON INVESTING IN A BROAD RANGE OF ISSUE AREAS. WE PROVIDE TWO LEVELS OF FUNDING AND STRATEGIC SUPPORT TO ORGANIZATIONS IN OUR PORTFOLIO: "BUILD INVESTMENTS" AND "CATALYZE INVESTMENTS." THROUGH OUR BUILD INVESTMENTS, WE PROVIDE GRANTEE-PARTNERS A \$1M+ MULTI-YEAR UNRESTRICTED GRANT AND DEEP ADVISORY SUPPORT. A DEDICATED NEW PROFIT DEAL PARTNER SERVES AS A TRUSTED ADVISOR TO THE SOCIAL ENTREPRENEUR AND AS A MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS. OUR SUPPORT IS GEARED TOWARDS BUILDING THE LEADERSHIP CAPACITY OF SOCIAL ENTREPRENEURS AND THEIR ABILITY TO MAKE STRATEGIC CHOICES AS THEY NAVIGATE CHANGE AND GROWTH.

Schedule O (Form 990) 2022

Name of the organization

NEW PROFIT INC.

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Employer identification number

\*\*-\*\*6766

OUR GRANTEE-PARTNERS ARE DRIVING IMPACT IN EDUCATION, HEALTH, ECONOMIC

MOBILITY, CRIMINAL JUSTICE, AND CIVIC ENGAGEMENT.

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

PORTFOLIO INVESTING - CATALYZE

WE STAND SHOULDER-TO-SHOULDER WITH SOCIAL ENTREPRENEURS IN SUPPORT OF

THEIR VISION, WITH A SPECIFIC FOCUS ON HELPING THEM BUILD THE CAPACITY

OF THEIR ORGANIZATIONS, WHICH IS KEY TO STRENGTHENING THEIR LONG-TERM

IMPACT AND SUSTAINABILITY. WE ARE COMMITTED TO BACKING SOCIAL

ENTREPRENEURS WHO CENTER EQUITY IN THEIR WORK AND WHO ARE PROXIMATE TO

THE COMMUNITIES WE COLLECTIVELY AIM TO SERVE. PROXIMATE LEADERS BRING

SKILLS, INSIGHTS, RELATIONSHIPS, AND EXPERTISE THAT OUR SOCIETY NEEDS

TO ADVANCE EQUITABLE WELLBEING. OUR BIGGEST SOCIETAL CHALLENGES ARE

COMPLEX AND INTERCONNECTED, SO WE BELIEVE PROGRESS DEPENDS ON INVESTING

IN A BROAD RANGE OF ISSUE AREAS.

WE PROVIDE TWO LEVELS OF FUNDING AND STRATEGIC SUPPORT TO ORGANIZATIONS

IN OUR PORTFOLIO: "BUILD INVESTMENTS" AND "CATALYZE INVESTMENTS."

THOUGH OUR CATALYZE INVESTMENTS, WE PROVIDE \$100K-\$200K UNRESTRICTED

GRANTS, STRATEGIC ADVICE, AND A PEER LEARNING COMMUNITY OVER ONE TO TWO

YEARS TO CATALYZE THE INNOVATIONS OF ORGANIZATIONS WITH LEADERS AND

FOCUS AREAS THAT HAVE BEEN HISTORICALLY UNDERINVESTED IN BY

PHILANTHROPY. OUR COHORT MODEL ENABLES THE SOCIAL ENTREPRENEURS TO FORM

A PEER LEARNING COMMUNITY, WHICH OFFERS AN OPPORTUNITY FOR THEM TO

Name of the organization  NEW PROFIT INC.	Employer identification number  **-***6766
CONNECT, GIVE ADVICE AND SUPPORT TO EACH OTHER, AND PARTICIPATE IN A	
SERIES OF IN-PERSON AND VIRTUAL CONVENINGS STRUCTURED AROUND TACKLING	
KEY LEADERSHIP AND ORGANIZATIONAL CHALLENGES THEY FACE IN ORDER TO	
DEEPEN THEIR IMPACT AND SCALE THEIR MODELS.	
OUR GRANTEE-PARTNERS ARE DRIVING IMPACT IN EDUCATION, HEALTH, ECONOMIC	
MOBILITY, CRIMINAL JUSTICE, AND CIVIC ENGAGEMENT.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
PORTFOLIO INVESTING - PORTFOLIO PERFORMANCE & SUPPORT	
NEW PROFIT ASSUMES A VARIETY OF ROLES INCLUDING WITH GRANTEE-PARTNERS	
INCLUDING ADVISOR, COACH, AND BOARD MEMBER IN ORDER TO PROVIDE	
STRATEGIC GUIDANCE GEARED TOWARDS BUILDING ORGANIZATIONS' KEY	
CAPABILITIES. WE BELIEVE THAT INCREASES IN THESE CAPABILITIES -	
INCLUDING LEADERSHIP, IMPACT MODEL, STRATEGIC MANAGEMENT AND PLANNING,	
AND ECONOMIC MODEL - ARE THE NECESSARY FOUNDATION FOR IMPACT, SCALE,	
AND REACH AND SUSTAINABILITY, IN THE LONG-TERM. THROUGHOUT THE	
INVESTMENT PERIOD, NEW PROFIT ALSO INVITES GRANTEE-PARTNERS AND ALUMNI	
TO TAKE PART IN CONVENINGS THAT BRING TOGETHER PEER ORGANIZATIONS,	
FIELD EXPERTS, AND PHILANTHROPIC PLAYERS FROM ACROSS OUR NATIONAL	
NETWORK.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ECOSYSTEM BUILDING	

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Name of the organization	Employer identification number  **-***6766
NEW PROFIT INC.	^^-^^6766
OUR ECOSYSTEM BUILDING EFFORTS ENGAGE SOCIAL ENTREPRENEURS,	
POLICYMAKERS, PHILANTHROPISTS, AND OTHER NATIONAL AND LOCAL	
STAKEHOLDERS TO TRANSFORM HOW GOVERNMENT AND PHILANTHROPY THINK ABOUT	
HOW TO COLLECTIVELY PURSUE SOCIAL CHANGE AND ALLOCATE RESOURCES.	
THROUGH THIS WORK, WE LEVERAGE DEEP INSIGHTS OF SOCIAL INNOVATORS IN	
OUR COMMUNITY TO INFLUENCE HOW RESOURCES FLOW IN THE SECTOR TO HELP	
REMOVE BARRIERS TO SUSTAINED SOCIAL PROGRESS.	
POSTSECONDARY INNOVATIONS FOR EQUITY (2020-2025) LAUNCHED IN 2020 TO	
SUPPORT INNOVATORS THAT ARE BUILDING EVIDENCE BEHIND NEW APPROACHES TO	
CONNECTING YOUNG ADULTS FROM LOW-INCOME COMMUNITIES WITH THE	
POSTSECONDARY CREDENTIALS AND WORK EXPERIENCE NEEDED TO ACCESS UPWARDLY	
MOBILE CAREERS. AN INITIATIVE OF LEARN TO EARN, NEW PROFIT'S	
POSTSECONDARY AND CAREER STRATEGY, PIE IS A TWO-PHASE EFFORT. THE FIRST	
20 GRANTEE-PARTNERS WILL BE ELIGIBLE FOR THE SECOND PHASE OF THE PIE	
INITIATIVE, SLATED FOR LAUNCH IN 2021, IN WHICH SELECTED ORGANIZATIONS	
WILL EACH RECEIVE \$1 MILLION BUILD INVESTMENTS FROM NEW PROFIT OVER	
FOUR YEARS TO FURTHER ADVANCE AND SCALE THEIR IMPACT.	
THROUGH THE EARLY CHILDHOOD SUPPORT ORGANIZATION (ECSO) INITIATIVE, WE	
ARE WORKING TO PROVIDE RESOURCES AND ALIGN FINANCIAL INCENTIVES TO	
SUPPORT BETTER EARLY EDUCATION OUTCOMES FOR CHILDREN FROM LOW-INCOME	
COMMUNITIES. ECSO IS A \$20M PUBLIC-PRIVATE PARTNERSHIP BETWEEN NEW	
PROFIT AND THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF EARLY	
EDUCATION AND CARE (EEC). THE INITIATIVE BACKS ECSOS, WHICH WILL SERVE	
AS INTERMEDIARY ORGANIZATIONS THAT PARTNER WITH LOCAL CENTER AND	
FAMILY-BASED EARLY CHILDHOOD PROVIDERS TO HELP THEM IMPLEMENT	
EVIDENCE-BASED STRATEGIES TO ACHIEVE HIGHER-QUALITY PROGRAM DELIVERY	

Name of the organization **Employer identification number** \*\*-\*\*\*6766 NEW PROFIT INC. AND LONG-TERM IMPACT. NEW PROFIT AND A COALITION OF PARTNERS LAUNCHED THE FUTURE OF WORK GRAND CHALLENGE IN 2020. THE CROSS-SECTOR, EQUITY-FOCUSED EFFORT AIMS TO RAPIDLY RESKILL DISPLACED WORKERS INTO HIGHER-WAGE JOBS IN AND EQUIP INFLUENTIAL WORKFORCE BOARDS WITH VETTED TOOLS. NEW PROFIT'S FUTURE OF WORK STRATEGY AIMS TO ALIGN EMPLOYER, NONPROFIT, PHILANTHROPIC, AND GOVERNMENT SECTORS TO CREATE A NEW LEARNING ECOSYSTEM THAT WORKS FOR THE MOST VULNERABLE AMERICANS. THROUGH A MULTI-RACIAL, MULTI-ETHNIC NETWORK OF PHILANTHROPISTS PRACTITIONERS, INSTITUTIONAL FUNDERS, AND SOCIAL IMPACT STAKEHOLDERS INCLUSIVE IMPACT IS DESIGNED TO INCREASE INVESTMENTS IN LEADERS OF COLOR IN THE SOCIAL SECTOR SO THAT WE CAN LEVERAGE THE DIVERSE VOICES IN OUR SOCIETY TO INFLUENCE WHAT A NEW ERA OF SOCIAL PROBLEM-SOLVING COULD LOOK LIKE. INCLUSIVE IMPACT IS INITIALLY FOCUSED ON INCREASING INVESTMENTS IN BLACK, INDIGENOUS, AND LATINO/A/X LEADERS BECAUSE WE HAVE FOUND THAT THAT THEY ARE SIGNIFICANTLY UNDERREPRESENTED AT ALL LEVELS OF SOCIAL SECTOR LEADERSHIP AND FACE THE LARGEST DISPARITIES IN TERMS OF FUNDING AND SUPPORT IN THE SECTOR TODAY. EXPENSES \$ 8,238,519. INCLUDING GRANTS OF \$ 660,000. REVENUE \$ 0. POLICY AMERICA FORWARD IS NEW PROFIT'S DC-BASED, NONPARTISAN POLICY INITIATIVE THAT UNITES SOCIAL ENTREPRENEURS WITH POLICYMAKERS TO TRANSFORM LOCAL IMPACT INTO NATIONAL CHANGE. AMERICA FORWARD ENGAGES A COALITION OF OVER 100 SOCIAL INNOVATION ORGANIZATIONS THAT ARE ACHIEVING MEASURABLE

Name of the organization **Employer identification number \*\***-**\*\***6766 NEW PROFIT INC. OUTCOMES IN MORE THAN 15,000 COMMUNITIES NATIONWIDE. TOGETHER. THEY CHAMPION A PUBLIC POLICY AGENDA THAT FOSTERS INNOVATION, REWARDS RESULTS, AND CATALYZES CROSS-SECTOR PARTNERSHIPS IN EDUCATION, EARLY CHILDHOOD, WORKFORCE DEVELOPMENT, YOUTH DEVELOPMENT, AND POVERTY ALLEVIATION. COALITION ORGANIZATIONS HAVE LEVERAGED \$1.9 BILLION FOR SOCIAL INNOVATION AND HAVE DRIVEN MILLIONS OF FEDERAL RESOURCES TOWARD PROGRAMS THAT ARE ACHIEVING MEASURABLE RESULTS FOR THOSE WHO NEED THEM MOST. EXPENSES \$ 2,273,273. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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 IN THE FOURTH QUARTER OF THE YEAR. 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

Name of the organization **Employer identification number** \*\*-\*\*\*6766 NEW PROFIT INC. WITH INDIVIDUALS ON THE MANAGEMENT TEAM ARE ASKED TO RECUSE THEMSELVES. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR CERTAIN MEMBERS OF NEW PROFIT'S EXECUTIVE TEAM (CO-CEOS VANESSA KIRSCH AND TULAINE MONTGOMERY, COO DOUG BORCHARD, AND MANAGING PARTNER [KEY EMPLOYEE] ELIZA GREENBERG) 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 WITH COMPARABLE ORGANIZATIONS. AN ASSESSMENT OF NEW PROFIT'S PERFORMANCE AGAINST GOALS FOR THE PREVIOUS FISCAL YEAR, AND PERFORMANCE ASSESSMENTS FOR EACH APPROPRIATE MEMBER OF THE EXECUTIVE TEAM, INCLUDING A SELF-ASSESSMENT. MANAGEMENT MEETS WITH THE COMPENSATION COMMITTEE TO DISCUSS THE MATERIAL PROVIDED. THE COMPENSATION COMMITTEE THEN MEETS INDEPENDENTLY TO DETERMINE COMPENSATION. COMPENSATION FOR THE CFO IS DETERMINED BY MANAGEMENT. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MA, NY, CA, FL, WA, AL, AK, CO, HI, KS, KY, ME, MD, MI, MS, NH, NJ, NC, ND, OH, OK, OR, PA, RI, TN UT, WV, WI, CT 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 4,556,128.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** \*\*-\*\*\*6766 NEW PROFIT INC. MANAGEMENT AND GENERAL EXPENSES 576,976. FUNDRAISING EXPENSES 236,139. TOTAL EXPENSES 5,369,243. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,369,243. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CANCELLED COMMITMENTS RECEIVABLE -1,000,000. PROVISION FOR UNCOLLECTIBLE COMMITMENTS 364,858. TOTAL TO FORM 990, PART XI, LINE 9 -635,142. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 04-3396766 NEW PROFIT INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 99 BEDFORD STREET, 500 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02111 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 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) Form 8870 12 06 Form 990-T (corporation) IAN MAGEE, CFO The books are in the care of ▶ 99 BEDFORD STREET, 500 BOSTON, MA 02111 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 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning \_\_ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0 using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. Form 8868 (Rev. 1-2022)

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.