

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

<b>A</b> For the <b>2023</b> calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>NEW PROFIT INC.</b>		<b>D</b> Employer identification number  04-3396766
	Doing business as		<b>E</b> Telephone number  617-912-8800
	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 <b>BOSTON, MA 02111</b>		<b>G</b> Gross receipts \$ 74,873,760.
<b>F</b> Name and address of principal officer: <b>DOUG BORCHARD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? Yes No	
<b>J</b> Website: <b>WWW.NEWPROFIT.ORG</b>		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>H(c)</b> Group exemption number	
<b>L</b> Year of formation: 1997		<b>M</b> State of legal domicile: <b>MA</b>	

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>NEW PROFIT IS A VENTURE PHILANTHROPY ORGANIZATION THAT BACKS SOCIAL ENTREPRENEURS WHO ARE</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	86
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 21,717,666.	Current Year 71,496,194.
	<b>9</b> Program service revenue (Part VIII, line 2g)	160,125.	105,877.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,559.	3,271,689.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,156,350.	74,873,760.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,385,000.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,238,553.	15,104,593.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		200,402.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		4,357,309.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,694,954.	8,388,674.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,518,909.	40,589,935.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-13,362,559.	34,283,825.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 102,096,696.	End of Year 130,066,105.
	<b>21</b> Total liabilities (Part X, line 26)	3,162,236.	1,720,882.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	98,934,460.	128,345,223.

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>	Signature of officer				Date
	DOUG BORCHARD, MANAGING PARTNER, COO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	MATTHEW HUTT, CPA	MATTHEW HUTT, CPA	10/22/24	<input type="checkbox"/>	P01070603
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	AAFPCAS, INC. 50 WASHINGTON STREET WESTBOROUGH, MA 01581	04-2571780		508-366-9100	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,880,682. including grants of \$ 7,050,000. ) (Revenue \$ 105,877. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 9,790,391. including grants of \$ 6,750,000. ) (Revenue \$ ) SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 8,053,948. including grants of \$ 880,000. ) (Revenue \$ ) SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,952,030. including grants of \$ 2,416,668. ) (Revenue \$ )

4e Total program service expenses 30,677,051.

Part IV Checklist of Required Schedules

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

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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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) TULAINÉ MONTGOMERY CEO	45.00	X		X			522,002.	0.	16,696.	
(2) VANESSA KIRSCH FOUNDER-IN-RESIDENCE AND SENIOR PART	45.00	X		X			444,313.	0.	33,780.	
(3) DEBORAH SMOLOVER MANAGING PARTNER, ED OF AMERICA FORWA	45.00				X		337,372.	0.	32,336.	
(4) IAN MAGEE MANAGING PARTNER, CFO	45.00			X			352,855.	0.	16,679.	
(5) ELIZA GREENBERG PRESIDENT	45.00			X			331,777.	0.	26,328.	
(6) DAVID LEVY SENIOR ADVISOR	45.00				X		353,056.	0.	2,008.	
(7) DOUGLAS BORCHARD COO	45.00			X			337,333.	0.	6,783.	
(8) SHAWN DOVE MANAGING PARTNER, ECOSYSTEM BLDG.	45.00				X		243,334.	0.	27,762.	
(9) GIA TRUONG MANAGING PARTNER, EQUITY & PROXIMITY	45.00				X		239,887.	0.	28,124.	
(10) SHRUTI SEHRA MANAGING PARTNER, ECOSYSTEM BLDG & ED	45.00				X		244,031.	0.	16,678.	
(11) SAMUEL J. HIERSTEINER SENIOR PARTNER	45.00				X		222,537.	0.	33,758.	
(12) MATRIKA BAILEY-TURNER CHIEF OF STAFF	45.00			X			161,895.	0.	10,483.	
(13) STEVE JENNINGS CHAIRMAN	1.00	X		X			0.	0.	0.	
(14) STEVE BARNES DIRECTOR	1.00	X					0.	0.	0.	
(15) JOSH BEKENSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(16) KERWIN CHARLES DIRECTOR	1.00	X					0.	0.	0.	
(17) SAM COBBS 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) ALISA DOCTOROFF DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID GERGEN DIRECTOR	1.00	X						0.	0.	0.
(20) STACY JANIAK DIRECTOR	1.00	X						0.	0.	0.
(21) WENDY KOPP DIRECTOR	1.00	X						0.	0.	0.
(22) MATT LEVIN DIRECTOR	1.00	X						0.	0.	0.
(23) HENRY MCCANCE DIRECTOR	1.00	X						0.	0.	0.
(24) DUNCAN MCFARLAND DIRECTOR	1.00	X						0.	0.	0.
(25) KWASI MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(26) VALERIE MOSLEY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,790,392.	0.	251,415.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,790,392.	0.	251,415.

**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 49

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
ANJEALETTA WILLIAMS 20 PARK PLAZA, SUITE 416, BOSTON, MA 02116	EVENT PLANNING SERVICES	774,481.
EVALUATION STRATEGY LLC 5019 RENO RD NW, WASHINGTON, DC 20008	EVALUATION AND PORTFOLIO SUPPORT	267,750.
JEFF NELSON 1135 MOREHEAD CT, ANN ARBOR, MI 48103	PORTFOLIO SUPPORT AND STRATEGY	234,000.
MCPHERSON STRATEGIES, LLC 190 STATE ST., #11A, BROOKLYN, NY 11201	COMMUNICATION STRATEGY AND IMPLEMENTATIO	189,400.
LISA GUY 16 NOBLE ST., APT 301, BRUNSWICK, ME 04011	GROWTH MANAGEMENT AND EDIP SUPPORT	110,750.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KRISTIN MUGFORD DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(28) MARK NUNNELLY DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(29) DEBORAH QUAZZO DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(30) JOHN RICE DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(31) BRIAN SPECTOR DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(32) VENKAT SRINIVASAN DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(33) JEFFREY WALKER DIRECTOR	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

332201 04-01-23

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	71,496,194.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 106,700.				
	<b>h Total.</b> Add lines 1a-1f .....		71,496,194.				
Program Service Revenue	<b>2 a</b> NETWORKING EVENT FEES	<b>Business Code</b>					
		900099	105,877.	105,877.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		105,877.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,271,689.			3,271,689.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		74,873,760.	105,877.	0.	3,271,689.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	17,096,668.	17,096,668.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,554,954.	479,812.	1,651,361.	423,781.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	10,356,712.	6,935,290.	1,735,428.	1,685,994.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	217,906.	134,300.	49,168.	34,438.
<b>9</b> Other employee benefits .....	1,140,537.	714,560.	241,353.	184,624.
<b>10</b> Payroll taxes .....	834,484.	483,258.	215,041.	136,185.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	59,324.		59,324.	
<b>d</b> Lobbying .....	38,835.	38,835.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,262,371.	3,164,081.	700,521.	397,769.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	88,901.	29,969.	22,791.	36,141.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,020,031.	525,680.	274,626.	219,725.
<b>17</b> Travel .....	605,477.	268,614.	250,504.	86,359.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,990,085.	725,115.	169,955.	1,095,015.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	162,945.	42,665.	88,291.	31,989.
<b>b</b> RECRUITING AND TALENT	160,705.	38,204.	97,212.	25,289.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,589,935.	30,677,051.	5,555,575.	4,357,309.
<b>26</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,807,683.	<b>1</b>	4,338,856.
	<b>2</b> Savings and temporary cash investments .....	65,653,953.	<b>2</b>	69,794,226.
	<b>3</b> Pledges and grants receivable, net .....	31,771,589.	<b>3</b>	54,569,548.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	242,903.	<b>9</b>	287,931.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,620,568.	<b>15</b>	1,075,544.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	102,096,696.	<b>16</b>	130,066,105.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,419,576.	<b>17</b>	550,324.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,742,660.	<b>25</b>	1,170,558.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,162,236.	<b>26</b>	1,720,882.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	29,479,566.	<b>27</b>	28,734,657.
	<b>28</b> Net assets with donor restrictions .....	69,454,894.	<b>28</b>	99,610,566.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	98,934,460.	<b>32</b>	128,345,223.
<b>33</b> Total liabilities and net assets/fund balances .....	102,096,696.	<b>33</b>	130,066,105.	

Form 990 (2023)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	74,873,760.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	40,589,935.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	34,283,825.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	98,934,460.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-4,873,062.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	128,345,223.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? .....
- 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 .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2023)

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

2023

Open to Public Inspection

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	42,371,399.	20,430,328.	77,008,557.	21,717,666.	71,496,194.	233,024,144.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	42,371,399.	20,430,328.	77,008,557.	21,717,666.	71,496,194.	233,024,144.
<b>5</b> 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) .....						89,280,612.
<b>6 Public support.</b> Subtract line 5 from line 4.						143,743,532.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	42,371,399.	20,430,328.	77,008,557.	21,717,666.	71,496,194.	233,024,144.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	395,367.	101,343.	8,686.	278,559.	3,271,689.	4,055,644.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	5,009.	319.				5,328.
<b>11 Total support.</b> Add lines 7 through 10						237,085,116.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,423,697.

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.63 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	77.59 %

**16a 33 1/3% support test - 2023.** 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

**b 33 1/3% support test - 2022.** 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

**17a 10% -facts-and-circumstances test - 2023.** 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

**b 10% -facts-and-circumstances test - 2022.** 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

**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

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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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.

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 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 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 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>			
<b>b</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? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2023

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

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

Horizontal lines for supplemental information input.



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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](http://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 <b>NEW PROFIT INC.</b>	Employer identification number <b>04-3396766</b>
--	---

**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-.

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

Schedule C (Form 990) 2023

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	1,513.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	38,835.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	40,348.													
<b>d</b> Other exempt purpose expenditures .....	40,549,587.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	40,589,935.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	44,244.	45,313.	47,659.	40,348.	177,564.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures			1,857.	1,513.	3,370.

Schedule C (Form 990) 2023

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: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: \$. Rows include: 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. 1b 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) 2023

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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:

- (i) Unrelated organizations?
(ii) Related organizations?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 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, line 10c, column (B)) 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) OPERATING LEASE LIABILITIES	1,170,558.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	72,426,189.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,425,491.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-4,873,062.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,447,571.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	74,873,760.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	74,873,760.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	43,015,426.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,425,491.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,425,491.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,589,935.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	40,589,935.

**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, 2023. 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 -4,000,000.

PROVISION FOR UNCOLLECTIBLE COMMITMENTS -873,062.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -4,873,062.

COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 HIGGINS NEW ORLEANS, LA 70130	27-3474661	501(C)3	250,000.	0.			PROGRAM EXPANSION
AVANCE 824 BROADWAY ST., SAN ANTONIO, TX 78215	74-1769114	501(C)3	250,000.	0.			PROGRAM EXPANSION
BACKFIELD IN MOTION, INC. 920 WOODLAND ST. NASHVILLE, TN 37206	62-1826603	501(C)3	125,000.	0.			PROGRAM EXPANSION
BARR CENTER 5115 EXCELSIOR BLVD. ST. LOUIS PARK, MN 55416	82-5480444	501(C)3	250,000.	0.			PROGRAM EXPANSION
BEATS RHYMES AND LIFE INC. 450 SANTA CLARA AVE. OAKLAND, CA 94610	45-2382705	501(C)3	100,000.	0.			PROGRAM EXPANSION
BELOVED COMMUNITY CENTER OF GREENSBORO, INC. - P.O. BOX 875 - GREENSBORO, NC 27402	56-1877250	501(C)3	250,000.	0.			PROGRAM EXPANSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 102.

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

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

Schedule I (Form 990) 2023

**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
BEYOND12 EDUCATION, INC 1625 CLAY ST. OAKLAND, CA 94612	27-1275246	501(C)3	325,000.	0.			PROGRAM EXPANSION
BLACK GIRLS SMILE INC. 352 UNIVERSITY AVE. SW ATLANTA, GA 30310	45-5352968	501(C)3	100,000.	0.			PROGRAM EXPANSION
BLACK WOMEN'S BLUEPRINT, INC. P.O. BOX 24713 BROOKLYN, NY 11201	27-1308862	501(C)3	100,000.	0.			PROGRAM EXPANSION
BRAVEN, INC. 171 N. ABERDEEN ST. CHICAGO, IL 60607	46-4340594	501(C)3	1,669,168.	0.			PROGRAM EXPANSION
CARA CHICAGO 237 S. DESPLAINES ST. CHICAGO, IL 60661	36-4268095	501(C)3	250,000.	0.			PROGRAM EXPANSION
CENTRAL VALLEY SCHOLARS 710 VAN NESS FRESNO, CA 93721	84-1996995	501(C)3	100,000.	0.			PROGRAM EXPANSION
CENTRO UNIDO LATINO AMERICANO 79 ACADEMY ST. MARION, NC 28752	56-2678411	501(C)3	100,000.	0.			PROGRAM EXPANSION
CHAINLESS CHANGE, INC. 4300 N. UNIVERSITY DR. SUNRISE, FL 33351	83-3657191	501(C)3	100,000.	0.			PROGRAM EXPANSION
CODEPATH.ORG 5214F DIAMOND HITS BLVD. SAN FRANCISCO, CA 94131	81-5338932	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.)

(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
COLLABORATIVE FOR ACADEMIC, SOCIAL, AND EMOTIONAL LEARNING - 815 W. VAN BUREN STREET - CHICAGO, IL 60607	20-5884201	501(C)3	250,000.	0.			PROGRAM EXPANSION
COLLABORATIVE HEALING INITIATIVE WITHIN COMMUNITIES (CHIC INC) - 10660 E. COLFAX AVE. - AURORA, CO 80010	82-1803800	501(C)3	100,000.	0.			PROGRAM EXPANSION
COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SHERMAN ST - DENVER, CO 80203	84-1493585	501(C)3	202,500.	0.			PROGRAM EXPANSION
CONVIVIR COLORADO 3264 LARIMER ST DENVER, CO 80205	85-1163753	501(C)3	100,000.	0.			PROGRAM EXPANSION
COUNSELING IN SCHOOLS 505 EIGHTH AVE. NEW YORK, NY 10018	13-3637647	501(C)3	100,000.	0.			PROGRAM EXPANSION
CUSTOM COLLABORATIVE INCORPORATED 102 BRADHURST AVE. NEW YORK, NY 10039	47-5036606	501(C)3	100,000.	0.			PROGRAM EXPANSION
EAST CENTRAL GEORGIA CONSORTIUM, INC. - 674 WASHINGTON RD. - THOMSON, GA 30824	58-2114208	501(C)3	210,000.	0.			PROGRAM EXPANSION
EMERGENT WORKS INC. 424 W. 54TH ST. NEW YORK, NY 10019	85-1197743	501(C)3	100,000.	0.			PROGRAM EXPANSION
ENVISION EDUCATION, INC. 111 MYRTLE ST STE 203 OAKLAND, CA 94607	94-3394659	501(C)3	267,500.	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.)

(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
EQUAL OPPORTUNITY SCHOOLS 5601 6TH AVE. S SEATTLE, WA 98108	37-1609659	501(C)3	250,000.	0.			PROGRAM EXPANSION
EQUITY AND TRANSFORMATION 10 W. 35TH ST. CHICAGO, IL 60616	83-4701430	501(C)3	100,000.	0.			PROGRAM EXPANSION
ESQ. APPRENTICE P.O. BOX 24152 OAKLAND, CA 94623	47-3060656	501(C)3	100,000.	0.			PROGRAM EXPANSION
FATHERS' UPLIFT, INC. 12 SOUTHERN AVE. DORCHESTER CENTER, MA 02124-2012	46-1470932	501(C)3	100,000.	0.			PROGRAM EXPANSION
FIRSTREPAIR 1900 ASBURY AVE. EVANSTON, IL 60201	86-3191322	501(C)3	100,000.	0.			PROGRAM EXPANSION
FOUND VILLAGE P.O. BOX 68045 CINCINNATI, OH 45206	81-4106901	501(C)3	100,000.	0.			PROGRAM EXPANSION
FRACTURED ATLAS, INC. P.O. BOX 55 HARTSDALE, NY 10530	11-3451703	501(C)3	100,000.	0.			PROGRAM EXPANSION
GENERATION CITIZEN 110 WALL ST. NEW YORK, NY 10005	27-2039522	501(C)3	375,000.	0.			PROGRAM EXPANSION
GENUNITY INC. 36 S. MUNROE TERRACE BOSTON, MA 02122	87-1485598	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.)

(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
GIRLS LEADERSHIP 1675 7TH ST. OAKLAND, CA 94615	33-1207431	501(C)3	250,000.	0.			PROGRAM EXPANSION
GOOD CALL NYC CO. 81 WILLOUGHBY ST. BROOKLYN, NY 11201	82-1011857	501(C)3	100,000.	0.			PROGRAM EXPANSION
GOOD NATION FOUNDATION INC. 100 CROSBY ST. NEW YORK, NY 10012	81-4768448	501(C)3	100,000.	0.			PROGRAM EXPANSION
GREATER DAYTON UNION COOPERATIVE INITIATIVE (CO-OP DAYTON) - 840 GERMANTOWN ST. - DAYTON, OH 45402	81-3470466	501(C)3	100,000.	0.			PROGRAM EXPANSION
HEART & HAND CENTER 2736 WELTON ST DENVER, CO 80205	45-4251869	501(C)3	100,000.	0.			PROGRAM EXPANSION
INNER CITY COMPUTER STARS FOUNDATION - 750 N. ORLEANS - CHICAGO, IL 60654	36-4253411	501(C)3	250,000.	0.			PROGRAM EXPANSION
INSIGHT GARDEN PROGRAM 2081 CENTER ST. BERKELEY, CA 94702	46-3998218	501(C)3	100,000.	0.			PROGRAM EXPANSION
JOY AS RESISTANCE 7779 MARTIN LUTHER KING JR BLVD DENVER, CO 80238	84-5152470	501(C)3	102,500.	0.			PROGRAM EXPANSION
KENSINGTON CORRIDOR TRUST 3400 J ST. PHILADELPHIA, PA 19134	84-2453611	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.)

(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
KINGMAKERS OF OAKLAND 745 ARIMO AVE. OAKLAND, CA 94610	38-4105767	501(C)3	250,000.	0.			PROGRAM EXPANSION
LATINO BUSINESS FOUNDATION SILICON VALLEY - 1652 ALUM ROCK AVE. - SAN JOSE, CA 95116	84-3419477	501(C)3	100,000.	0.			PROGRAM EXPANSION
LEGACY MISSION VILLAGE P.O. BOX 2984 BRENTWOOD, TN 37024	90-0672177	501(C)3	157,500.	0.			PROGRAM EXPANSION
LIVE AGAIN FRESNO 161 N VAN NESS FRESNO, CA 93701	46-4075241	501(C)3	100,000.	0.			PROGRAM EXPANSION
MEMPHIS ARTISTS FOR CHANGE 1540 NETHERWOOD AVE. MEMPHIS, TN 38106	81-4207475	501(C)3	100,000.	0.			PROGRAM EXPANSION
MENTORING IN MEDICINE & SCIENCE 8393 CAPWELL DR OAKLAND, CA 94621	27-3263074	501(C)3	100,000.	0.			PROGRAM EXPANSION
MOORE IMPACT, INC. 2590 WELTON ST. DENVER, CO 80205	84-4714243	501(C)3	100,000.	0.			PROGRAM EXPANSION
MOVES AND GROOVES 2275 MURFREESBORO PIKE NASHVILLE, TN 37217	68-0516440	501(C)3	102,500.	0.			PROGRAM EXPANSION
MUSLIM YOUTH FOR POSITIVE IMPACT 1880 GOLDEN EAGLE CT BROOMFIELD, CO 80020	83-0998674	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.)

(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
NATIONAL LEGAL ADVOCACY NETWORK 1 N. LASALLE ST. CHICAGO, IL 60602	82-3524198	501(C)3	100,000.	0.			PROGRAM EXPANSION
NEW BEGINNINGS REENTRY SERVICES, INC. - 55 ROXBURY ST. - ROXBURY, MA 02119	81-1525549	501(C)3	100,000.	0.			PROGRAM EXPANSION
NEW LEADERS COUNCIL 1050 CONNECTICUT AVE NW WASHINGTON, DC 20035	56-2581640	501(C)3	100,000.	0.			PROGRAM EXPANSION
NORTH AMERICAN STUDENTS OF COOPERATION - P.O. BOX 166140 - CHICAGO, IL 60616	38-2219436	501(C)3	100,000.	0.			PROGRAM EXPANSION
ONEGOAL 180 N. WABASH AVE. CHICAGO, IL 60601	56-2369898	501(C)3	377,500.	0.			PROGRAM EXPANSION
ONLINE NEWS ASSOCIATION 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	51-0389878	501(C)3	100,000.	0.			PROGRAM EXPANSION
ORANGE COUNTY COMMUNITIES ORGANIZED FOR RESPONSIBLE DEVELOPMENT - 1505 17TH ST. - SANTA ANA, CA 92705	43-2092827	501(C)3	50,000.	0.			PROGRAM EXPANSION
PARENT TEACHER HOME VISITS PO BOX 189084 SACRAMENTO, CA 95818	51-0477445	501(C)3	100,000.	0.			PROGRAM EXPANSION
POSSIBILITY LABS 1410 FRANKLIN ST. SAN FRANCISCO, CA 91409	85-3989363	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.)

(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
POTLIKKER CAPITAL P.O. BOX 778 ITHACA, NY 14851-0778	85-2051176	501(C)3	100,000.	0.			PROGRAM EXPANSION
PROJECT BASTA 500 7TH AVE. NEW YORK, NY 10018	81-5268868	501(C)3	250,000.	0.			PROGRAM EXPANSION
PROUNITAS INC. 1801 MAIN ST. HOUSTON, TX 77002	47-1573396	501(C)3	100,000.	0.			PROGRAM EXPANSION
PURPLE HEALTH FOUNDATION, INC. 115 E. 34TH ST. NEW YORK, NY 10016	84-3004727	501(C)3	100,000.	0.			PROGRAM EXPANSION
RACIAL JUSTICE COALITION 70 SOUTH MARKET ST. ASHEVILLE, NC 28801	58-2140995	501(C)3	100,000.	0.			PROGRAM EXPANSION
REINVENT STOCKTON FOUNDATION 110 N. SAN JOAQUIN ST. STOCKTON, CA 95202	82-1005719	501(C)3	100,000.	0.			PROGRAM EXPANSION
RHIZOME ACTION NETWORK, INC. 1403 NE 82ND ST. SEATTLE, WA 98115	87-1985174	501(C)3	100,000.	0.			PROGRAM EXPANSION
SAGA EDUCATION 10 LAUDHOLM RD. NEWTON, MA 02458	47-2168942	501(C)3	252,500.	0.			PROGRAM EXPANSION
SAN DIEGO WORKFORCE PARTNERSHIPS INC. - 9246 LIGHTWAVE AVE., SUITE 210 - SAN DIEGO, CA 92123	33-0660504	501(C)3	60,000.	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.)

(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
SCD ENRICHMENT PROGRAM 4860 CHAMBERS RD., #102 DENVER, CO 80239	83-1362590	501(C)3	100,000.	0.			PROGRAM EXPANSION
SCHOOLSEED FOUNDATION 2670 UNION AVE., #1123 MEMPHIS, TN 38112	26-4477567	501(C)3	114,500.	0.			PROGRAM EXPANSION
SISTA AFYA COMMUNITY CARE NFP 1817 E. 71ST ST. CHICAGO, IL 60649	85-2035370	501(C)3	100,000.	0.			PROGRAM EXPANSION
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS RD., SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)3	200,000.	0.			PROGRAM EXPANSION
SOCIAL CREATURES INC. 83 POWERS ST., 2ND FLOOR BROOKLYN, NY 11211	85-1248669	501(C)3	100,000.	0.			PROGRAM EXPANSION
SOCIAL GOOD FUND 12651 SAN PABLO AVE, UNIT 5473 RICHMOND, CA 94805	46-1323531	501(C)3	100,000.	0.			PROGRAM EXPANSION
STRADA COLLABORATIVE, INC., DBA INSIDETRACK - 10 W MARKET ST., SUITE 110 - INDIANAPOLIS, IN 46204	86-1250084	501(C)3	50,500.	0.			PROGRAM EXPANSION
STREETS MINISTRIES 430 VANCE AVE MEMPHIS, TN 38126	62-1763815	501(C)3	100,000.	0.			PROGRAM EXPANSION
SURGE INSTITUTE 935 W. CHESTNUT ST., SUITE 515 CHICAGO, IL 60642	47-1995566	501(C)3	375,000.	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.)

(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
TALLER SALUD, INC. P.O. BOX 524 LOIZA, PR 00976	66-0494692	501(C)3	100,000.	0.			PROGRAM EXPANSION
TEACHING LAB P.O. BOX 825792 PHILADELPHIA, PA 19182-5792	81-3546317	501(C)3	250,000.	0.			PROGRAM EXPANSION
THE ARTHUR PROJECT, INC. 600 THIRD AVE, SUITE 200 NEW YORK, NY 10016	81-2797329	501(C)3	100,000.	0.			PROGRAM EXPANSION
THE CENTER FOR BLACK EDUCATOR DEVELOPMENT - 7901 HIDDEN LN. - ELKINS PARK, PA 19027	84-1814119	501(C)3	375,000.	0.			PROGRAM EXPANSION
THE COLLECTIVE BLUEPRINT PO BOX 40476 MEMPHIS, TN 38174	82-3372081	501(C)3	100,000.	0.			PROGRAM EXPANSION
THE F.I.N.D. DESIGN 2787 SMITH SPRINGS RD NASHVILLE, TN 37217	47-2471327	501(C)3	70,000.	0.			PROGRAM EXPANSION
THE GENTLEMEN'S LEAGUE 656 FLORIDA ST, #301 MEMPHIS, TN 38103	82-1791721	501(C)3	102,500.	0.			PROGRAM EXPANSION
THE HADANOU COLLECTIVE 3533 N. MARION ST. DENVER, CO 80205	47-5606568	501(C)3	100,000.	0.			PROGRAM EXPANSION
THE KNOWLEDGE HOUSE FELLOWSHIP, INC. - 79 ALEXANDER AVE., SUITE 51A - BRONX, NY 10454	47-2747713	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.)

(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
THE SCHOLARSHIP ACADEMY INC. 500 BISHOP ST. NW, BUILDING B-2 ATLANTA, GA 30318	20-3721836	501(C)3	100,000.	0.			PROGRAM EXPANSION
THINK OF US 700 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	82-1157215	501(C)3	250,000.	0.			PROGRAM EXPANSION
TRANSCEND INC. 1836 WESTCHESTER AVE., PMB 6205 BRONX, NY 10472	30-0878820	501(C)3	750,000.	0.			PROGRAM EXPANSION
TRUST NEIGHBORHOODS 1737 WALNUT ST., SUITE C KANSAS CITY, MO 64108	85-2544201	501(C)3	100,000.	0.			PROGRAM EXPANSION
TURNING TABLES 1810 HASTINGS PL., #4 NEW ORLEANS, LA 70130	85-2142226	501(C)3	100,000.	0.			PROGRAM EXPANSION
UNBOUNDED 81 PROSPECT ST. BROOKLYN, NY 11201	43-1243999	501(C)3	250,000.	0.			PROGRAM EXPANSION
UNLOCKED LABS 2858 SALENA REAR ST. LOUIS, MO 63118	37-1871086	501(C)3	100,000.	0.			PROGRAM EXPANSION
URBAN ALLIANCE 2030 Q STREET NW WASHINGTON, DC 20009	52-1938443	501(C)3	250,000.	0.			PROGRAM EXPANSION
WE ARE FAMILY 1801 REYNOLDS AVE., UNIT B NORTH CHARLESTON, SC 29405	57-1008020	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.)

(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
WEIRD ENOUGH PRODUCTIONS 3639 TRINITY PL. LITHONIA, GA 30038	82-1118409	501(C)3	100,000.	0.			PROGRAM EXPANSION
WEST CONTRA COSTA PUBLIC EDUCATION FUND - 1400 MARINA WAY S - RICHMOND, CA 94804	68-0005307	501(C)3	100,000.	0.			PROGRAM EXPANSION
WORKFORCE ALLIANCE OF SOUTH CENTRAL KANSAS, INC. - 300 W. DOUGLAS, SUITE 850 - WICHITA, KS 67202	48-1246563	501(C)3	210,000.	0.			PROGRAM EXPANSION
WORKSOURCE - GREATER AUSTIN AREA WORKFORCE BOARD - 9001 N IH 35, SUITE 110E - AUSTIN, TX 78753	74-2327454	501(C)3	60,000.	0.			PROGRAM EXPANSION
YOUTH PASSAGEWAYS 1714 FRANKLIN ST, #100-337 OAKLAND, CA 94612	47-4750095	501(C)3	107,500.	0.			PROGRAM EXPANSION
ZEARN, INC. 261 W. 35TH ST., 15TH FL. NEW YORK, NY 10001	37-1665745	501(C)3	250,000.	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

NEW PROFIT INC.

Employer identification number

04-3396766

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**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) TULAINÉ MONTGOMERY CEO	(i)	467,002.	55,000.	0.	6,000.	10,696.	538,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VANESSA KIRSCH FOUNDER-IN-RESIDENCE AND SENIOR PART	(i)	389,313.	55,000.	0.	6,000.	27,780.	478,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH SMOLOVER MANAGING PARTNER, ED OF AMERICA FORWA	(i)	337,372.	0.	0.	6,000.	26,336.	369,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) IAN MAGEE MANAGING PARTNER, CFO	(i)	352,855.	0.	0.	6,000.	10,679.	369,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZA GREENBERG PRESIDENT	(i)	331,777.	0.	0.	0.	26,328.	358,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID LEVY SENIOR ADVISOR	(i)	353,056.	0.	0.	0.	2,008.	355,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DOUGLAS BORCHARD COO	(i)	337,333.	0.	0.	6,000.	783.	344,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHAWN DOVE MANAGING PARTNER, ECOSYSTEM BLDG.	(i)	243,334.	0.	0.	0.	27,762.	271,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GIA TRUONG MANAGING PARTNER, EQUITY & PROXIMITY	(i)	239,887.	0.	0.	363.	27,761.	268,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHRUTI SEHRA MANAGING PARTNER, ECOSYSTEM BLDG & ED	(i)	244,031.	0.	0.	6,000.	10,678.	260,709.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SAMUEL J. HIERSTEINER SENIOR PARTNER	(i)	222,537.	0.	0.	6,000.	27,758.	256,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MATRIKA BAILEY-TURNER CHIEF OF STAFF	(i)	161,895.	0.	0.	0.	10,483.	172,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1B:

THE ORGANIZATION IS IN THE PROCESS OF CREATING AN EQUITABLE POLICY FOR  
THESE TYPES OF PURCHASES. THE PURCHASE WAS MADE TO ENHANCE CAPACITY FOR  
FUNDRAISING, DONOR CULTIVATION, AND EVENT HOSTING.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I 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	269	98,700.	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	X	42	8,000.	FAIR MARKET VALUE
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**

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? **30a**

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? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

NEW PROFIT INC.

Employer identification number

04-3396766

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

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 250+ 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 250+ ORGANIZATIONS AND, THROUGH THE AMERICA FORWARD

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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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 - 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 THREE LEVELS OF FUNDING AND STRATEGIC SUPPORT TO ORGANIZATIONS IN OUR PORTFOLIO: A NEW PILOT INVESTMENT CALLED "TRANSFORM INVESTMENTS," AND OUR ESTABLISHED PORTFOLIOS OF "BUILD INVESTMENTS" AND "CATALYZE INVESTMENTS."

THROUGH 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

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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A PEER LEARNING COMMUNITY, WHICH OFFERS AN OPPORTUNITY FOR THEM TO 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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PORTFOLIO - 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 THREE LEVELS OF FUNDING AND STRATEGIC SUPPORT TO ORGANIZATIONS IN OUR PORTFOLIO: A NEW PILOT INVESTMENT VEHICLE CALLED "TRANSFORM INVESTMENTS," AND OUR ESTABLISHED PORTFOLIOS OF "BUILD INVESTMENTS," AND "CATALYZE INVESTMENTS."

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

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 - 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.

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ECOSYSTEM BUILDING AND POLICY

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.

THE WELL - NEW PROFIT'S BI-ANNUAL COMMUNITY GATHERING OF SOCIAL  
 ENTREPRENEURS, ECOSYSTEM BUILDERS, PHILANTHROPISTS, AND OTHER SOCIAL  
 IMPACT LEADERS IS DESIGNED TO CREATE AND NOURISH AN UNPRECEDENTED  
 MULTIRACIAL, INTERGENERATIONAL, CROSS-SECTOR COALITION FOR CHANGE - THE  
 M.I.C.. LAUNCHED IN 2022, THE EVENT, WHICH BRINGS TOGETHER OVER 450  
 MEMBERS OF THE MIC FACILITATES COLLABORATIVE LEARNING IN SERVICE OF  
 DRIVING GREATER IMPACT AS INDIVIDUALS AND AS A COMMUNITY. THE WELL  
 CREATES INTENTIONAL AND ORGANIC OPPORTUNITIES TO CONNECT ACROSS  
 IDENTITY MARKERS IN MEANINGFUL, ACTION-ORIENTED WAYS THROUGH SPACES AND  
 ACTIVITIES FOCUSED ON WELLBEING, HEALING, AND COALITION-BUILDING.

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

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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20 GRANTEE-PARTNERS WERE ELIGIBLE FOR THE SECOND PHASE OF THE PIE INITIATIVE IN WHICH SELECTED ORGANIZATIONS EACH RECEIVED \$1M+ 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 AND LONG-TERM IMPACT.

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 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.

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PORTFOLIO - TRANSFORM

THROUGH OUR TRANSFORM INVESTMENTS, WE PROVIDE GRANTEE-PARTNERS A \$3M+ 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 TOWARD SUPPORTING LEADERSHIP TEAMS AND BOARDS THAT ARE NAVIGATING SIGNIFICANT INFLECTION POINTS IN THEIR GROWTH AND AIMING TO DRIVE LARGE-SCALE IMPACT IN THEIR FIELD.

OUR GRANTEE-PARTNERS ARE DRIVING IMPACT IN DEMOCRACY, EDUCATION, ECONOMIC MOBILITY, AND HEALTH. EXPENSES \$ 2,504,837. INCLUDING GRANTS OF \$ 2,416,668. REVENUE \$ 0.

PORTFOLIO - 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

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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TO TAKE PART IN CONVENINGS THAT BRING TOGETHER PEER ORGANIZATIONS,  
FIELD EXPERTS, AND PHILANTHROPIC PLAYERS FROM ACROSS OUR NATIONAL  
NETWORK.

EXPENSES \$ 447,193. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

NEW PROFIT'S CURRENT BYLAWS WERE RESTATED TO BETTER REFLECT THE CURRENT  
STATE OF THE LAW AND BEST PRACTICES. THE SUBSTANCE OF THE GOVERNANCE  
PROVISIONS REMAINS LARGELY UNCHANGED, WITH A FEW EXCEPTIONS:

1. THE ANNUAL MEETING MAY OCCUR WHENEVER THE BOARD CHOOSES, AS  
OPPOSED TO ON A PARTICULAR DATE IN MAY AS SPECIFIED IN THE CURRENT BYLAWS.

2. IN ORDER TO PROVIDE THE BOARD WITH MAXIMUM FLEXIBILITY IN  
CONDUCTING ITS MEETINGS, THE 7-DAY NOTICE REQUIREMENT FOR REGULAR BOARD  
MEETINGS WAS REMOVED. SPECIAL BOARD MEETINGS REQUIRE ADVANCE NOTICE OF 24  
HOURS IF COMMUNICATED ELECTRONICALLY, OR 48 HOURS IF MAILED.

3. THE MINIMUM NUMBER OF DIRECTORS HAS BEEN INCREASED FROM TWO TO  
THREE.

FOR PROVISIONS RELATED TO THE PROTECTION OF THE BOARD AND MANAGEMENT,  
ARTICLE IV REGARDING INDEMNIFICATION AND SECTION 5.2 REGARDING PERSONAL  
LIABILITY WERE MODIFIED.

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.



Name of the organization

NEW PROFIT INC.

Employer identification number

04-3396766

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

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 TULAINA MONTGOMERY, COO DOUG BORCHARD, AND PRESIDENT

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.

Name of the organization NEW PROFIT INC.	Employer identification number 04-3396766
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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,NJ,NC,ND,OH,OK,OR,PA,RI,TN,UT  
WV,SC,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 3,164,081.

MANAGEMENT AND GENERAL EXPENSES 700,521.

FUNDRAISING EXPENSES 397,769.

TOTAL EXPENSES 4,262,371.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 4,262,371.

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

CANCELLED COMMITMENTS RECEIVABLE -4,000,000.

PROVISION FOR UNCOLLECTIBLE COMMITMENTS -873,062.

TOTAL TO FORM 990, PART XI, LINE 9 -4,873,062.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of IAN MAGEE, MANAGING PARTNER, CFO  
 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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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