Form **990**

Return of Organization Exempt From Income Tax

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

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

2020
Open to Public

Department of the Treasury

nterr	nal Rev	enue Serv	/ice	► Go to www	<i>w.irs.gov/Form</i> 990 for instruction	ons and th	e latest infor	mation.			Inspec	tion	
A F	or th	e 2020	calend	dar year, or tax year beginning	, 20	020, and e	ending	_		, 20	,		
			C Nam	e of organization				D Employer ide	ntifica	tion numb	oer		
B c	heck if a	applicable:	LII	NEAGE PROJECT, INC.				47-111	3535	วิ			
	Addr chan		Doing	g business as				1					
	7	e change	Num	ber and street (or P.O. box if mail is	not delivered to street address)	Room/	/suite	E Telephone nu	ımber				
	Initia	l return	228	8 PARK AVE S, PMB985	592			(347) 395-2710					
	Final	return/	City	or town, state or province, country, a	and ZIP or foreign postal code								
	Ame		NEV	W YORK, NY 10003				G Gross receipt	s\$		651	,916	
		cation		e and address of principal officer:	GABRIELLE HOROWITZ	Z-PRISC	20	H(a) Is this a gro	rn for	Yes	X No		
	_ pend	ing		8 PARK AVE S, PMB985			-	subordinate H(b) Are all subor	ochidod3	Yes	No.		
	Tay-o	empt st					527	1 ` ´		list. See inst			
				X 501(c)(3)) ◀ (insert no.) 4947(a)(1) OI	527	+			ractions		
_					Association Other N		Vacual farms	H(c) Group exention: 2003 M				NY	
				<u> </u>	Association Other		rear or forma	tion: 2003 W	State	or regar do	micile:		
	art I		ımmarı			CITEC TO	DATIMA CE	יאוכידיידיזיה א	/ T NTD	TITE NITE	7C T		
	1			be the organization's mission or						L OTIVE 5	22 10		
nce.				EOPLE FOR INNER/COLL									
Governance				E CHANGES. SEE SCHED									
Ş.	2	Check	this bo	ox 🕨 🔙 if the organization di	iscontinued its operations or dis	posed of m	ore than 25%	of its net asse	is.				
	3			oting members of the governing					3			11.	
⊗ v	4	Numb	er of in	dependent voting members of t	he governing body (Part VI, line 1	b)			4			11.	
ij	5	Total	number	r of individuals employed in cale	endar year 2020 (Part V, line 2a)				5			11.	
Activities	6	Total	number	r of volunteers (estimate if necess	sary)				6			11.	
Ą	7a			ed business revenue from Part VI					7a			0.	
	b	Net ur	nrelated	d business taxable income from F	Form 990-T. Part I. line 11				7b				
					,,			Prior Year		Cur	rent Y	ear	
	8	Contri	ihutions	s and grants (Part VIII, line 1h)				1,312,62	23.			,492.	
ne	9			vice revenue (Part VIII, line 2g)				98,6	_			,424.	
Revenue								2070	4.			0.	
æ	10			ncome (Part VIII, column (A), line					0.	0			
	11			ie (Part VIII, column (A), lines 5,				1 /11 0		6 E 1			
	12			e - add lines 8 through 11 (must				1,411,29		651,916			
	13			imilar amounts paid (Part IX, colu				2,4	1,200				
	14			to or for members (Part IX, colu			0						
es	15	Salari	es, othe	er compensation, employee bene	efits (Part IX, column (A), lines 5-1	10)		419,82		447,881		<u>,881.</u>	
ŠUŠ				fundraising fees (Part IX, column					0.			0.	
Expenses	b	Total 1	fundrais	sing expenses (Part IX, column ([O), line 25) ▶60 , 4	ł91.							
ш				ses (Part IX, column (A), lines 11				261,2	74.		209	,625.	
	18	Total	expense	es. Add lines 13-17 (must equal	Part IX, column (A), line 25)			683,50)1.		658	,706.	
	19	Rever	nue less	s expenses. Subtract line 18 from	n line 12			727,79	96.		-6	,790.	
o s				·				nning of Current	Year	End	of Yea	ar	
Net Assets or Fund Balances	20	Total	assets ((Part X, line 16)				1,246,59	1.	1,	250	,812.	
Ass I Ba	21			es (Part X, line 26)				47,18	37.		58	,198.	
ĘĘ	22			r fund balances. Subtract line 21				1,199,40	04.	1,		,614.	
	rt II			e Block								-	
				y, I declare that I have examined thi	is return including accompanying so	chedules and	d statements a	and to the best o	of my k		and bo	elief it is	
true	e, corr	ect, and	complete	e. Declaration of preparer (other than	officer) is based on all information of	f which prep	oarer has any k	nowledge.					
		Ca	lavie II	e Horowitz-Prisco				11/15	/202	21			
Sig	n	_		e of officer				Date					
He				elle Horowitz-Prisco	Executive Direc	tor		Dato					
					Executive Direc								
				orint name and title	Drop grania giana atrica		to			יאודר			
Paid				eparer's name	Preparer's signature	Da		Check	J "	PTIN			
	oarer	CATHERINE BENDALL CATHERINE BENDALL 11/12/2023					I I						
	Only	Firm's	s name	▶WITHUMSMITH+BROWN	, PC			Firm's EIN ▶ 22-2027092					
		Firm's	address	ONE TOWER CENTER BLVD 14T	H FL EAST BRUNSWICK, NJ 0881	L6		Phone no.	732-	828-1			
Ma	the	IRS d	iscuss	this return with the preparer	shown above? (see instruction	ons)				. X Y	es	No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Forr	m 990 (2020) Page
Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR DETAILED DESCRIPTION
	SEE SCHEDULE O FOR DETAILED DESCRIPTION
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services? Yes X N
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$404,074. including grants of \$1,200) (Revenue \$66,424)
	SEE SCHEDULE O FOR FULL PROGRAM DESCRIPTION
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 404,074.

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Part	Checklist of Required Schedules		V	N.
	In the consciention described in certical FOA(s)/O) on AOA7(s)/A) (ather there consists foundation) O If II)/on II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	Х	
•	complete Schedule A	2	X	
2		-	- 2	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		- 21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		- 21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	,		Х
7	"Yes," complete Schedule D, Part I.	6		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	,		Х
0	complete Schedule D, Part III	8		- 21
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		21
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
11	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's Separate of Consolidated Hilancial Statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		X

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, 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 Schedule J	23		Х
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Juan		
S	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30		20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	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 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	minutation root and tapinar to minutation introduced the art tim, minutation in the same and the			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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

	Check it Scriedule O contains a response of note to any line in this Part VI			• •	
Sect	ion A. Governing Body and Management			Yes	No
	1. 1	11		res	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	11			
b	Enter the number of voting members included on line 1a, above, who are independent	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?.		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) men	mbers,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	during			
	the year by the following:				
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 reach the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re		_)	
0001	ion bit choice (The coolien broqueete information about policies from each by the information	vonao (Yes	No
100	Did the organization have local chapters, branches, or affiliates?	[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the fo		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,,,,,			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could				
-	rise to conflicts?	_	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and approve	I			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	-			
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			3.5
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegual				
Cooti	organization's exempt status with respect to such arrangements?		16b		
17	List the states with which a copy of this Form 990 is required to be filed ► NY,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O		(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co and financial statements available to the public during the tax year.	onflict of	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and GABRIELLE HOROWITZ-PRISCO 228 PARK AVE S, PMB 98592 NEW YORK, NY 10003 347-395-2710	d records	5 ►		

Form **990** (2020)

orm 990 (2020) LINEAGE PROJECT, INC.

47-1113535

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unless person is both an officer and a director/trustee) box, unless person is both an officer and a director/trustee) Former A by or director Individual trust		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) GABRIELLE HOROWITZ-PRISCO	35.00			37	<u> </u>		106 310	0	22.700
EXECUTIVE DIRECTOR	0.			X			106,312.	0.	23,700.
(2) JESSICA MINGUS	35.00			37			100 656	0	16 002
DIRECTOR OF PROGRAMS (3) CAROLINA JANNICELLI	1.00			Х			100,656.	0.	16,983.
CO-CHAIR	0.	X		Х			0.	0.	0.
(4) GABRIELLE NAPOLITANO	1.00	21		21			0.	0.	<u> </u>
CO-CHAIR	0.	X		Х			0.	0.	0.
(5) ABJA MIDHA	1.00								
TREASURER	0.	Х		Х			0.	0.	0.
(6) AMY WU	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(7) ANTONIA BELT	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(8) COSS MARTE	1.00								
DIRECTOR	0.	Х					0.	0.	0.
(9) JESSICA RESLER	1.00								
DIRECTOR (RESIGNED 6/23/20)	0.	Х					0.	0.	0.
(10) JASON DURSCHLAG	1.00								
DIRECTOR	0.	X					0.	0.	0.
(11)LAURIE LESSAGE	1.00								
DIRECTOR	0.	X					0.	0.	0.
(12)NATHANIEL DIRENZO	1.00								
DIRECTOR	0.	X					0.	0.	0.
(13) JESSE SMITH	1.00								
DIRECTOR (RESIGNED 6/23/20)	0.	X					0.	0.	0.
(14)									

Form **990** (2020)

_	n 990 (2020)													age o
Pa	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (c	continue	ed)	
	(A)	(B)			((C)			(D)	(E)			(F)	
	Name and title	Average				ition			Reportable	Reporta	able	Fs	timated	
	rame and the	hours per	(do r	not cl			than o	ne	compensation	compensati			nount of	:
		week (list any	box,	unles	ss pe	erson	is both	an	from	relate			other	
		hours for		er and		lirect	or/truste	_	the	organiza		com	pensati	on
		related	or Ind	Ins	Officer	<u></u>	em Hig	Former	organization	(W-2/1099		fro	om the	
		organizations	director	E	ice	er er	plo:	me.	(W-2/1099-MISC)	`	1	_	anizatio	
		below dotted	cto	l ti	,	뤛	st co	_	`				d related	
		line)	ੂ ੜ	a t		Key employee	🚆					orga	anizatior	าร
			Individual trustee or director	Institutional trust		Ι Φ) en							
			U	ee			Highest compensated employee							
							8							
		T												
		 	1											
														
		T												
_														
		+	-											
														
														
		†												
			-											
		L												
		†												
_														
		+	-											
									206 060				10 (- 0 2
1b	Sub-total								206,968.		0.		40,6	
C	: Total from continuation sheets to Part VII, S	ection A						\triangleright	0.		0.			0.
c	I Total (add lines 1b and 1c)							\blacktriangleright	206,968.		0.		40,6	583.
	Total number of individuals (including but not							o re	eceived more than	\$100.000	of			
	reportable compensation from the organization			2			,			*,				
_	-1	· · · · · · · · · · · · · · · · · · ·											Yes	No
													162	NO
3	Did the organization list any former office													
	employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	livid	ual							3		X
4	For any individual listed on line 1a, is the	sum of rer	oortah	ole d	nn	nen	sation	ו פ	nd other compen	sation from	the			
~	organization and related organizations gre													
	individual								complete coneda	10 0 101	ouon	4		Х
_												_		
5	Did any person listed on line 1a receive or											_		3.7
_	for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ile J	ı tor	such	per	rson		<u> </u>	5		X
Se	ection B. Independent Contractors													
1	Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100),000 c	of		
	compensation from the organization. Report of													
	year.	•							-	3				
_	•							Т						
	(A)	droce							(B)	rvices	_	(C)	antin-	
	Name and business add	11622						1	Description of se	ei vices		Compens	sauon	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Form 990 (2020) LIN

Part VIII Statement of Revenue

ıaı	t VIII	Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ڰؚۜڰ	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֿיַּפ	e	Government grants (contributions) 1e	77,963.				
Sin	f	All other contributions, gifts, grants,					
er (and similar amounts not included above . 1f	507,529.				
듗	g	Noncash contributions included in					
a t	"		\$				
နှင့်	h	Total. Add lines 1a-1f		585,492.			
			Business Code				
S	2a	PROFESSIONAL TRAINING	900099	66,424.	66,424.		
Program Service Revenue	b						
S J	C						
ame	d						
P.S.	e						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		66,424.			
	3	Investment income (including dividends,					
		other similar amounts)		0.			
	4	Income from investment of tax-exempt bond	. [0.			
	5	Royalties	•	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ē	b	Less: cost or other basis					
evenue		and sales expenses 7b					
	С	Gain or (loss) 7c					
ř	d	Net gain or (loss)	<u> ▶</u>	0.			
Other R	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory.		0.			
sno			Business Code				
nec	11a						
la Ven	b						
Miscellaneous Revenue	С	All other programs					
Ž	d	All other revenue		0.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		651,916.	66 101		
	14	i otal levellue. See IlistiuctiOlis	🚩 📗	021,910.	66,424.		1

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Part IX Statement of Functional Expenses

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

000	tion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,200.	1,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	244,943.	181,702.	49,197.	14,044.
6	Compensation not included above to disqualified				
Ĭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	161,465.	120,484.	31,890.	9,091.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,882.	3,021.	2,209.	652.
9	Other employee benefits	4,643.	4,535.	97.	11.
10	Payroll taxes	30,948.	22,221.	6,780.	1,947.
11	Fees for services (nonemployees):				
а	Management	0.			
b	Legal	0.			
c	Accounting	52,061.		52,061.	
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	98,400.	34,307.	36,497.	27,596.
4.0	(A) amount, list line 11g expenses on Schedule O.) ATCH 1	0.	34,307.	30,457.	27,350.
	Advertising and promotion	26,146.	15,612.	9,029.	1,505.
13 14	Office expenses	0.	13,012.	7,027.	
15	Royalties	0.			
16	Occupancy	19,520.	13,886.	4,394.	1,240.
17	Travel	1,326.	939.	348.	39.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	3,567.	2,659.	707.	201.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	4 705	2 500	022	265
	PROFESSIONAL DEVELOPMENT	4,705.	3,508.	932.	265.
b	DEVELOPMENT	3,900.			3,900.
C					
d					
	All other expenses Add lines 1 through 246	658,706.	404,074.	194,141.	60,491.
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	030,700.	101,011.	171,111.	00,101.
-•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
_					Form 990 (2020)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	583,685.	1	857,556.
	2	Savings and temporary cash investments	2,511.	2	2,514.
	3	Pledges and grants receivable, net	583,352.	3	300,000.
	4	Accounts receivable, net	24,895.	4	86,768.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
S.	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges ATCH . 2	2,755.	9	3,974.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	49,393.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,246,591.	16	1,250,812.
	17	Accounts payable and accrued expenses	47,187.	17	58,198.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	47,187.	26	58,198.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	447,060.	27	702,671.
ä	28	Net assets with donor restrictions	752,344.	28	489,943.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	1,199,404.	32	1,192,614.
ž	33	Total liabilities and net assets/fund balances	1,246,591.	33	1,250,812.
_					Form 990 (2020)

Form **990** (2020)

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Form 99	90 (2020)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			51,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2				706.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-6,790			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,199,404			
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		1,1	92,6	514.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, ex	φlain	on				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for						
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits .	'	3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

LI	IEA(GE PROJECT,	INC.					47-11135	35	
Pa	rt I	Reason for P	ublic Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instructions	S.	
Γhe	orga	anization is not a	private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, conver	ntion of chu	churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school describ	ed in sectio	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a co	ooperative	ative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical resear	rch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name,	-							
5		•	•	for the benefit of a college or university owned or operated by a governmental unit described in						
	_	section 170(b)(1								
6	Щ		_	-	rnmental unit describe		-			
7	X	-		-	•	pport fro	om a go	vernmental unit or fro	om the general public	
_				(1)(A)(vi). (Compl	·					
8	\blacksquare	-			o)(1)(A)(vi). (Complete	-				
9		_	_				-	I in conjunction with a		
		-	ı non-land-(grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or	
		university:	(1 (U				. ()		
10		receipts from act support from gro acquired by the o	tivities relat oss investm organization	ted to its exempt f ent income and uin after June 30, 19	unctions, subject to c	ertain ex able inco (a)(2). (0	ceptions ome (less Complete		n 331/3 % of its	
2	\vdash	=	-	-	-	-		e functions of, or to o	carry out the number	
-		•	-	•	•			section 509(a)(2).		
		•						ration and complete li		
а				=			-	orted organization(s),	_	
а					•	-		the directors or truste		
			-		e Part IV, Sections A		ajointy of	the directors of truste	.03 01 1110	
b				•			with its	supported organization	on(s), by having	
								ns that control or man		
			_		, Sections A and C.					
С						ited in co	onnectio	n with, and functional	lly integrated with,	
			-		s). You must comple					
d		Type III non-fu	inctionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
		that is not func	tionally inte	grated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness	
		_ requirement (se	ee instructi	ons). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.		
е		Check this box	if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	II, Type III	
					ionally integrated sup	porting o	organizat	ion.		
f				organizations						
g				· · ·	orted organization(s).	1			T	
	(i) N	ame of supported orga	nization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docui	ment?	instructions)	instructions)	
						Yes	No			
A)										
B)										
C)										
D)										
E)										
Γ α 4-										
Γota	11								1	

Schedule A (Form 990 or 990-EZ) 2020 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	1 1		,,,		,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and			, ,			
	membership fees received. (Do not include any "unusual grants.")	506,944.	709,430.	788,472.	1,312,623.	585,492.	3,902,961.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	506,944.	709,430.	788,472.	1,312,623.	585,492.	3,902,961.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,563,469.
6	Public support. Subtract line 5 from line 4						2,339,492.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	506,944.	709,430.	788,472.	1,312,623.	585,492.	3,902,961.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						3,902,968.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	604,780.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organization	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (li					14	59.94 %
15	Public support percentage from 2019	Schedule A, Pa	art II, line 14			15	62.08 %
16a	331/3% support test - 2020. If the or	_					
	box and stop here. The organization q	•		•			
b	331/3% support test - 2019. If the org	=					
4	this box and stop here. The organizati	-		_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_	=				
	10% or more, and if the organization					-	-
	Part VI how the organization meets organization			_		-	
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organi						
	in Part VI how the organization meet					-	•
	organization				=		
18	Private foundation. If the organization						
	instructions						
							<u> </u>

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

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

Sec	tion A. Public Support			, բ		,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	,,	.,
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
<i>r</i> a	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						
С 8	Add lines 7a and 7b						
0							
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(0,7 = 0 + 0	(4, 2011	(0, 20.0	(,	(0, 2020	(1)
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						
	,						
4.5	or not the business is regularly carried on.		+				
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	ŭ	•		•		` ` ` `
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,			ımn (f))		15	%
16	Public support percentage from 2019 Sche					16	<u> </u>
	tion D. Computation of Investment					10	70
17	Investment income percentage for 2020 (lin			13 column (f))		17	%
18	Investment income percentage from 2019		•			18	%
	331/3% support tests - 2020. If the or						
134		-					
h	17 is not more than 331/3%, check this	-	-	•			
D	331/3% support tests - 2019. If the orga						
20	line 18 is not more than 331/3%, check		-	•		• •	

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Schedule A (Form 990 or 990-EZ) 2020 Page 4

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2020 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Part V Type III Non-Function	onally Integrated 509(a)(3) Supporting Organ	nizations		. age 🗸
	ation satisfied the Integral Part Test as a qualifying			in in Part VI). See
	e III non-functionally integrated supporting organi			
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distrik	outions	2		
3 Other gross income (see instru	uctions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
	paid or incurred for production or collection of ent, conservation, or maintenance of property (see instructions)	6		
7 Other expenses (see instruction	ns)	7		
8 Adjusted Net Income (subtract	et lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amor	unt		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of instructions for short tax year				
a Average monthly value of secu	urities	1a		
b Average monthly cash balance	S	1b		
c Fair market value of other non-	exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c		1d		
e Discount claimed for blockage	e or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness appli	cable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exemptions see instructions).	use. Enter 0.015 of line 3 (for greater amount,	4		
5 Net value of non-exempt-use a	assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distrik	outions	7		
8 Minimum Asset Amount (add	line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior	year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount for pri	or year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior ye	ear	5		
6 Distributable Amount. Subtract	ct line 5 from line 4, unless subject to			
emergency temporary reduction		6		
7 Check here if the current	year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization
(see instructions).		-		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Continue C. Distribution Allocations (considerations)		(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

Excess distributions carryover to 2021. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2020

Page 8

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

Schedule A (Form 990 or 990-EZ) 2020

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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
LI	NEAGE PROJECT, INC.		47-1113535
Pa	organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year.		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant f	funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	le, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in	
	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 easemen		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		
	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re		-
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing	conservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing o	conservation easements during the year
_	\\$	0(1) -1	" 470/L\/4\/D\/"\
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		cial statements that describes the
Đ:	organizations Maintaining Collection		er Similar Assets
	Complete if the organization answered	d "Yes" on Form 990 Part IV line 8	olimai Assets.
4-			is statement and belongs about walks
1a	If the organization elected, as permitted under F of art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote	ASB ASC 958, not to report in its revent ets held for public exhibition, education, to its financial statements that describes	ue statement and balance sneet works, or research in furtherance of public these items.
b	If the organization elected, as permitted under fart, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, education, or res	
	(i) Revenue included on Form 990, Part VIII, line	1	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under		- · ·

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

Schedule D (Form 990) 2020

▶ \$

Assets included in Form 990, Part X.....

47-1113535

Schedule D (Form 990) 2020 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Other Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back Beginning of year balance . . . c Net investment earnings, gains. and losses d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment > Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) **b** Buildings c Leasehold improvements d Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020

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LINEAGE PROJECT, INC.

Schedule D (F	Form 990) 2020			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990,	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII		"Yes" on Form 99	0 Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuat	
	(a) Description of investment	(b) DOOK value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	
Part X	Other Liabilities.	W		
	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descript	ion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		.	
	or uncertain tax positions. In Part XIII, provide the			nat reports the
		5 100111010 10		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

47-1113535

	e D (Form 990) 2020		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	676,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	24,716.
3	Subtract line 2e from line 1	3	651,916.
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 4a		
b	Other (Describe in Part XIII.)	4.5	
C	Add lines 4a and 4b	4c 5	651,916.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		031,710.
ıaıı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	683,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	24,716.
3	Subtract line 2e from line 1	3	658,706.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c 5	658,706.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	030,700.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V. lii	ne 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		,,
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM NEW YORK STATE INCOME TAXES UNDER APPLICABLE STATE LAW. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020 AND 2019 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. IN ADDITION, THERE HAVE BEEN NO TAX RELATED INTEREST OR PENALTIES IN THESE FINANCIAL STATEMENTS. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THE ORGANIZATION'S POLICY WOULD BE TO RECOGNIZE THEM AS MANAGEMENT AND GENERAL EXPENSES.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

Employer identification number LINEAGE PROJECT, INC. 47-1113535

FORM 990, PART I AND III, LINE 1 - MISSION STATEMENT MISSION STATEMENT

TEACHES TRAUMA-SENSITIVE MINDFULNESS TO YOUNG PEOPLE FOR INNER/COLLECTIVE WELL-BEING AS THEY NAVIGATE LIFE CHALLENGES, INCLUDING THE COURT, FOSTER CARE, PSYCHIATRIC, SHELTER, IMMIGRATION, AND EDUCATION SYSTEMS. SIMULTANEOUSLY SUPPORTS STAFF INSIDE THESE SYSTEMS.

LINEAGE PROJECT TEACHES TRAUMA-SENSITIVE AND CULTURALLY COMPETENT MINDFULNESS PRACTICES TO YOUNG PEOPLE, AGES 12 TO 24, WHO ARE NAVIGATING SERIOUS LIFE CHALLENGES, INCLUDING INVOLVEMENT IN THE COURT, FOSTER CARE, PSYCHIATRIC CARE, SHELTER, IMMIGRATION, SCHOOL SUSPENSION, AND EDUCATION SYSTEMS. OUR PROGRAMS SUPPORT YOUNG PEOPLE IN CULTIVATING INNER/COLLECTIVE WELL-BEING AND RESILIENCE, AND STRENGTHEN COMMUNITY BONDS. WE ALSO TEACH MINDFULNESS TO THE STAFF WORKING INSIDE OF THESE SYSTEMS-HELPING THEM CO-REGULATE WITH YOUNG PEOPLE, AND MITIGATING THEIR SECONDARY TRAUMA AND BURNOUT. OUR SIMULTANEOUS WORK WITH YOUNG PEOPLE AND STAFF HELPS BUILD CULTURES OF GREATER SUPPORT AND EMPATHY INSIDE NYC'S MOST COMPLEX AND OVERTAXED SYSTEMS.

FORM 990, PART III, LINE 4A, PROGRAM DESCRIPTION "MY PARTICIPATION IN THE LINEAGE CLASS MADE ME MORE AWARE OF MY SUBCONSCIOUS SELF. IT ALLOWED ME TO PRACTICE SKILLS I OTHERWISE WOULDN'T Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization

LINEAGE PROJECT, INC.

Employer identification number

47-1113535

HAVE." - STUDENT, AGE 17, LINEAGE PROGRAM WITH THE NYC DEPARTMENT OF PROBATION

IN 2020, LINEAGE HELD 260 CLASSES, SERVING 885 PARTICIPANTS (476 YOUNG PEOPLE AND 409 ADULTS) ACROSS 25 SITES THROUGHOUT NEW YORK CITY. ALL CLASSES WERE BASED ON THE "LINEAGE MODEL," A 3-PART TEACHING STRATEGY (THEME-BASED GROUP DIALOGUE, MEDITATION, AND MINDFUL MOVEMENT) DESIGNED TO TAP INTO OUR STUDENTS' INNATE WISDOM AND RESILIENCE.

AS ONE STUDENT PUT IT, "COMING TO THIS CLASS AND LEARNING MINDFULNESS

TAUGHT ME TO HAVE COMPASSION NOT JUST FOR MYSELF BUT FOR OTHERS. I

LEARNED HOW TO DEAL WITH PEOPLE AND THE STRESS THEY PUT ME THROUGH AND

LEARNED HOW TO BE MORE FOCUSED ON MYSELF AND MY HAPPINESS."

IN 2020, WE ALSO LAUNCHED OUR FIRST-EVER SPANISH LANGUAGE PROGRAM. AND WE PILOTED THE COMMUNITY PROGRAM-A NEW, COHORT-BASED PROGRAM THAT WILL INCLUDE PATHWAYS FOR ALUMNI TO BECOME MINDFULNESS TEACHERS.

BELOW ARE HIGHLIGHTS FROM OUR THREE LARGEST SERVICES IN 2020: 1) PROGRAMS FOR COURT-INVOLVED/INCARCERATED YOUNG PEOPLE; 2) COMMUNITY-BASED PROGRAMS; AND 3) MINDFULNESS PROFESSIONAL DEVELOPMENT TRAININGS.

PROGRAMS FOR YOUNG PEOPLE WHO ARE COURT-INVOLVED/INCARCERATED

KEY ACCOMPLISHMENTS: IN 2020, WE TAUGHT YOUNG PEOPLE WITH COURT

Schedule O (Form 990 or 990-EZ) 2020

INVOLVEMENT BY PARTNERING WITH VARIOUS INSTITUTIONS ACROSS NYC SUCH AS ALTERNATIVE LEARNING CENTERS, NONPROFIT HUMAN SERVICES ORGANIZATIONS, AND THE DEPARTMENT OF PROBATION. THROUGH A NEW PROGRAM WITH THE NEW YORK JUSTICE INITIATIVE, WE TAUGHT YOUNG PEOPLE IMPACTED BY THE LEGAL SYSTEM, THEIR CAREGIVERS, AND MENTORS. ACROSS OUR VIRTUAL SITES, STUDENTS AND STAFF REPORTED LEARNING VALUABLE COPING SKILLS FOR MANAGING STRESS AND AN INCREASING SENSE OF CONNECTION TO OTHERS DURING AN ACUTELY UNCERTAIN AND ISOLATING TIME.

COMMUNITY-BASED PROGRAMS

KEY ACCOMPLISHMENTS: IN 2020, WE TAUGHT YOUNG PEOPLE AT COMMUNITY-BASED ORGANIZATIONS ACROSS NYC FOR YOUNG PEOPLE, AND, FOR THE FIRST-TIME EVER, FOR CAREGIVERS, FOR SPANISH-SPEAKERS, AND ONLINE FOR THE GENERAL PUBLIC.

OPEN TO YOUNG PEOPLE AFTER THEIR RELEASE FROM RESIDENTIAL TREATMENT,
LINEAGE TAUGHT CLASSES IN A MANHATTAN-BASED YOGA STUDIO-THE USE OF AN
OFF-SITE LOCATION WAS DESIGNED TO SUPPORT THESE STUDENTS AS THEY PREPARED
TO RETURN TO THEIR COMMUNITIES. WE ALSO PARTNERED WITH TRINITY CHURCH TO
TEACH DROP-IN VIRTUAL CLASSES FOR YOUNG PEOPLE AGES 13-18 CITYWIDE.

EXPRESSLY AND NEWLY DESIGNED FOR OUR STUDENTS' CAREGIVERS, WE CONDUCTED A MINDFULNESS WORKSHOP HELD AT, THE BOYS' CLUB OF NEW YORK. FOR OUR FIRST SPANISH PROGRAM, LINEAGE PARTNERED WITH TERRA FIRMA, A NATIONALLY RECOGNIZED NYC-BASED MEDICAL-LEGAL PARTNERSHIP THAT PROMOTES THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization

LINEAGE PROJECT, INC.

Employer identification number

47-1113535

WELL-BEING OF IMMIGRANT CHILDREN THROUGH DIRECT SERVICES AND ADVOCACY.

LASTLY, LINEAGE CREATED AND OFFERED OUR FIRST-EVER VIRTUAL CLASSES FOR

THE GENERAL PUBLIC: WE OFFERED 10 OVER THE COURSE OF THE YEAR, ALWAYS

FREE OF CHARGE. WE CONSIDERED THIS NEW EXPANSION OF OUR PROGRAMS TO BE

OUR OFFERING TO THE PUBLIC, IN RESPONSE TO THE ISOLATION AND PERVASIVE

STRESS OF THE PANDEMIC.

MINDFULNESS PROFESSIONAL DEVELOPMENT TRAININGS

REY ACCOMPLISHMENTS: IN 2020, WE OFFERED MORE MINDFULNESS-BASED

PROFESSIONAL DEVELOPMENT (PD) TRAININGS FOR STAFF THAN EVER BEFORE,

INCLUDING A 20-HOUR CERTIFICATE-GRANTING TRAINING INTENSIVE. WE TRAINED

HUNDREDS OF STAFF ACROSS 11 SITES-SPANNING FAMILY SHELTERS, A SCHOOL

SUSPENSION SITE, PUBLIC SCHOOLS, CHARTER SCHOOLS, A FOSTER CARE AGENCY,

AND AN ORGANIZATION THAT SUPPORTS IMMIGRANT CHILDREN VIA DIRECT

SERVICES/ADVOCACY-WITH THE GOAL OF INCREASING SUPPORT AND EMPATHY IN

THESE INSTITUTIONS. PARTICIPANTS LEARNED PRACTICES TO SUPPORT THEIR WORK

AND WELLBEING, AND TRAUMA-AWARE MINDFULNESS TOOLS. ONE YOUTH COUNSELOR

COMMENTED: "THIS HAS BEEN A DIFFICULT TIME OF TRANSITION AND STRESS, AND

TIME ITSELF HAS LOST MEANING. I APPRECIATE (AND NEED) THESE PRACTICES TO

BE GROUNDED IN MY BODY AND TO MANAGE MY STRESS."

FORM 990, PART VI, LINE 11B

PRIOR TO EACH YEAR'S FILING, LINEAGE PROJECT'S FORM 990 IS PRESENTED BY

OUR AUDITOR TO: THE BOARD FINANCE AND AUDIT COMMITTEE, WHICH INCLUDES THE

BOARD TREASURER; THE EXECUTIVE DIRECTOR(S); AND THE DIRECTOR OF FINANCE

AND ADMINISTRATION-EACH OF WHOM HAVE TIME TO REVIEW THE FORM 990 IN

DETAIL AND ASK QUESTIONS OF THE AUDITOR. ADDITIONALLY, PRIOR TO FILING,

THE FORM 990 IS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR REVIEW.

FORM 990 PART VI, SECTION 8, LINE 12C

YES, LINEAGE PROJECT HAS A WRITTEN CONFLICT OF INTEREST POLICY. NEW BOARD

MEMBERS REVIEW AND SIGN THE POLICY AS PART OF THEIR ORIENTATION TO BOARD

SERVICE. ADDITIONALLY, ALL BOARD MEMBERS REVIEW AND SIGN THE WRITTEN

POLICY ON AN ANNUAL BASIS.

THE BOARD CHAIR, THE BOARD'S EXECUTIVE COMMITTEE, AND THE EXECUTIVE

DIRECTOR(S) ARE PRIMARILY RESPONSIBLE FOR THE FIRST STEPS IN ASSESSING

ANY POTENTIAL CONFLICTS OF INTEREST AMONG BOARD MEMBERS AND ENFORCING

COMPLIANCE. SHOULD A PERCEIVED OR ACTUAL CONFLICT REQUIRE ADDITIONAL

ATTENTION BEYOND THESE PARTIES, IT WOULD BE RAISED WITH THE ENTIRE BOARD

OF DIRECTORS AND, IF WARRANTED, OUTSIDE COUNSEL.

PART VI, LINE 19

LINEAGE PROJECT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WERE MADE AVAILABLE TO THE PUBLIC BY REQUEST DURING THE TAX YEAR.

FORM 990, PART VI, SECTION B 15A-B

THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD OF DIRECTORS WHO REVIEWS

RESUMES, INTERVIEWS CANDIDATES AND ESTABLISHES/APPROVES THE RATE OF PAY.

Schedule O (Form 990 or 990-EZ) 2020				Page 2		
Name of the organization			Employer identifica	Employer identification number		
LINEAGE PROJECT, INC.			47-11135	535		
		Ī	ATTACHMENT	1		
		=				
FORM 990, PART IX - OTHER FEES						
	(A)	(B)	(C)	(D)		
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING		
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES		
CONSULTING FEES	98,400.	34,307.	36,497.	27,596.		
TOTALS	98,400.	34,307.	36,497.	27,596.		
		<u>A</u>	TTACHMENT 2			
FORM 990, PART X - PREPAID EXPENSES ANI	D DEFERRED CHA	ARGES				
	BEGINNI		ENDING			
DESCRIPTION	BOOK VA	ALUE	BOOK VALUE	<u> </u>		
PREPAID EXPENSES		2,755.	3,	974.		
TOTAL C		0.755		074		
TOTALS		2,755.		<u>974.</u>		