

Return of Organization Exempt From Income Tax

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning and ending

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NEW PROFIT INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 99 BEDFORD STREET 500 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02111 F Name and address of principal officer: DOUG BORCHARD SAME AS C ABOVE | D Employer identification number **-***6766 E Telephone number 617-912-8800 G Gross receipts \$ 22,156,350. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: WWW.NEWPROFIT.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1997 |
| M State of legal domicile: MA | | |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: NEW PROFIT IS A VENTURE PHILANTHROPY ORGANIZATION THAT BACKS SOCIAL ENTREPRENEURS WHO ARE | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 88 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 21 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | Prior Year | Current Year |
| 9 | | 77,008,557. | 21,717,666. |
| 10 | | 101,731. | 160,125. |
| 11 | | 8,686. | 278,559. |
| 12 | | 0. | 0. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 | 10,306,000. | 12,385,000. |
| 14 | | 0. | 0. |
| 15 | | 10,531,823. | 12,238,553. |
| 16a | | 224,521. | 200,402. |
| 16b | | 3,008,718. | |
| 17 | 6,418,333. | 10,694,954. | |
| 18 | 27,480,677. | 35,518,909. | |
| 19 | 49,638,297. | -13,362,559. | |
| 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | Beginning of Current Year | End of Year |
| 21 | | 113,525,114. | 102,096,696. |
| 22 | | 592,953. | 3,162,236. |
| 22 | 112,932,161. | 98,934,460. | |

Part II Signature Block

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

| | | |
|-------------------------------|--|---|
| Sign Here | Signature of officer DOUG BORCHARD, MANAGING DIRECTOR AND COO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name MATTHEW HUTT, CPA | Preparer's signature MATTHEW HUTT, CPA |
| | Firm's name AAFPCAS, INC. Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 | Date 10/31/23 Check if self-employed <input type="checkbox"/> Firm's EIN **-***1780 Phone no. 508-366-9100 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,505,359. including grants of \$ 6,825,000.) (Revenue \$ 160,125.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 7,352,827. including grants of \$ 4,900,000.) (Revenue \$) SEE SCHEDULE O.

4c (Code:) (Expenses \$ 302,105. including grants of \$) (Revenue \$) 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line numbers (1a-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, management delegation, and organizational changes.

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

Table with columns for line numbers (10a-16b), descriptions of policies, and Yes/No columns. Includes questions about local chapters, conflict of interest, whistleblower, and compensation policies.

Section C. Disclosure

- 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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) VANESSA KIRSCH FOUNDER AND CO-CEO | 45.00 | | | X | | | 420,242. | 0. | 33,454. | |
| (2) TULAINÉ MONTGOMERY CO-CEO | 45.00 | | | X | | | 426,103. | 0. | 17,440. | |
| (3) DEBORAH SMOLOVER MANAGING PARTNER, ED OF AMERICA FORW | 45.00 | | | | | X | 342,260. | 0. | 32,016. | |
| (4) ELIZA GREENBERG MANAGING PARTNER | 45.00 | | | | X | | 277,788. | 0. | 25,416. | |
| (5) DOUGLAS BORCHARD MANAGING PARTNER, CHIEF OPERATING OF | 45.00 | | | X | | | 282,915. | 0. | 7,569. | |
| (6) DERREK SHULMAN MANAGING PARTNER | 45.00 | | | | | X | 241,685. | 0. | 31,771. | |
| (7) IAN MAGEE MANAGING PARTNER, CHIEF FINANCIAL OF | 45.00 | | | X | | | 249,376. | 0. | 17,440. | |
| (8) SHRUTI SEHRA MANAGING PARTNER | 45.00 | | | | | X | 244,129. | 0. | 17,440. | |
| (9) KEVIN GREER MANAGING PARTNER | 45.00 | | | | | X | 215,235. | 0. | 31,761. | |
| (10) SHAWN DOVE MANAGING PARTNER | 45.00 | | | | | X | 220,972. | 0. | 21,258. | |
| (11) JEFFREY WALKER CHAIRMAN | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (12) STEVE BARNES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) JOSH BEKENSTEIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) KERWIN CHARLES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) SAM COBBS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) ALISA DOCTOROFF DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) DAVID GERGEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) STACY JANIAK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) STEVE JENNINGS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) WENDY KOPP DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) MATT LEVIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) HENRY MCCANCE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) DUNCAN MCFARLAND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) VALERIE MOSLEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) KRISTIN MUGFORD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) MARK NUNNELLY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,920,705. | 0. | 235,565. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 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 38

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 3 SOUTH BROOK ROAD, LINCOLN, MA 01771 | PORTFOLIO AND STRATEGY CONSULTING | 360,000. |
| MCPHERSON STRATEGIES, LLC, 190 STATE STREET, #11A, WASHINGTON, DC 20008 | COMMUNICATION STRATEGY & IMPLEMENTATION | 327,000. |
| EVALUATION STRATEGY LLC 5019 RENO RD NW, WASHINGTON, DC 20008 | EVALUATION AND PORTFOLIO SUPPORT | 233,750. |
| NRG CONSULTING GROUP 62 CYPRESS STREET, NEWTON, MA 02459 | TALENT RECRUITMENT | 154,673. |
| JEFF NELSON 1135 MOREHEAD CT, ANN ARBOR, MI 48103 | PORTFOLIO AND FUNDRAISING STRATEGY | 151,050. |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|---|---|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 21,717,666. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 405,181. | | | | | |
| | h Total. Add lines 1a-1f | | | 21,717,666. | | | | |
| Program Service Revenue | 2 a NETWORKING EVENT FEES | Business Code | 900099 | 160,125. | 160,125. | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | 160,125. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 278,559. | | | 278,559. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | (ii) Personal | | | | |
| | | | b Less: rental expenses ... | 6b | | | | |
| | | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | | |
| | | | b Less: cost or other basis and sales expenses | 7b | | | | |
| | | | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | b Less: direct expenses | 8b | | | | |
| | | | c Net income or (loss) from fundraising events | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | | | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | | 22,156,350. | 160,125. | 0. | 278,559. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 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, 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) | | | | |
| 7 Other salaries and wages | 8,124,406. | 5,353,670. | 1,424,762. | 1,345,974. |
| 8 Pension plan accruals and contributions (include 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 Management | | | | |
| b Legal | | | | |
| c Accounting | 27,205. | | 27,205. | |
| d Lobbying | 47,659. | 47,659. | | |
| e Professional fundraising services. See Part IV, line 17 | 200,402. | | | 200,402. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 5,369,243. | 4,556,128. | 576,976. | 236,139. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 114,988. | 56,506. | 33,137. | 25,345. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,039,991. | 540,880. | 231,733. | 267,378. |
| 17 Travel | 220,721. | 121,868. | 63,885. | 34,968. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 3,137,258. | 3,066,211. | 58,217. | 12,830. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a 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. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------|--------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 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 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 387,520. | 9 | 242,903. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | 10c |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 0. | 15 | 1,620,568. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 113,525,114. | 16 | 102,096,696. | |
| Liabilities | 17 Accounts payable and accrued expenses | 592,953. | 17 | 1,419,576. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 1,742,660. |
| | 26 Total liabilities. Add lines 17 through 25 | 592,953. | 26 | 3,162,236. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 25,357,269. | 27 | 29,479,566. |
| | 28 Net assets with donor restrictions | 87,574,892. | 28 | 69,454,894. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 112,932,161. | 32 | 98,934,460. |
| 33 Total liabilities and net assets/fund balances | 113,525,114. | 33 | 102,096,696. | |

Form 990 (2022)

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,156,350. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 35,518,909. |
| 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 | 112,932,161. |
| 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. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

| | |
|--|---|
| Name of the organization <p style="text-align: center;">NEW PROFIT INC.</p> | Employer identification number <p style="text-align: center;">**-***6766</p> |
|--|---|

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
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| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 27,482,118. | 46,371,399. | 20,430,328. | 77,008,557. | 21,717,666. | 193,010,068. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 42,418,466. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 150,591,602. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (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 Total support. Add lines 7 through 10 | | | | | | 194,077,271. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,847,545. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 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 organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 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 assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described 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 | | |
| c 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 | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | Yes | No |
| 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. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |
| 3b | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
|---|---|--|---|
| 1 | Distributable amount for 2022 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2022 | | |
| a | From 2017 | | |
| b | From 2018 | | |
| c | From 2019 | | |
| d | From 2020 | | |
| e | 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 | | |
| b | Applied to 2022 distributable amount | | |
| c | 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 Part VI. 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: | | |
| a | Excess from 2018 | | |
| b | Excess from 2019 | | |
| c | Excess from 2020 | | |
| d | Excess from 2021 | | |
| e | Excess from 2022 | | |

Schedule A (Form 990) 2022

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

| | |
|--|---|
| Name of organization NEW PROFIT INC. | Employer identification number **-***6766 |
|--|---|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 1,857. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 47,659. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 49,516. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 35,469,393. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 35,518,909. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 23,667. | 44,244. | 45,313. | 47,659. | 160,883. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | | | | 1,857. | 1,857. |

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, and direct contact with legislators.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover of lobbying and political campaign activity expenditures.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, aggregate amount reported, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

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

2022

Open to Public
Inspection

Name of the organization **NEW PROFIT INC.** Employer identification number ****-***6766**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a 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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c 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 organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 0. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) 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.) | |

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...

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 25,138,036. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | 3,616,828. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -635,142. |
| e | Add lines 2a through 2d | 2e | 2,981,686. |
| 3 | Subtract line 2e from line 1 | 3 | 22,156,350. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 22,156,350. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 39,135,737. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 3,616,828. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | 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: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 35,518,909. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

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

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

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

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

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER

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

EXAMINATION BY THE FEDERAL AND VARIOUS STATE JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

CANCELLED COMMITMENTS RECEIVABLE -1,000,000.

PROVISION FOR UNCOLLECTIBLE COMMITMENTS 364,858.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -635,142.

Copy

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

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

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

(I) NAME OF FUNDRAISER: JEFFREY NELSON

(I) ADDRESS OF FUNDRAISER: 1135 MOREHEAD STREET, ANN ARBOR, MI 48103

(I) NAME OF FUNDRAISER: DAVID LEVY

(I) ADDRESS OF FUNDRAISER: 3 SOUTH BROOK ROAD, LINCOLN, MA 01773

(II) ACTIVITY: CONSULTING ON FUNDRAISING STRATEGY AND TO ENGAGE PROSPECTS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization NEW PROFIT INC. Employer identification number **_***6766

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| 4.0 SCHOOLS 612 ANDREW HIGGENS, 3RD FLOOR NEW ORLEANS, LA 70130 | **_***4661 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| ABOUT FRESH, INC. 69 SHIRLEY ST. BOSTON, MA 02119 | **_***8535 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| ADVANCE NATIVE POLITICAL LEADERSHIP EDUCATION FUND (THROUGH FISCAL SPONSOR - 1012 TORNEY AVE. - SAN FRANCISCO, CA 94129 | **_***3100 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| AFRICAN LEADERSHIP GROUP (THROUGH FISCAL SPONSOR COLORADO NONPROFIT DEVELOP - 789 SHERMAN ST., SUITE 250 - DENVER, CO 80203 | **_***3585 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| AMERICA ON TECH, INC. 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004 | **_***6001 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| AMERICAN IMPACT CAPITAL FOUNDATION, INC. - 10 VIOLET LN. - WESTPORT, CT 06880 | **_***2513 | 501(C)3 | 125,000. | 0. | | | PROGRAM EXPANSION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 85.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

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 organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ARTS2WORK 1919 SOUTH SYRINGA RD. SPOKANE, WA 99203 | **-***4606 | 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. - BOSTON, MA 02128 | **-***8314 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| AVANCE, INC. 824 BROADWAY ST., SUITE 204 SAN ANTONIO, TX 78215 | **-***9114 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| BACKFIELD IN MOTION, INC. 920 WOODLAND ST. NASHVILLE, TN 37206 | **-***6603 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| BARR CENTER 5115 EXCELSIOR BLVD. #476 ST. LOUIS PARK, MN 55416 | **-***0444 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| BELOVED COMMUNITY CENTER P.O. BOX 875 GREENSBORO, NC 27402 | **-***7250 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| BEYOND12 EDUCATION 1625 CLAY ST. OAKLAND, CA 94612 | **-***5246 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| BLACK CULTURAL ZONE COMMUNITY DEVELOPMENT CORPORATION - 8495 PARDEE DR., #6006 - OAKLAND, CA 94621 | **-***5205 | 501(C)3 | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BLACK NASHVILLE ASSEMBLY 1620 12TH AVE. NORTH NASHVILLE, TN 37208 | **_***4390 | 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 CHICAGO, IL 60607 | **_***0594 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| CALCULUS ROUNDTABLE (THROUGH FISCAL SPONSOR WEST CONTRA COSTA PUBLIC EDUCAT - 1400 MARINA WAY S - RICHMOND, CA 94804 | **_***5307 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| CARA CHICAGO 237 S. DESPLAINES ST. CHICAGO, IL 60661 | **_***8095 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| CENTRAL VALLEY SCHOLARS 710 VAN NESS, 141 FRESNO, CA 93721 | **_***6995 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| CENTRO COMMUNITY PARTNERS 825 WASHINGTON ST., SUITE 228 OAKLAND, CA 94607 | **_***2960 | 501(C)3 | 20,000. | 0. | | | PROGRAM EXPANSION |
| CITIZEN UNIVERSITY 300 LENORA ST., PMB 1391 SEATTLE, WA 98121 | **_***0721 | 501(C)3 | 125,000. | 0. | | | PROGRAM EXPANSION |
| CODEPATH.ORG 5214F DIAMOND HITS BLVD., UNIT #11 SAN FRANCISCO, CA 94131 | **_***8932 | 501(C)3 | 250,000. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COLLABORATIVE FOR ACADEMIC, SOCIAL, AND EMOTIONAL LEARNING - 815 WEST VAN BUREN ST., SUITE 210 - CHICAGO, IL 60607 | **-***4201 | 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 ALBUQUERQUE, NM 87120 | **-***3559 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| ENVISON EDUCATION 111 MYRTLE ST., SUITE 202 OAKLAND, CA 94607 | **-***4659 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| EQUAL OPPORTUNITY SCHOOLS 5601 6TH AVE.S, #258 SEATTLE, WA 98108 | **-***9659 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| EVER FORWARD (THROUGH FISCAL SPONSOR YOUTH PASSAGEWAYS) - 1714 FRANKLIN ST., #100-337 - OAKLAND, CA 94612 | **-***0095 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| FUND FOR GUARANTEED INCOME 2040 MARIPOSA AVE. EL SEQUUNDO, CA 90245 | **-***9049 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| GIRLS LEADERSHIP INSTITUTE INC. 1675 7TH ST., #24423 OAKLAND, CA 94615 | **-***7431 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| HEALTH TECH FOR MEDICAID 5627 TELEGRAPH AVE., SUITE 222 OAKLAND, CA 94609 | **-***2511 | 501(C)3 | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HEART & HAND CENTER 2736 WELSON ST., #204 DENVER, CO 80205 | **-***1869 | 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 ST., SUITE 500 - CHICAGO, IL 60654 | **-***4098 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| INNER CITY COMPUTER STARS FOUNDATION - 415 N. DEARBORN, SUITE 300 - CHICAGO, IL 60654 | **-***3411 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| INSTRUCTION PARTNERS 604 GALLATIN AVE. STE 202 NASHVILLE, TN 37206 | **-***0182 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| ISSUE ONE 1401 K ST. NW, SUITE 350 WASHINGTON, DC 20005 | **-***4285 | 501(C)3 | 125,000. | 0. | | | PROGRAM EXPANSION |
| JOY AS RESISTANCE 7779 MARTIN LUTHER KING JR BLVD DENVER, CO 80238 | **-***2470 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| JUNTOS TO COLLEGE (THROUGH FISCAL SPONSOR COLORADO NONPROFIT DEVELOPMENT CE - 789 SHERMAN ST., SUITE 250 - DENVER, CO 80203 | **-***3585 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| KIDS FIRST CHICAGO FOR EDUCATION 21 S. CLARK ST., SUITE 4301 CHICAGO, IL 60603 | **-***9727 | 501(C)3 | 250,000. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KINGMAKERS OF OAKLAND 745 ARIMO AVE. OAKLAND, CA 94610 | **-***5767 | 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 FRESNO, CA 93701 | **-***5241 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| MARCY LAB, INC. 829 JEFFERSON AVE., #1R BROOKLYN, NY 11221 | **-***4699 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| MENTORING IN MEDICINE & SCIENCE 8393 CAPWELL DR., SUITE 200 OAKLAND, CA 94621 | **-***3074 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| MOVES AND GROOVES 2275 MURFREESBORO PIKE, SUITE 101 NASHVILLE, TN 37217 | **-***6440 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| MUSLIM YOUTH FOR POSITIVE IMPACT 1880 GOLDEN EAGLE CT. BROOMFIELD, CO 80020 | **-***8674 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| NAEVA (FKA NAVA EDUCATION PROJECT) P.O. BOX 35698 ALBUQUERQUE, NM 87176 | **-***6733 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| NARRATIVE NATION INC. 82-155 COUNTRY POINTE CIRCLE QUEENS VILLAGE, NY 11427 | **-***0872 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |

Schedule I (Form 990)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NATIONAL PARENTS UNION INC. 7 MARION AVE. WOBURN, MA 01801 | **-***3274 | 501(C)3 | 25,000. | 0. | | | PROGRAM EXPANSION |
| OPPORTUNITY @ WORK, INC. 1100 CONNECTICUT AVE. NW, SUITE 43 WASHINGTON, DC 20036 | **-***4432 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| ORANGE COUNTY COMMUNITIES ORGANIZED FOR RESPONSIBLE DEVELOPMENT - 1505 17TH ST., SUITE 122 - SANTA ANA, CA 92705 | **-***2827 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| PARENT TEACHER HOME VISITS P.O. BOX 189084 SACRAMENTO, CA 95818 | **-***7445 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| PARITY BALTIMORE INCORPORATED 1014 W. 36TH ST., UNIT 96 BALTIMORE, MD 21211 | **-***1143 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| PAVE, INC. 1805 7TH ST. NW, SIXTH FLOOR WASHINGTON, DC 20001 | **-***0119 | 501(C)3 | 25,000. | 0. | | | PROGRAM EXPANSION |
| PIVOT 1300 CLAY ST., SUITE 600 OAKLAND, CA 94612 | **-***7655 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| PROJECT BASTA 1712 DEAN ST. BROOKLYN, NY 11213 | **-***8868 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| PROSPERA COMMUNITY DEVELOPMENT 1072 60TH ST., #3 OAKLAND, CA 94608 | **-***3186 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| REINVENT STOCKTON FOUNDATION 110 N. SAN JOAQUIN ST. STOCKTON, CA 95202 | **-***5719 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| RURAL OPPORTUNITY INSTITUTE (THROUGH FISCAL SPONSOR HEALTH EDUCATION FOUNDA - P.O. BOX 7368 - ROCKY MOUNT, NC 27804 | **-***8802 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| SAGA EDUCATION 10 LAUDHOLD RD. NEWTON, MA 02458 | **-***8942 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| SCD ENRICHMENT PROGRAM 4860 CHAMBERS RD., #102 DENVER, CO 80239 | **-***2590 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| SCHOOLSEED FOUNDATION 2670 UNION AVE. EXT. #1123 MEMPHIS, TN 38112 | **-***7567 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| SEMBRANDO SENTIDO INC. 128 MARGINAL SUR AVE. ROOSEVELT SAN JUAN, PR 00917 | **-***9539 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| SPRINGBOARD COLLABORATIVE 2 PENN CENTER, STE 1315, 1500 JFK PHILADELPHIA, PA 19102 | **-***9806 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| STREET MINISTRIES 430 VANCE AVE. MEMPHIS, TN 38126 | **-***3815 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| TALKINGPOINTS 2021 FILLMORE ST., #2124 SAN FRANCISCO, CA 94115 | **-***6102 | 501(C)3 | 250,000. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W. 24TH BLVD. - CHICAGO, IL 60623 | **-***1074 | 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 MEMPHIS, TN 38174 | **-***2081 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| THE F.I.N.D. DESIGN 2787 SMITH SPRINGS RD. NASHVILLE, TN 37217 | **-***1327 | 501(C)3 | 200,000. | 0. | | | PROGRAM EXPANSION |
| THE FARMLINK PROJECT 442 5TH AVE., #1814 NEW YORK, NY 10018 | **-***8171 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| THE GENTLEMEN'S LEAGUE 656 FLORIDA ST., #301 MEMPHIS, TN 38103 | **-***1721 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| THE HIGHLAND PROJECT INC. 71 WEST 85TH ST., APT. 1A NEW YORK, NY 10024 | **-***1927 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| THE KNOWLEDGE HOUSE FELLOWSHIP, INC. - 363 RIDER AVE., 3RD FLOOR - BRONX, NY 10451 | **-***7713 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| THE LAST MILE 44 TEHAMA ST. SAN FRANCISCO, CA 94105 | **-***9930 | 501(C)3 | 20,000. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THINK OF US 88 PINE ST. NEW YORK, NY 10005 | **-***7215 | 501(C)3 | 250,000. | 0. | | | PROGRAM EXPANSION |
| URBAN ALLIANCE 2030 Q 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 - RICHMOND, CA 94805 | **-***3531 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| VOT-ER 2045 W. GRAND AVE., SUITE B, #3163 CHICAGO, IL 60612 | **-***0929 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| WALKER'S LEGACY FOUNDATION (THROUGH FISCAL SPONSOR WASHINGTON GRANTMAKERS, - 1100 NEW JERSEY AVE. SE, SUITE 710 - WASHINGTON, | **-***6853 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| WASHINGTON HOUSING CONSERVANCY, INC. - 1310 L ST. NW, SUITE 325 - WASHINGTON, DC 20005 | **-***6109 | 501(C)3 | 100,000. | 0. | | | PROGRAM EXPANSION |
| ZEARN 261 W 35TH ST, 15 FL NEW YORK, NY 10001 | **-***5745 | 501(C)3 | 500,000. | 0. | | | PROGRAM EXPANSION |
| | | | | | | | |
| | | | | | | | |

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

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

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

PART I, LINE 2:

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

Part IV Supplemental Information

PROFIT'S BUILD INVESTMENT IN THE ORGANIZATION."

Copy

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
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.

Employer identification number

-*6766

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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**

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**

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

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

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

Schedule J (Form 990) 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.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Open to Public
Inspection

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

Name of the organization: **NEW PROFIT INC.** Employer identification number: ****-***6766**

| Part I | Types of Property | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 1,516 | 405,181 | FAIR MARKET VALUE |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other () | | | | |
| 26 | Other () | | | | |
| 27 | Other () | | | | |
| 28 | Other () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | X |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

LHA 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 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.

Lined area for supplemental information with a large diagonal 'Copy' watermark.

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

OMB No. 1545-0047

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

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

Schedule O (Form 990) 2022

232211 10-28-22

| | |
|---|--|
| Name of the organization NEW PROFIT INC. | Employer identification number **-***6766 |
|---|--|

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.

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|---|--|
| Name of the organization NEW PROFIT INC. | Employer identification number **-***6766 |
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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 |
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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 NEW PROFIT INC. | Employer identification number **-***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

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|---|--|
| Name of the organization NEW PROFIT INC. | Employer identification number **-***6766 |
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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

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|---|--|
| Name of the organization NEW PROFIT INC. | Employer identification number **-***6766 |
|---|--|

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 NEW PROFIT INC. | Employer identification number **-***6766 |
|---|--|

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 TULAINÉ 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.

| | |
|---|--|
| Name of the organization NEW PROFIT INC. | Employer identification number **-***6766 |
|---|--|

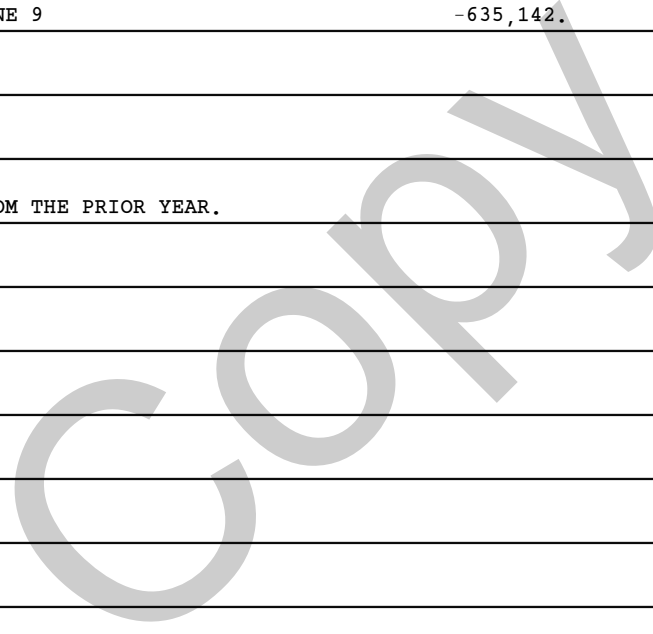
| | |
|--|------------|
| MANAGEMENT AND GENERAL EXPENSES | 576,976. |
| FUNDRAISING EXPENSES | 236,139. |
| TOTAL EXPENSES | 5,369,243. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 5,369,243. |

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.



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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

| | | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. NEW PROFIT INC. | Taxpayer identification number (TIN) 04-3396766 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 99 BEDFORD STREET, 500 | |
| | 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) 0 1

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

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 box . 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.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2022 or
 ▶ tax year beginning _____, and ending _____.

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

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

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