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Department of the Treasury Internal-Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2009 calendar year, or tax year beginning

	• •	•••••	2500 building your, or tax your boginning	a enamy		
E	3 c	heck if	Please C Name of organization		D Employer identific	cation number
	_)Addres	USE IHS			
	_	change	print or NEW PROFIT, INC.			
	_	change		-	T	<u>396766</u>
	_	return Termin	See Number and street (or P.O. box if mail is not delivered to street address)	Room/surte	E Telephone number	
	느	ated Amend	Instruc- Z CANAL PARK		T'	252-3220
	_	Jretum]Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	22,493,688.
		Jaon pendin			H(a) Is this a group re	etum Yes XNo
			C/O NEW PROFIT, CAMBRIDGE, MA 02141		for affiliates? H(b) Are all affiliates inc	
-	ıT	ах-өхө	mpt status	7	3	list (see instructions)
-			e: WWW.NEWPROFIT.COM	<u></u>	H(c) Group exemption	•
_			organization: X Corporation Trust Association Other	L Year		State of legal domicile; MA
			Summary	, .		
2010		1	Briefly describe the organization's mission or most significant activities TO	WORK WI	TH VISIONAR	Y SOCIAL
~	Governance]	ENTREPRENUERS TO CREATE TRANSFORMATIVE I	IMPACT	ON SOCIAL P	ROBLEMS.
പ	Ĩ.	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispo	osed of more	than 25% of its net as	sets
F=1	٥	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	20
DEC	æ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	19
	Activities &	5	Total number of employees (Part V, line 2a)		5	42
H	<u> </u>	6	Total number of volunteers (estimate if necessary)		6	22
Z	Ş		Fotal gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
₹.	\dashv	<u>b</u> !	Net unrelated business taxable income from Form 990 T. line 34			0.
SCANNED			RECEIVED	_	Prior Year	Current Year
S	9		Contributions and grants (Part VIII, line 1h)	<u> </u>	39,142,827.	22,476,216.
	Revenue	9 [Program service revenue (Part VIII, line 2g)	<u> </u>	25 500	2 450
	2	10	investment income (Part VIII, column (A),-lines 3,4, and 76)	-	25,508.	3,478.
	ı		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<u> </u>	20 160 225	13,994.
-	\dashv		Total revenue - add lines 8 through 11 (must equal PartVII) column (A), line 12)		39,168,335.	22,493,688.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	5,131,666.	5,023,177.
	.		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	、	3,022,193.	3,606,688.
	Ses		Professional fundraising fees (Part IX, column (A), line 11e)	"	36,750.	3,000,000.
	Expenses		Fotal fundraising expenses (Part IX, column (D), line 25) 793, 0	136	30,730.	
	ॼ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	550.	2,608,468.	2,591,578.
			Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	 	10,799,077.	11,221,443.
			Revenue less expenses Subtract line 18 from line 12	 	28,369,258.	11,272,245.
5	- S		The state of the s	Re	ginning of Current Year	End of Year
4	Balances	20 1	Fotal assets (Part X, line 16)	5	44,416,946.	54,863,721.
4	鍔		Fotal liabilities (Part X, line 26)	·	729,157.	682,684.
2	Fund		Net assets or fund balances Subtract line 21 from line 20	_	43,687,789.	54,181,037.
		rt II	Signature Block			
_			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a and complete Declaration of preparer (other than officer) is based on all information of which preparer has	and statements,	and to the best of my knowledg	ge and belief, it is true, correct,
		l		s any knowledge	1	16 2.
5	Sign	1	Janem for		1/20	15 201
ŀ	lere	•	\$1gmature of officer		Dafte	
		ŀ	VANESSA KIRSCH, PRESIDENT		-	
_			Type or print name and title	l OL	-ilia la	
F	aid	l	Preparer's Date	12 - 1638	f- (see ins	er's identifying number structions)
F	rep	arer's		1 0111	,p.0,00 P	
ι	lse (Only	yours / PEONARD, MULHERIN & GREENE, P.C	<i>:</i> •	EIN ►	
			525 GROVE STREET address, and BRATNINGER MA 0.2194		05.00	701\ 256 4000
-	4000	the IC	BRAINTREE, MA 02184		Pnone no. ► (781) 356-4800
η.	иαУ	uie iH	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2009)

Form **990** (2009)

Pa	rt IV Checklist of Required Schedules			ugo •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	37	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	 	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		٠,
_	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			٠,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			۱,,
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X			- T
_	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Pert VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			-
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- T	
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X	1		
40		40		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a		14a	.	X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	445		_v
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	.	
46	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		v
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
	TC ADD ON CH. THIS COMODINE SCHOOLING STEALTH	1 175		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Form 990 (2009) NEW PROFIT, INC. Part IV Checklist of Required Schedules (continued)

				Γ
21	. Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	Α.	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		-	-
_	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	x	
24a		<u>20</u>	-	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ŀ
	Schedule K. If "No", go to line 25	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	Ì		
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			w
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		<u> </u>
•	If "Yes," complete Schedule R, Part V, line 2	25		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		<u> </u>
-	If "Yes," complete Schedule R, Part V, line 2	36		y
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			-42
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2	2009)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	700		age C
	To the state of th		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		105	140
	U.S. Information Returns. Enter -0- if not applicable 18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ц
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
Δ-	Tax Shelter Transaction?	5c		 -
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.
L	any contributions that were not tax deductible?	6a_		X_
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	er.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
-	provided to the payor?	7a		x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
ө	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7ө	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		ĺ	
	at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gress receipts, included on Form 999, Part VIII, line 12 for public use of club feetities.			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 504(e)(42) expenience Enter		ĺ	
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a				
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		İ	
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	l	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
Ь	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6104 requires and 6104 requires an organization of 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires and 6104 requires a	or		
	public inspection Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizations of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person on. 🕨			
	<u>VANESSA KIRSCH - 617-252-3220</u>			
	2 CANAL PARK, CAMBRIDGE, MA 02141			

04-3396766

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

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 Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					.k/ì	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual frustee or director	Institutional trustee	Officer	•	Highest compensated Semployee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
VANESSA KIRSCH PRESIDENT AND FOUNDER	45.00	х		х		х		259,930.	0.	16,879.
KELLY FITZSIMMONS DIRECTOR	1.00	x						0.	0.	0.
ED COHEN DIRECTOR	1.00							0.	0.	0.
JAMES PALLOTTA	1.00						-	0.	0.	
DIRECTOR BILL MCCLEMENTS							-			0.
CLERK MARK NUNNELLY	1.00			Х				0.	0.	0.
DIRECTOR JOSHUA BEKENSTEIN	1.00	X				ļ.		0.	0.	0.
CO-CHAIRMAN MARK FULLER	1.00	X		X			_	0.	0.	0.
CO-CHAIRMAN TRISTIN MANNION	1.00	X		X				0.	0.	0.
DIRECTOR GEORGE CONRADES	1.00	X			_	_		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
PAUL GROGAN DIRECTOR	1.00	x						0.	0.	0.
DR. MICHAEL LOMAX DIRECTOR	1.00	X						0.	0.	0.
DUNCAN M. MCFARLAND DIRECTOR	1.00	x						0.	0.	0.
GREG AVIS DIRECTOR	1.00	x						0.	0.	0.
ELIZABETH RILEY DIRECTOR	1.00	X						0.	0.	0.
JAMES J JENSEN DIRECTOR	1.00							0.	0.	0.
LAURENE SPERLING DIRECTOR	1.00							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) (R) (C) (D) (E) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other ndividual trustee or director week the organizations compensation Highest compensated employee (W-2/1099-MISC) organization from the institutional trustee (W-2/1099-MISC) organization Көу өтрюуөө and related Officer organizations PAUL EDGERLEY DIRECTOR 1.00 x 0. 0 0. JEFFREY C WALKER 1.00 x 0. 0. DIRECTOR 0. MIKE KENDALL DIRECTOR 1.00 | x0. 0. 0. DOUGLAS BORCHARD X 214.077. 0. 6,405. MANAGING PARTNER, COO 45.00 X KIM SYMAN 45.00 X X 183,934. 20,366. MANAGING PARTNER 0. ELIZABETH RIKER PARTNER 45.00 X 171,583. 0. 12,816. SARAH DI TROIA 45.00 X 174,077. 0. 5,938. PARTNER JEFFREY BERNDT PARTNER 45.00 X 280,297. 0. 16,034. ROD MCCOWAN 45.00 X 295,707. 0. 17,177. PARTNER MARTHA PIPER 45.00 121.379 0. 9,185. PARTNER 700.984. 104,800. 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable

compensation from the organization

Yes No

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4 X

Section B. Independent Contractors

the organization? If "Yes," complete Schedule J for such person

\$100,000 in compensation from the organization

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to

(A) Name and business address	(B) Description of services	(C) Compensation
THE SHERIDAN GROUP, 1224 M STREET NW,	2000, priori e, estruce	- Componedion
SUITE 300, WASHINGTON, DC 20005	CONSULTING	312,500.
CAPITAL MANAGEMENT INITIATIVES, LLC	CONCILL MING	220 161
509 7TH STREET, WASHINGTON, DC 20004 SAGAWA/JOSPIN, LLC	CONSULTING	220,161.
3000 GREENVALE RD., CHEVY CHASE, MD 20815	CONSULTING	195,000.
BLUE ENGINE MESSAGE & MEDIA, LLC, 1750 K		
ST. COMMON, NW SUITE 450, WASHINGTON, DC	CONSULTING	128,750.
	1	
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	

### 1 a Federated campaigns 1a 1b 1c 1c 1c 1c 1c 1c 1c			2009) NEW PR		LNC.			04-3396	700 Page 3
Business Code All other program service revenue	Pan	E VII	Statement of Revenu	ie			Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code Business Code Business Code Business Code	ınts		. •						
Business Code Business Code Business Code Business Code	ĕ		•						
Business Code Business Code Business Code Business Code	ā								
Business Code Description	ie i	a	-	 	<u>.</u>				<u> </u>
Business Code All other program service revenue	Si	9	• ,						
Business Code Description	ē	•			22476216				
Business Code Description	5			•					
Business Code All other program service revenue	a			<i>-</i> Ψ		22476216.			
Begging and b b c c c c c c c c c c c c c c c c c	1		, c		Business Code		-		
g Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	.	2 a				1			
g Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		b						-	
g Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	Ž	c							
g Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	ě	d							
g Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	311	θ		_					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	•	f	All other program service reveni	ue				·	
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Not gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	4.	g	Total. Add lines 2a-2f		<u> </u>				ļ
A Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal (ii) Personal (ii) Real (ii) Personal (iii) Persona		3	, -	ıvidends, ınter	est, and				
6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue (i) Personal (ii) Other (iii)			·		-	3,478.			3,478.
(i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$				exempt bond	proceeds				
6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		5	Royalties F		<u> </u>				-
b Less rental expenses . c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		_	<u> </u>	(i) Real	(ii) Personal	-			
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7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			• • • •						
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			` ′ [(i) Securities					
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		, a	<u> </u>	ty coodinios	(ily Othor	-			
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Including \$ of contributions reported on line 1c) See Part IV, line 18									
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	9		Gross income from fundraising						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	9						}		
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9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	ō				`	1			1
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue a b Less cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			, ,	_					
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue b Business Code	İ	.							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		b				1]		
10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code						1			
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	.		• • •	_					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code					1				
Miscellaneous Revenue Business Code	1	b	Less cost of goods sold	t]			1
		_с	Net income or (loss) from sales	of inventory					
	L		Miscellaneous Revenue		Business Code				:
11 a MISCELLANEOUS REVENUE 900099 13,994. 13,994.		11 a	MISCELLANEOUS RE	EVENUE	900099	13,994.	13,994.		
b		b							<u> </u>
c		C				ļ			
d All other revenue			•			12 224		<u> </u>	1
e Total. Add lines 11a-11d			-				12 004	 	3 470
12 Total revenue. See instructions. ▶ 22493688. 13,994. 932009			lotal revenue. See instructions.			<u> </u>	15,994.	0	3 , 478 • Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are			(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,848,177.	4,848,177.		
2	Grants and other assistance to individuals in			į	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	175,000.	175,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	689,699.	425,944.	168,315.	<u>95,440.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.500.546	1 105 051		405 000
7	Other salaries and wages	2,529,746.	1,496,264.	538,249.	495,233.
8	Pension plan contributions (include section 401(k)	45 010	26 246	0 506	0 200
	and section 403(b) employer contributions)	45,210.	26,316.	9,506.	9,388.
9	Other employee benefits	138,728.	81,561.	30,619.	26,548.
10	Payroll taxes	203,305.	121,269.	44,604.	37,432.
11	Fees for services (non-employees)				
a	Management				
b	Legal	60 202		60 202	
C	Accounting	68,323.	141 000	68,323.	
d	Lobbying	141,820.	141,820.		
9	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	C 202	···-·	C 202	
g	Other	6,382.		6,382.	
12	Advertising and promotion	44,971.	12 716	26 002	4 272
13	Office expenses	44,9/1.	13,716.	26,983.	4,272.
14	Information technology				
15	Royalties	167,925.	100,166.	36,842.	30,917.
16	Occupancy	385,608.	308,101.	19,666.	57,841.
17	Travel	363,006.	300,101.	13,000.	37,041.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	342,582.	290,164.	34,171.	18,247.
19	Interest	342,302.	230,104.	34,1/1.	10,247.
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23	Insurance	1,858.	1,108.	408.	342.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total	1,030.	1,100.	200.	
	expenses shown on line 25 below.)	1 040 464	1 056 545	150 545	
а	CONTRACT LABOR	1,249,464.	1,076,747.	172,717.	40 500
b	PRINTING AND REPRODUCTI	156,019.	79,101.	63,188.	13,730.
c	PAYROLL SERVICE FEES	18,481.	11,024.	4,055.	3,402.
d	OTHER	8,145.	6,125.	1,776.	244.
Θ			-		
f	All other expenses	11 001 110	0.000.505	1 005 004	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	11,221,443.	9,202,603.	1,225,804.	793,036.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Par	t X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	222,626.	1	320,805.
	2	Savings and temporary cash investments	5,838,002.	2	5,978,191.
	3	Pledges and grants receivable, net	38,225,544.	3	48,399,407.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	,		
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	40,000.
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		l i	
	_	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4SS	8	Inventories for sale or use	120 774	8	105 310
•	9	Prepaid expenses and deferred charges	130,774.	9	125,318.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 10a	-	40-	
	1 b	Less accumulated depreciation 10b		10c	
	11 12	Investments - publicly traded securities Investments - other securities See Part IV, line 11		11	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	_
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,416,946.	16	54,863,721.
	17	Accounts payable and accrued expenses	729,157.	17	682,684.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
Se	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iabi		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	729,157.	26	682,684.
		Organizations that follow SFAS 117, check here			
98 8		lines 27 through 29, and lines 33 and 34.	5 005 104		F FF4 FF4
<u>a</u>	27	Unrestricted net assets	5,237,184.		5,554,551.
Ba	28	Temporanly restricted net assets	38,450,605.	28	48,626,486.
핕	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here			
S	20	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	-	30	
t As	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		31 32	
Š	33	Total net assets or fund balances	43,687,789.	33	54,181,037.
	34	Total liabilities and net assets/fund balances	44,416,946.		54,863,721.
	<u> </u>	Total habilities and het assets/fully balances	_ ==,=±U,J±U.	<u> </u>	54,003,721.

Form **990** (2009)

orm	990	(2009) NEW PROFIT, INC.	04-3396766	Par	ge 12
Pai	t XI	Financial Statements and Reporting			
				Yes	No
1	·Acc	ounting method used to prepare the Form 990 Cash X Accrual Other			
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	,		
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Wer	e the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	revie	ew, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Sched	O elut		
d	If "Y	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		
		solidated basis, separate basis, or both			
	LX	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ile Audit	1	Ì

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

Act and OMB Circular A-133?

SCHEDULE A (Form 99Q or 990-EZ)

Department of the Treasury

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.

Employer identification number

Inspection

OMB No 1545-0047

ernal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

NEW PROFIT 04-3396766 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. 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 IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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.

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or busmess under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 8) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2009. 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 - 2008. 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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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.

lf t	he organization a	nswered "Yes,"	to Form	990, Part I\	/, line 5	(Proxy 1	Fax), then
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_•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			E	mployer identification number
	NEW_PRO	FIT, INC.			04-3396766
Ě	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 52	7 organization.
1	Provide a description of the organization	zation's direct and indirect politica	al campaign activities	in Part IV	
2	Political expenditures				> \$
3	Volunteer hours				
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)		
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955		\$
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	for this year?		Yes No
4 <i>a</i>	Was a correction made?				Yes No
_	If "Yes," describe in Part IV				04(-)(0)
Pe	art I-C Complete if the org	ganization is exempt und	er section 501(c)	<u>-</u>	
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for s		
	exempt function activities				\$
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	nd on Form 1120-POL	,	
	line 17b		-		^ \$
4	Did the filing organization file Form	•	•		Yes No
5	Enter the names, addresses and er				
	For each organization listed, enter t	•	~	•	
	that were promptly and directly del		nization, such as a se	parate segregated tund	or a political action committee
	(PAC) If additional space is needed	t, provide information in Part IV	1	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				filing organization' funds If none, enter	
				idida il fiorie, eriter	delivered to a separate
					political organization.
					If none, enter -0-
		•			
	-				
				<u> </u>	
				<u> </u>	
				1	

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	NEW PROFI	T, INC.	on 501(c)(3) and fil	04-3 ed Form 5768	396766 Page 2
(election under sec	tion 501(h)).	•			
A Check 🕨 🔲 if the filing organiza	tion belongs to an at	filiated group.			
3 Check 🕨 🔲 if the filing organiza	tion checked box A	and "limited control" p	rovisions apply.		
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)		23,979.	'
b Total lobbying expenditures to infl	uence a legislative be	ody (direct lobbying)		117,841.	
c Total lobbying expenditures (add I	ines 1a and 1b)			141,820.	
d Other exempt purpose expenditur	es			11,858,620.	
 Total exempt purpose expenditure 	es (add lines 1c and 1	ld) .		12,000,440.	
f Lobbying nontaxable amount Ent-	er the amount from t	he following table in bo		750,022.	
If the amount on line 1e, column (a) o	or (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000	20% o	f the amount on line 1	θ	:	
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	000 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	000 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000),000			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			187,506.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organi	zation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
•	zations that made a	• •	r Section 501(h) on do not have to comp es 2a through 2f on pa		
	Lobbying Exp	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount			689,954.	750,022.	1,439,976.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					2,159,964.
c Total lobbying expenditures			232,232.	141,820.	374,052.
d Grassroots nontaxable amount			172,489.	187,506.	359,995.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					539,993.
f Grassroots lobbying expenditures			6.728	23 979.	30 707

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 NEW PROFIT, INC. 04-339676 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)).

		-	(a)	<u> </u>	(t	"
		Ye	s	No	Amo	ount
During the year, did the filing organization attempt to influence	foreign, national, state or					_
local legislation, including any attempt to influence public opin	on on a legislative matter		İ		 	
or referendum, through the use of						
Volunteers?						
Paid staff or management (include compensation in expenses	reported on lines 1c through 1	i)?				
Media advertisements?						
Mailings to members, legislators, or the public?				_		
Publications, or published or broadcast statements?						
Grants to other organizations for lobbying purposes?						
Direct contact with legislators, their staffs, government official	s, or a legislative body?					
 Rallies, demonstrations, seminars, conventions, speeches, led 	tures, or any similar means?					
Other activities? If "Yes," describe in Part IV		<u> </u>				
Total Add lines 1c through 1i		Ĺ				
Did the activities in line 1 cause the organization to be not des	cribed in section 501(c)(3)?					
o If "Yes," enter the amount of any tax incurred under section 4	912	_				
If "Yes," enter the amount of any tax incurred by organization	managers under section 4912					
If the filing organization incurred a section 4912 tax, did it file I				_		
	under section 501(c)(4),	section 50	1(c)(5), or se	ection	
rt III-A Complete if the organization is exempt						_
		,			Yes	
rt III-A Complete if the organization is exempt 501(c)(6).	ible by members?			1	Yes	
rt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeductions.	•			1 2	Yes	
Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political entri III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4),	section 50		2 3 5), or se	ection	
Were substantially all (90% or more) dues received nondeduce Did the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ort III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes."	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4),	section 50		2 3 5), or se e 3 is a	ection	
Tt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political or III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF	section 50 I if Part III-		2 3 5), or se	ection	
The complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political or III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure.	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF	section 50 I if Part III-		2 3 5), or se e 3 is a	ection	
Tt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeduction the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ext III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditue expenses for which the section 527(f) tax was paid).	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF	section 50 I if Part III-		2 3 5), or se ie 3 is a	ection	
Tt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ext III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid).	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF	section 50 I if Part III-		2 3 5), or se ie 3 is a	ection	
Tt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ort III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid). Current year Carryover from last year	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF	section 50 I if Part III-		2 3 5), or se ie 3 is a 1 2a 2b	ection	
were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ort III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid). Current year Carryover from last year	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF	section 50 It if Part III- of political		2 3 5), or seite 3 is at 1 2a 2b 2c	ection	
Tt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ort III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF res (do not include amounts of	section 50 It if Part III- of political		2 3 5), or se ie 3 is a 1 2a 2b	ection	
Tt III-A Complete if the organization is exempt 501(c)(6). Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political ext III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of If notices were sent and the amount on line 2c exceeds the and	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF res (do not include amounts of moundeductible section 162(e) of mount on line 3, what portion of	section 50 It if Part III- of political dues it the excess	A, lin	2 3 5), or seite 3 is at 1 2a 2b 2c	ection	
Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political of the organization agree to carryover lobbying and political of the organization agree to carryover lobbying and political of the organization is exempt to 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of If notices were sent and the amount on line 2c exceeds the and does the organization agree to carryover to the reasonable estimates.	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF res (do not include amounts of moundeductible section 162(e) of mount on line 3, what portion of	section 50 It if Part III- of political dues it the excess	A, lin	2 3 5), or se le 3 is a 1 2a 2b 2c 3	ection	
Were substantially all (90% or more) dues received nondeducted the organization make only in-house lobbying expenditure. Did the organization agree to carryover lobbying and political eart III-B Complete if the organization is exempt 501(c)(6) if BOTH Part III-A, lines 1 and 2 "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid). a Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of If notices were sent and the amount on line 2c exceeds the and	s of \$2,000 or less? expenditures from the prior year under section 501(c)(4), are answered "No" OF res (do not include amounts of mount on line 3, what portion of imate of nondeductible lobbying	section 50 It if Part III- of political dues it the excess	A, lin	2 3 5), or seite 3 is at 1 2a 2b 2c	ection	

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990).

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

NEW PROFIT, INC.

Employer identification number

04-3396766

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	stoncally important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ď	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the following amounts relating to
	these items		
	(i) Revenues included in 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 tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

	dule D (Form 990) 2009 NEW PRO		INC.						<u>04-33</u>			
Pai	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and otl	ner record	ls, chec	k any of the	following th	at are a :	significant	use of its	collectio	n items	5
	· (check all that apply):											
а	Public exhibition		d		Loan or exc	change prog	rams					
ь	Scholarly research		θ		Other							
С	Preservation for future generations											
4	Provide a description of the organization's of	ollections a	nd explai	n how t	hey further t	the organiza	tion's exe	empt purpe	ose in Par	t XIV		
5	During the year, did the organization solicit of											
	to be sold to raise funds rather than to be m									Yes		No
Par	t IV Escrow and Custodial Arran						es" to Fo	rm 990. Pa	ırt IV, line	9. or		
	reported an amount on Form 990, Pa	ırt X, lıne 21	-		•			·	·	•		
1a	Is the organization an agent, trustee, custod	lan or othe	rıntermec	lary for	contribution	ns or other a	ssets no	t included				
	on Form 990, Part X?			•						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and compl	ete the fo	llowing	table							
		•		J						Amoun	t	
С	Beginning balance							1c			•	
d	Additions during the year				•			1d				
ө	Distributions during the year							1e	_			
f	Ending balance							1f				
	Did the organization include an amount on F	orm 990 P	art X line	212	•			L_!!	Г	Yes		No
	If "Yes," explain the arrangement in Part XIV		ui (), iii (J 165		NO
Par			ization an	swered	"Yes" to Fo	orm 990 Par	t IV line	10		_		
<u> </u>		(a) Curre			Эпог year			(d) Three y	oare hack	(e) Four	voare h	nack
1a	Beginning of year balance	(a) ourro	nic your		nor your	10/11/090	uro buon	(4) 111100	ours back	(6) 1 001	yours	JACK
b	Contributions									 		
	Net investment earnings, gains, and losses											
ď	Grants or scholarships											
	Other expenditures for facilities					 				···		
θ												
	and programs Administrative expenses					 		······································				
	•					 						
g	End of year balance					<u> </u>	<u></u>			<u> </u>		
2	Provide the estimated percentage of the year	ir end baiar	ice neia a									
	Board designated or quasi-endowment			_%								
	Permanent endowment	%										
		%										
3a	Are there endowment funds not in the posses.	ession of th	e organiza	ation th	at are held a	and administ	ered for t	the organiz	ation	ſ		
	by										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations		•							_3b		
4	Describe in Part XIV the intended uses of the											
Par		1										
	Description of investment	1 , ,	Cost or of s (investm			t or other (other)		ccumulate preciation	ed	(d) Boo	k value	ı
1a	Land											
b	Buildings											
c	Leasehold improvements											
đ	Equipment		-									
ө	Other					-						
Total	. Add lines 1a through 1e (Column (d) must e	qual Form	990, Part	X, colui	mn (B), line 1	10(c))	· .		>			0.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

 \triangleright

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	Adule D (Form 990) 2009 NEW PROFIT, INC.			<u>1-339676</u>	6 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	nancial S	tateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		22,49	3,688.
2	· Total expenses (Form 990, Part IX, column (A), line 25)	2		11,22	1,443.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		11,27	2,245.
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8		-77	8,997.
9	Total adjustments (net) Add lines 4 through 8	9		-77	8,997.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			3,248.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Re	venue p	er Retu	urn	
1	Total revenue, gains, and other support per audited financial statements		1	25,79	2,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments				
ь	Donated services and use of facilities 2b 3,	298,55	56.		
c	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV)				
0	Add lines 2a through 2d		2	。 3,29	8,556.
3	Subtract line 2e from line 1		3		3,688.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
ь	Other (Describe in Part XIV)				
С	Add lines 4a and 4b	•	4	<u>.</u>	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		3,688.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Ex	xpenses	per Re		<u> </u>
1	Total expenses and losses per audited financial statements	•	1	15.29	8,996.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				0,000
а		298,55	56.		
b	Prior year adjustments 2b				
c		-			
d	•	778,99	97.		
9		,,,,,,,	2	4 07	7,553.
3	Subtract line 2e from line 1		3		$\frac{7,333}{1,443}$.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			12,22	
a					
	Other (Describe in Part XIV)				
	Add lines 4a and 4b		4	_	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	44 00	
	rt XIV Supplemental Information			, 11,22	<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	Part IV Ir	nos 1h ar	nd 2h Part V li	no / Dart
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to				
	RT X: AS OF JANUARY 1, 2009, THE ORGANIZATION ADOP			niai ii nomiatioi	,
	11 III OI OIMOIMI I, 2009, IIII ONOMITANTION ADOL	100 11	111		
PR	OVISIONS OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLE	דכ סקו	. አጥሮር	ТО	
	VIDIOND OF COMMENDED RECORDING PRINCIPLE	DO KUI	JAIBL	, 10	
<u>م</u> ر	COUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PR	PCCDT1	217 (2 7)	PECOCN	TTT ON
10	CONTING TON ONCENTAINTE IN INCOME TAKES, WITCH FR.	BOCKII	262 2	KECOGI	TITON
ונוים	RESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIA	T CMAA	PEMEN	īm	
1111	ABBIOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIA	T SIA	CEMEN	(T	
) T	CONTAIN AND MEACIDEMENT OF A MAY DOCUMENT OF THE	ישים ם∩	ישים כ	מת אש חו	
<u> </u>	COGNITION AND MEASUREMENT OF A TAX POSITION TAKEN	OK EXI	- LUTE	ED TO BE	
וגין	KEN IN A TAX RETURN. ADOPTING THESE PROVISIONS DI	ת אז ת	DECT	ጠ.ጥ ተእና ጥ	שפ
- 17	THE THE RELOCATION ADDITION THESE PROVISIONS DI	TION O	NEDU	LT IN T	пь
D 177					

Schedule D (Form 990) 2009 NEW PROFIT, INC. Part XIV Supplemental Information (continued)	04-3396766 Page 5
Part XIV Supplemental Information (continued)	
PART XI, LINE 8 - OTHER ADJUSTMENTS:	
UNCOLLECTIBLE COMMITMENTS RECEIVABLE: -778997.	
PART XIII, LINE 2D - OTHER:	
UNCOLLECTIBLE COMMITMENTS RECEIVABLE \$778,997	
	
	
	

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	W PROFIT, INC	•				04-339676	6
Pa			ctivities Out	side the United States. Comp	lete if the organ	zation answered "	Yes*
1	to Form 990, Par		maintain record	ds to substantiate the amount of the g	rants or assista	nce the	
•				selection criteria used to award the gra			Yes No
2	For grantmakers. Desc	cribe in Part IV th	e organization's	procedures for monitoring the use of (grant funds outs	side the United Sta	tes
3				ditional space is needed)	1	-	1
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a prog describe	nty listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for region
				-		- -	
							
Γota	ls]	,				0.

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance 04-3396766 cash disbursement (f) Manner of CHECK PAYMENT of cash grant 175,000, (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. MPLEMENTATION OF (d) Purpose of RIGHT TO PLAY'S grant GROWTH PLAN TO FUND THE Use Schedule F-1 (Form 990) if additional space is needed (c) Region NORTH AMERICA NEW PROFIT, (CANADA) (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization Part II

Schedule F (Form 990) 2009

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

3

N

04-3396766

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 INC. NEW PROFIT,

Use Schedule F-1 (Form 990) if additional space is needed

Schedule F (Form 990) 2009

(h) Method of valuation (book, FMV, appraisal, other)	·				Schedule F (Form 990) 2009
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of (d) Amount of recipients cash grant					
(b) Region					
(a) Type of grant or assistance					

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public OMB No 1545-0047 Inspection

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

Schedule I (Form 990) 2009 ² | Employer identification number 04-3396766 (h) Purpose of grant or assistance PROGRAM EXPANSION PROGRAM EXPANSION ROGRAM EXPANSION ROGRAM EXPANSION PROGRAM EXPANSION PROGRAM EXPANSION % |X recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(d) Amount of recipient teceived more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(g) Description of respitance or government assistance or government assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 ö Ö ö ö o. ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ,000 200,000 272,677 350,000 350,000 16,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 268 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3) 501(c)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 04-3259160 52-2007028 52-1795164 65-1203744 94-3386695 30-0105507 General Information on Grants and Assistance UNI criteria used to award the grants or assistance? NEW PROFIT Enter total number of other organizations MANAGEMENT LEADERSHIP FOR TOMORROW 1 (a) Name and address of organization - 2ND FLOOR 5TH FLOOR 40 EXCHANGE PLACE NO 1202 1763 COLUMBIA ROAD NW 308 CONGRESS STREET, WASHINGTON, DC 20009 MENLO PARK, CA 94025 Name of the organization NEW YORK, NY 10038 BROOKLYN, NY 11233 ACHIEVEMENT FIRST NEW YORK, NY 1005 1137 HERKIMER ST. CITIZENS SCHOOLS BOSTON MA 02210 15 MAIDEN LANE COLLEGE SUMMIT 1600 ADAMS DR IMENTOR Parti Part BUILD N

932101 02-02-10

Page 2 (f) Description of non-cash assistance 04-3396766 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 PORTFOLIO MANAGER DEDICATES APPROXIMATELY ONE DAY/WEEK PER ORGANIZATION AND AND PROGRAMMATIC QUALITY THE Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THIS DATA INCLUDES PROGRESS A NEW PROFIT REPRESENTATIVE PARTICIPATES IN BOARD ACTIVITIES AGAINST THE ORGANIZATION'S GROWTH GOALS (GROWTH IN ANNUAL REVENUE AND IN THE AND FINALLY OF EITHER AS A VOTING MEMBER LINE 2: ORGANIZATIONS RECEIVING GRANTS PROVIDE EACH ORGANIZATION IS ASSIGNED A PORTFOLIO MANAGER FROM NEW PROFIT. (d) Amount of non-cash assistance ORGANIZATION'S BOARD OF DIRECTORS OR AS A BOARD OBSERVER. (c) Amount of cash grant INTERNAL CAPACITY BUILDING GOALS, PERFORMANCE DATA TO NEW PROFIT TWICE A YEAR. (b) Number of Use Part IV and Schedule I-1 (Form 990) if additional space is needed recipients AND CONVERSATIONS FOR EACH ORGANIZATION, NEW PROFIT, (a) Type of grant or assistance PART I, PEOPLE SERVED) Schedule I (Form 990) 2009 IN ADDITION, SCHEDULE I, Part

Schedule I (Form 990) 2009

932102 02-02-10

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance **Employer identification number** PROGRAM EXPANSION ROGRAM EXPANSION ROGRAM EXPANSION PROGRAM EXPANSION ROGRAM EXPANSION ROGRAM EXPANSION ROGRAM EXPANSION ROGRAM EXPANSION 04-3396766 (g) Description of non-cash assistance Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation 0 o Ö 0 o ö o. Ö (e) Amount of non-cash assistance (d) Amount of cash grant 250,000 275,000 250,000 258,000, 300,000 500,000 625,500 300,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 52-2168409 501(C)(3) 501(C)(3) 501(c)(3) 501(C)(3) 501(c)(3) 501(c)(3)501(C)(3) 501(C)(3) 04-3262046 04-3534407 04-3519203 13-3541913 94-3362724 52-1957214 23-7380563 (p) EIN INC NEW PROFIT JUMPSTART FOR YOUNG CHILDREN, INC. CENTER - 516 SE MORRISON STREET 308 CONGRESS STREET, 6TH FLOOR SUITE 410 - PORTLAND, OR 97214 STAND FOR CHILDREN LEADERSHIP NATIONAL STUDENT PARTNERSHIPS 1840 WILSON BLVD., SUITE 204 (a) Name and address of organization or government NEW LEADERS FOR NEW SCHOOLS 5TH PLOOR 135 MAIN ST., SUITE 1700 SAN PRANCISCO, CA 94105 315 WEST 36TH STREET WASHINGTON, DC 20001 30 WEST 26TH STREET Name of the organization ARLINGTON, VA 22201 800 7TH STREET, NW NEW YORK, NY 10018 NEW YORK, NY 10010 93 SUMMER STREET, RARE CONSERVATION TEACH FOR AMBRICA BOSTON MA 02210 BOSTON MA 02110 KIPP FOUNDATION YBAR UP

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 Open to Public (h) Purpose of grant or assistance Inspection Employer identification number 04-3396766ROGRAM EXPANSION PROGRAM EXPANSION (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) o. 0 (e) Amount of non-cash assistance 283,000, (d) Amount of cash grant 350,000, For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 45-0484533 501(C)(3) 501(c)(3) 56-2374305 INC. (p) EIN NEW PROFIT, (a) Name and address of organization or government 88 B. NEWTON ST. VOSE 522 SAN FRANCISCO, CA 94111 545 SANSOME, SUITE 900 PEER HEALTH EXCHANGE Name of the organization BOSTON MA 02118 Department of the Treasury Internal Revenue Service PROJECT HEALTH SCHEDULE 1-1 (Form 990) Part LHA

Schedule I (Form 990) 2009 NEW PROFIT, INC.	04-3396766 Page 2
Schedule I (Form 990) 2009 NEW PROFIT, INC. Part IV Supplemental Information	
SERVES AS THE ORGANIZATION AND LEADERSHIP'S LEAD ADVISOR ON	MATTERS OF
STRATEGY, GROWTH, AND CAPACITY BUILDING.	
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SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. ► See separate instructions.

NEW PROFIT, INC.

Employer identification number

04-3396766 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply X Compensation committee Written employment contract Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a 4b X Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a The organization? X 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of Х 6a a The organization? Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	V-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(Q)	(E)	(F)
(A) Name	- 	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	179,930.	80,000.	0	0	16,879.	276,809.	0
VANESSA KIRSCH	≘ :	164 077	000	00	00	0.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
DOMETAS BORCHARD	≘ ≘	4	000,00	0			٦	o
	ε	158,934.	25,000.	0.	0.	20,366.	204,300.	0.
KIM SYMAN	(ii)	0.	0.	0.	0.	0.	0.	0
	Θ	146,583.	25,000.	0.	0	12,816.	184,399.	0
ELIZABETH RIKER	III	- 1	1	0	0	0.	0.	0.
	ε	149,077.	25,000.	0	0	5,938.	180,015.	0
SARAH DI TROIA	Œ	0	1	0	0	0.	0.	0
	Ξ	234,297.	46,000.	0.	0	16,034.	296,331.	0.
JEFFREY BERNDT	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	295,707.	0	0.	0.	17,177.	312,884.	0.
ROD MCCOWAN	(ii)	0.	0.	0.	0.	0	0	0.
	(i)							
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							Schedul	Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

(Form and or and-E

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open To Public Inspection

Name of the organization **Employer identification number** 04-3396766 NEW PROFIT, INC. Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (a) Name of interested (b) Loan to or from (c) Original principal (g) Written (d) Balance due (e) In by board or agreement? person and purpose the organization? default? committee? Τo From Yes No Yes No Yes No 40,000 ROD MCCOWAN -X 40,000 X X X 40,000 **Total** Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No 182,500.CONSULTING MARK FULLER OF MONITOR MEMBER 167,925.RENT MARK FULLER MEMBER OF MONITOR

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE 0

(Form 990)

932211 02-03-10

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

NEW PROFIT, INC. 104-3396766
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING MULTI-YEAR FINANCIAL AND STRATEGIC SUPPORT TO SELECTED SOCIAL
ENTREPRENEURS AND THEIR ORGANIZATIONS, AND 2) HELPING TO BUILD AN
ENVIRONMENT THAT ENABLES ALL SOCIAL ENTREPRENEURS AND THEIR
ORGANIZATIONS TO CREATE WIDESPREAD, TRANSFORMATIVE IMPACT. NEW PROFIT
BELIEVES THAT JUST AS ENTREPRENEURSHIP AND INVENTION HAVE DRIVEN OUR
NATION'S PROGRESS, SO TOO CAN WE HARNESS AMERICA'S SPIRIT OF
INNOVATION, VISION, AND OPTIMISM TO HELP SOLVE OUR MOST PRESSING SOCIAL
PROBLEMS.
FORM 990, PART VI, SECTION B, LINE 11: CERTAIN EMPLOYEES OF THE
ORGANIZATION REVIEW THE FORM 990 PRIOR TO THE FILING. IN ADDITION, THE FULL
FORM 990 WAS SENT TO NEW PROFIT'S BOARD OF DIRECTORS VIA EMAIL BEFORE BEING

FILED WITH THE IRS. ALL DIRECTORS WERE AFFORDED THE OPPORTUNITY TO ASK QUESTIONS AND OFFER EDITS.

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. ALL NEW DIRECTORS ARE GIVEN A COPY OF THE POLICY WHEN THEY ARE VOTED ONTO THE BOARD AND ALL BOARD MEMBERS ARE ALSO BE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. 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 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NEW PROFIT, INC. Employer identification number 04-3396766

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 NEW PROFIT'S
SENIOR TEAM, INCLUDING THE PRESIDENT, MANAGING PARTNERS, AND PARTNERS, IS
SET BY THE NEW PROFIT BOARD OF DIRECTORS. AS INPUT TO THIS DECISION-MAKING
PROCESS, MANAGEMENT PROVIDES THE BOARD'S COMPENSATION COMMITTEE WITH SALARY
DATA FOR COMPARABLE POSITIONS WITHIN COMPARABLE ORGANIZATIONS, AN
ASSESSMENT OF NEW PROFIT'S PERFORMANCE AGAINST GOALS FOR THE PREVIOUS
FISCAL YEAR, AND PERFORMANCE ASSESSMENTS FOR EACH STAFF MEMBER, INCLUDING A
SELF-ASSESSMENT PREPARED BY THE PRESIDENT. MANAGEMENT MEETS WITH THE
COMPENSATION COMMITTEE TO DISCUSS THE MATERIAL PROVIDED. THE COMPENSATION
COMMITTEE THEN MEETS INDEPENDENTLY TO DEVELOP RECOMMENDATIONS.
RECOMMENDATIONS ARE PRESENTED, DISCUSSED, AND VOTED ON WITH THE BOARD OF
DIRECTORS WITHOUT STAFF PRESENT. THIS PROCESS WAS LAST COMPLETED IN JUNE
OF 2010.
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE PROVIDED UPON
REQUEST AND IN ACCORDANCE WITH APPLICABLE STATE AND FEDERAL LAWS.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: ROD MCCOWAN
(A) PURPOSE OF LOAN: SALARY ADVANCE
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK FULLER

SCHEDULE 0

(Form 990)

2.41.6

Supplemental Information to Form 990

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OMB No 1545-0047
2009
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Name of the organization

NEW PROFIT, INC.

Employer identification number 04-3396766

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	
MEMBER OF MONITOR GROUP'S MANAGEMENT AND NEW PROFIT, INC. BOD MEMBER	
(D) DESCRIPTION OF TRANSACTION: CONSULTING FOR PORTFOLIO MANAGEMENT	
(A) NAME OF PERSON: MARK FULLER	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	
MEMBER OF MONITOR GROUP'S MANAGEMENT AND NEW PROFIT, INC. BOD MEMBER	
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