# Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury

► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending 01/01/2021 06/30/2021 D Employer identification number C Name of organization B Check if applicable: LINEAGE PROJECT, INC. 47-1113535 Number and street (or P.O. box if mail is not delivered to street address) Ε Telephone number Room/suite Name change 228 PARK AVE S, PMB98592 (347)395 - 2710Initial return City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK, NY 10003 G Gross receipts \$ 169,270. return Application pending F Name and address of principal officer: H(a) Is this a group return for Nο GABRIELLE PRISCO Yes Χ subordinates' PARK AVE S,PMB98592 NEW YORK, 10003 Yes No NY H(b) Are all subordinates included? Tax-exempt status: If "No," attach a list. (see instructions) X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or WWW.LINEAGEPROJECT.ORG Website: H(c) Group exemption number L Year of formation: 2003 M State of legal domicile: Form of organization: X Corporation NY Summary 1 Briefly describe the organization's mission or most significant activities: TEACHES TRAUMA-SENSITIVE MINDFULNESS TO YOUNG PEOPLE FOR INNER/COLLECTIVE WELL BEING AS THEY NAVIGATE LIFE Governance CHALLENGES - SEE SCHEDULE O FOR COMPLETE MISSION STATEMENT if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 NONE Total number of volunteers (estimate if necessary) 6 11 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 585,492 147,690. **COPY FOR** Program service revenue (Part VIII, line 2g) 21,580 66,424 PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 NONE NONE 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 651,916. 169,270. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,200 NONE Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 447,881 209,900. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_21,173. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 209,625 153,307. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 658,706 363,207. -6,790 Revenue less expenses. Subtract line 18 from line 12 -193,937. ts or nces **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,250,812 1,062,532. 21 Total liabilities (Part X, line 26) 58,198 <u>63,8</u>55 22 Net assets or fund balances. Subtract line 21 from line 20, 1,192,614 998,677 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date Check Paid self-employed CATHERINE BENDALL CATHERINE BENDALL 05/13/2022 P00521196 Preparer Firm's name ► WITHUMSMITH+BROWN, 22-2027092 PC Firm's FIN **Use Only** ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816 732-828-1614 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Page 2 Form 990 (2021)

Pa		t of Program Service A Schedule O contains a r	Accomplishments esponse or note to any line in this Pa	art III	х
1		organization's mission:			Λ
	-	O FOR DETAILED			
2			cant program services during the		
•	If "Yes," describe th	ese new services on So	hedule O.		. — —
3	services?		or make significant changes in		
4	Describe the orga expenses. Section	nization's program ser 501(c)(3) and 501(c)(	vice accomplishments for each of 4) organizations are required to re each program service reported.		
4a		_) (Expenses \$ 19	e7,675. including grants of \$	NONE_) (Revenue \$	21,580.
4b	(Code:	_) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program ser	vices (Describe on Sche	dule O.)		
	(Expenses \$ Total program serv	including gra		ue \$ )	

Form 990 (2021) Page 3
Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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 Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			ĺ
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ĺ
	complete Schedule D, Part VI	11a		X
b	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	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			ĺ
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ĺ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148		X
Ŋ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
15	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</i> "Yes," <i>complete Schedule H</i>	20a		X
	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 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) Page **4** 

Part	IV	Checklist of Required Schedules (continued)			
				Yes	No
22	Did t	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			
		nization's current and former officers, directors, trustees, key employees, and highest compensated			
		oyees? If "Yes," complete Schedule J	23		Х
242		the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>2</b>					
		0,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		37
		ugh 24d and complete Schedule K. If "No," go to line 25a	24a		X
		he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		the organization maintain an escrow account other than a refunding escrow at any time during the year			
		efease any tax-exempt bonds?	24c		
d	Did t	he organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Sect	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	trans	saction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
		and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	-	es," complete Schedule L, Part I	25b		Х
26		the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20		ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
			00		37
		rolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		_X
27		the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
		loyee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
		ber, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	perso	ons? 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 the Schedule L,			
	Part	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A cu	irrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes.	" complete Schedule L, Part IV	28a		X
b		mily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		5% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·		" complete Schedule L, Part IV	28c		Х
20		·	29		
29		the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30		the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		ervation contributions? If "Yes," complete Schedule M	30		_X_
31		he 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,"			
		plete Schedule N, Part II	32		X
33	Did t	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	secti	ons 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		X
35 a		he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		es" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		rolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
		ed organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37		the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31			27		37
••		that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38		the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		_	
_		Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Part	V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V			
				Yes	No
1a	Ente	r the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> <u>NONE</u>			
b	Ente	r the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did	the organization comply with backup withholding rules for reportable payments to vendors and			
		rtable gaming (gambling) winnings to prize winners?	1c	Х	
~ -					

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
L		2b		X
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			25
2-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	35		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	40		v
	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		37
	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	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	<b>6</b> 1-		
	gifts were not tax deductible?	6b		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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		
	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.	00		
	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			
	,,			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	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			
C	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? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	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		Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Х
	If "Yes." complete Form 6069.			

47-1113535 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 if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>11</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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, 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 appoint			
	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) members,	l		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	v	
a	The governing body?	8a 8b	X X	
b	Each committee with authority to act on behalf of the governing body?	00		
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 on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on 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? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	37	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
b	with a taxable entity during the year?	- ou		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
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 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record GABRIELLE PRISCO 228 PARK AVE S,PMB98592 NEW YORK, NY 10003	ls ▶		
	CHDICTEDDE FICTOCO 440 FAMIL AVE 3,FPID70374 NEW TOKE, NI 10003			

3473952710

Form 990 (2021) LINEAGE PROJECT, INC. 47-1113535 Page **7** 

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

	T					•		, , , , , , , , , , , , , , , , , , ,	, ,		
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) GABRIELLE NAPOLITANO	1.00										
CHAIR	NONE	X		Х				NONE	NONE	NONE	
(2) RAYMOND BLUM, JR	1.00							110112	110111	110111	
TREASURER	NONE	X		х				NONE	NONE	NONE	
(3) CAROLINA JANNICELLI	1.00							110112	110111	1.01.2	
SECRETARY	NONE	x		х				NONE	NONE	NONE	
(4) ABJA MIDHA	1.00										
DIRECTOR	NONE	X						NONE	NONE	NONE	
(5) AMY WU	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(6) ANTONIA BELT	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(7) COSS MARTE	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(8) JASON DURSCHLAG	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(9) LAURIE LESSAGE	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(10) NATHANIEL DIRENZO	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(11) ERIKA BROWN LEE	1.00										
DIRECTOR	NONE	Х						NONE	NONE	NONE	
(12) GABRIELLE PRISCO	35.00										
CO-EXECUTIVE DIRECTOR	NONE			Х				NONE	NONE	NONE	
(13)											
(14)											

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

_	n
Daga	×

	(A) Name and title	(B)  Average hours per week (list any			Pos heck		e than o		(D) Reportable compensation from	(E) Reportab compensation related		<b>(F)</b> Estimated amount of other
		hours for related organizations below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensation from the organization and related organizations
			-									
			-									
			-									
c	Sub-total  Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	-						<b>&gt; &gt; &gt;</b>	NONE NONE NONE		NONE NONE NONE	NONE NONE NONE
2	Total number of individuals (including but not reportable compensation from the organization	limited to t					e) who	o re				NOINE
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo				e,	key e					Yes No
4	organization and related organizations greindividual	eater than	\$15	0,0	00?	) It	"Yes	5,"	complete Schedu	le J for si	uch	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
1	Complete this table for your five highest com compensation from the organization. Report c year.											
_	(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensation
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		isted above) who	received		

# Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse 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
សិស	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
عَ ق	c	Fundraising events 1c					
fts,	d	Related organizations					
ច្ច≣្ច	e	Government grants (contributions) 1e	127,633.				
Sir	f	All other contributions, gifts, grants,					
er S		and similar amounts not included above . 1f	20,057.				
혈美	g	Noncash contributions included in					
a E	3	lines 1a-1f 1g	\$				
နှင့်	h	Total. Add lines 1a-1f		147,690.			
			Business Code				
Se	2a	PROFESSIONAL TRAINING	900099	21,580.	21,580.		
ē Ķ	b						
Program Service Revenue	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	21,580.			
	3	Investment income (including dividends	, interest, and				
		other similar amounts)	▶	NONE			
	4	Income from investment of tax-exempt bon	d proceeds . 🕨	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NO					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
evenue	b	Less: cost or other basis					
Ş.	_	and sales expenses 7b					
$\simeq$		Gain or (loss)		NONE			
Other	d	Net gain or (loss)		NONE			
₹	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line  1c). See Part IV, line 18	NONE				
	b	Less: direct expenses					
	C	Net income or (loss) from fundraising event		NONE			
	9a	Gross income from gaming					
	••	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities	s <b>&gt;</b>	NONE			
	10a	Gross sales of inventory, less	1				
		returns and allowances	none				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.	<u></u> ▶	NONE			
S <sub>n</sub>			Business Code				
eo ne	11a						
llar 'en	b						
Miscellaneous Revenue	С		1				-
Ξ	d	All other revenue					
		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		169,270.	21,580.		

47-1113535

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	146,779.	111,858.	27,843.	7,078.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	43,475.	33,430.	8,012.	2,033.
	Pension plan accruals and contributions (include	NONE	33,130.	0,012.	2,033.
8	section 401(k) and 403(b) employer contributions)	-			
9	Other employee benefits	5,435.	3,980.	1,159.	296.
10	Payroll taxes	14,211.	10,405.	3,030.	776.
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
С	Accounting	26,593.		26,593.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	91,750.	15,644.	67,066.	9,040.
12	Advertising and promotion	NONE			
13	Office expenses	12,617.	5,218.	7,399.	
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	1,718.	684.	1,034.	
17	Travel	470.		470.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	1,782.	1,301.	481.	
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.)				
а	PROFESSIONAL DEVELOPMENT	7,179.	5,907.	1,272.	
b	DEVELOPMENT	3,122.	1,172.		1,950.
	BAD DEBT	2,310.	2,310.	NONE	· · · · · · · · · · · · · · · · · · ·
d	DUES AND SUBSCRIPTIONS	5,766.	5,766.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	363,207.	197,675.	144,359.	21,173.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				
					= 000 (222)

Form 990 (2021) Page **11** 

# 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>(B)</b> End of year
	1	Cash - non-interest-bearing	857,556.	1	690,855.
	2	Savings and temporary cash investments	2,514.	2	2,516.
	3	Pledges and grants receivable, net	300,000.	3	300,000.
	4	Accounts receivable, net	86,768.	4	64,448.
	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	NONE	5	NONE
	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)	NONE	6	NONE
S	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	3,974.	9	4,713.
	_	Land, buildings, and equipment: cost or other	3,77,20		1,715
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	NONE	100	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14				-
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,250,812.	16	1,062,532.
	17	Accounts payable and accrued expenses	58,198.	17	63,855.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
.iak		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE		NONE
	26	Total liabilities. Add lines 17 through 25	58,198.	26	63,855.
Section		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	702,671.	27	607,096.
Ä	28	Net assets with donor restrictions	489,943.	28	391,581.
<b>Fund Balances</b>		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	
Net Assets or	32	Total net assets or fund balances	1,192,614.	32	998,677.
Š	33	Total liabilities and net assets/fund balances	1,250,812.	33	1,062,532.
_			1,200,012.		Form <b>990</b> (2021)

Form 990 (2021) Page **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				<u> 270</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	63,	207
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	93,	<u>937</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,1	92,	<u>614</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		9	98,	<u>677</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	on			
	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 cor	npiled	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 aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	t of			
_	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e		I			
	Schedule O.	1				
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
Ju	Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lerao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

## SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

LIN	IEA(	GE PROJECT, INC.					47-1	113535
Pai		Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instruction	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b> (	ertain ex able inco ( <b>a)(2).</b> (0	ceptions me (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11		An organization organized	•		•		` ' ' '	
12		An organization organized a	•	•				• •
		one or more publicly support	•					
		the box on lines 12a throug					•	=
а	L		•	•	-		. , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b	L		•				• • • • • • • • • • • • • • • • • • • •	
		control or management of		=	the sam	e person	is that control or man	age the supported
		organization(s). You must	•					
С	L							lly integrated with,
		its supported organization						
d	L	☐ Type III non-functionally			•			• , ,
		that is not functionally inte		•			•	an attentiveness
_	Г	requirement (see instruct	•	=				U. T
е	_	☐ Check this box if the orga					•••	ıı, туре ііі
f	En	functionally integrated, or ter the number of supported			porting c	organizat	ion.	
g		ovide the following information	=	orted organization(s)				
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	arrie or supported organization	(11) [11]	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	.1							
ıvla	u I							į.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	709,430.	788,472.	1,312,623.	585,492.	147,690.	3,543,707.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	709,430.	788,472.	1,312,623.	585,492.	147,690.	3,543,707.
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)						1,545,134.
6	Public support. Subtract line 5 from line 4						1,998,573.
	tion B. Total Support						1,990,573.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	709,430.	788,472.	1,312,623.	585,492.	147,690.	3,543,707.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3.	4.	2,000,000		53.7,550	7.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						3,543,714.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	449,500.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (lin					14	56.40 %
15	Public support percentage from 2020					15	59.94 <b>%</b>
16a	331/3% support test - 2021. If the org						
_	box and <b>stop here</b> . The organization qu			_			
b	331/3% support test - 2020. If the org						
4	this box and <b>stop here.</b> The organization	•		-			
17a	a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organization	_	•		•		
	in Part VI how the organization meets					•	•
	organization			=	-		
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions						▶ □

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 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	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6.  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						
С	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						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	the organizat	ion's first secon	d third fourth	or fifth tax v	ar as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Sche		•			16	<u> </u>
	tion D. Computation of Investment						/0
<u> </u>	Investment income percentage for 2021 (lin			13. column (f))		17	%
18	Investment income percentage from 2020 S						<del>//</del>
	331/3% support tests - 2021. If the or						
. J u	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga	-	-	•			
IJ	line 18 is not more than 331/3 %, check						. $\square$
20	Private foundation. If the organization of		•	•			. —

## Part IV Supporting Organizations

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

		Yes	No
ig by			
	1		
us ed	2		
er	_		
	3a		
nd ne			
	3b		
3)	3с		
If			
	4a		
jn on	41-		
	4b		
on ed B)			
,	4c		
s," IN			
n; on			
	5a		
dy	5b		
	5c		
to ed			
or			
	6		
or ty			
	7		
e	8		
re			
าร	9a		
:h	Ju		
,11	9b		
fit	9c		
n			
d	_		
	10a		
to	10b		
	IUD		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u></u>	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
	11 0 1 7	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	oo inst	uotion	2)
·	The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se	C IIISU	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3				
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	<u> </u>		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
_	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Se	ction C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4		4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7			ted Type III supporting	g organization	
	(see instructions).				

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	6 Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
			/ii\		(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

## Schedule B (Form 990)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number					
LINEAGE PROJECT, IN		47-1113535				
Organization type (check one	<del>)</del> ):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a pr	rivate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
	7), (8), or (10) organization can check boxes for both the Genera	l Rule and a Special Rule. See				
General Rule						
_	n filing Form 990, 990-EZ, or 990-PF that received, during the yor property) from any one contributor. Complete Parts I and II. Scontributions.					
Special Rules						
regulations under s 16b, and that rece	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
_	t isn't covered by the General Rule and/or the Special Rules do 7, line 2, of its Form 990; or check the box on line H of its Form 9					

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization LINEAGE PROJECT, INC.

Employer identification number 47-1113535

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$49,668.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# SCHEDULE D (Form 990)

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

► 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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NEAGE PROTECT ING	47 1112525
	NEAGE PROJECT, INC.	47-1113535
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-		on of a historically important land area
		on of a certified historic structure
	Preservation of open space	on or a certified flistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	o in the form of a conservation
2		Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or teleased, extinguished, extingui	rminated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspe-	ection, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforci	ng conservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	ncial statements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reve of art, historical treasures, or other similar assets held for public exhibition, education	nue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describe	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or r	e statement and balance sneet works of
	provide the following amounts relating to these items:	esearch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	a docoto for infancial gain, provide the
а		<b>▶</b> ¢
b	Revenue included on Form 990, Part VIII, line 1	

Schedule D (Form 990) 2021

Using the organization's acquisition, accession, and other records, check any of the following that make significant use collection items (check all that apply):    Public exhibition	n Part
a Public exhibition d Loan or exchange program Other c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No_
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No_
Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No_
Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No_
XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No_
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance c Distributions during the year f Ending balance d Additions during the year f Ending balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year and losses.  d Grants or scholarships e Other expenditures for facilities	
Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year.  f Ending balance  1g  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year and losses.  d Grants or scholarships  e Other expenditures for facilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  1	
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	No
C Beginning balance	
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year back (e) Four year or Net investment earnings, gains, and losses.  d Grants or scholarships	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year back (e) Four year contributions	_ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year back value of the contributions	
1a Beginning of year balance	
1a Beginning of year balance	
b Contributions	s back
c Net investment earnings, gains, and losses	
and losses	
d Grants or scholarships e Other expenditures for facilities	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶%	
b Permanent endowment ▶%	
c Term endowment ▶%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	T N I -
organization by:	No
(i) Unrelated organizations	+
(ii) Related organizations	+
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.  Part VI Land, Buildings, and Equipment.	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 1	0.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value	
(investment) (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	

Schedule D (Form 990) 2021

	Form 990) 2021 LINEAGE PROJEC	T, INC.	4	7-1113535 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financi	ial derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	lumn (b) must equal Form 990, Part X, col. (B) I	ino 15 \		
Part X	Other Liabilities.	ine 10.)		
Pait X	Complete if the organization answered line 25.	I "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA 1E1270 1.000

(8)

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	170,318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,048.
3	Subtract line 2e from line 1	3	169,270.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	169,270.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	364,255.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	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	1,048.
3	Subtract line 2e from line 1	3	363,207.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	_	
	Add lines 4a and 4b	4c	262 005
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	363,207.
Provid 2; Part	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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

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 JUNE 31, 2021 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.

30

## 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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

47-1113535

LINEAGE PROJECT, INC.

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

MISSION STATEMENT

LINEAGE TEACHES TRAUMA-SENSITIVE MINDFULNESS TO YOUNG PEOPLE (12 - 24 YEARS OLD) AND ADULT STAFF INSIDE NYC'S COURT, FOSTER CARE, EDUCATION, SHELTER, IMMIGRATION, PSYCHIATRIC, AND SUSPENSION SYSTEMS. OUR PROGRAMS BREAK DOWN RACE/CLASS BARRIERS TO MINDFULNESS EDUCATION SO THAT YOUNG PEOPLE-ESPECIALLY BLACK AND BROWN YOUNG PEOPLE INSIDE OF/IMPACTED BY SYSTEMS-CAN: 1) ACCESS BENEFICIAL MINDFULNESS TOOLS TO SUPPORT THEIR WELLBEING; AND 2) FEEL SEEN AND SUPPORTED THROUGH MEANINGFUL CONNECTION TO PEERS/ADULT STAFF IN THE MIDST OF CHALLENGING SITUATIONS.

OUR PROGRAMS FOR YOUNG PEOPLE NOURISH INNER/COLLECTIVE WELLBEING, JOY, REFLECTION, AND CONNECTION. WE TEACH USING A THREE-PART MODEL THAT FOSTERS EMBODIED AWARENESS THROUGH MOVEMENT (E.G., YOGA/QI GONG), THEMATIC DISCUSSIONS, AND GUIDED MEDITATION. OUR STAFF WORK INTRODUCES CONCRETE PRACTICES TO FOSTER CULTURES OF COLLECTIVE CARE AND PROVIDES TRAUMA/NERVOUS SYSTEM EDUCATION TO MITIGATE SECONDARY TRAUMA AND STAFF BURNOUT.

#### FORM 990, PART III, LINE 4A, PROGRAM DESCRIPTION

BELOW ARE SERVICE ACCOMPLISHMENTS FROM OUR THREE LARGEST 2021 PROGRAM

AREAS: 1) COMMUNITY-BASED PROGRAMS; 2) PROGRAMS FOR

COURT-INVOLVED/INCARCERATED YOUNG PEOPLE; AND 3) MINDFULNESS-BASED

PROFESSIONAL DEVELOPMENT TRAINING FOR ADULT STAFF WHO WORK WITH YOUNG

PEOPLE INSIDE/IMPACTED BY NYC SYSTEMS.

## 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY-BASED PROGRAMS

IN 2021, WE TAUGHT YOUNG PEOPLE AT COMMUNITY-BASED NYC ORGANIZATIONS THAT WORK WITH YOUNG PEOPLE INSIDE/IMPACTED BY SYSTEMS AND THEIR CAREGIVERS. A CRITICAL NEW FOCUS OF OUR WORK IS OFFERING MINDFULNESS PROGRAMS IN SPANISH. WE LAUNCHED OUR FIRST-EVER SPANISH LANGUAGE PROGRAM, IN PARTNERSHIP WITH TERRA FIRMA AT MONTEFIORE (A NATIONALLY-RECOGNIZED MEDICAL-LEGAL PARTNERSHIP PROMOTING THE WELL-BEING OF IMMIGRANT CHILDREN THROUGH DIRECT SERVICES AND ADVOCACY). THIS PROGRAM WAS FOR TEENAGERS WHO CAME TO THE U.S. AS UNACCOMPANIED MINORS, MOSTLY FROM CENTRAL AMERICA.

WE ALSO CONTINUED OUR PARTNERSHIP WITH BOYS CLUB OF NEW YORK THROUGH
VIRTUAL PROGRAMS-TEACHING YOUNG PEOPLE, 12-15 YEARS OLD, MINDFULNESS,
YOGA, AND QI GONG PRACTICES TO HELP THEM MANAGE THE STRESS, ANXIETY, AND
UNCERTAINTY OF THE PANDEMIC. ADDITIONALLY, WE TAUGHT A VIRTUAL
MINDFULNESS PROGRAM FOR YOUNG PEOPLE AND THEIR CAREGIVERS IN PARTNERSHIP
WITH THE NYC DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT-PROVIDING
PARTICIPANTS WITH OPPORTUNITIES TO LEARN SHORT, SIMPLE MINDFULNESS
PRACTICES TO SUPPORT THEIR WELLBEING. THESE PROGRAMS WERE INTEGRATED INTO
FAMILY GAME NIGHTS THAT WERE AVAILABLE, FREE OF CHARGE, TO FAMILIES
ACROSS ALL FIVE BOROUGHS.

PROGRAMS FOR COURT-INVOLVED YOUNG PEOPLE
IN 2021, WE TAUGHT OUR FIRST HYBRID (VIRTUAL + IN-PERSON) MINDFULNESS

## 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PROGRAM FOR YOUNG PEOPLE INCARCERATED IN A "CLOSE TO HOME" FACILITY IN BROOKLYN, OPERATED BY THE HUMAN SERVICES AGENCY RISING GROUND. WE SUPPORTED YOUNG PEOPLE NAVIGATING THE COMPOUNDED CHALLENGES OF BEING INCARCERATED DURING THE PANDEMIC-TEACHING THEM SIMPLE, CONCRETE MINDFULNESS-BASED STRATEGIES TO HELP THEM COPE WITH AND MANAGE THE STRESS AND UNCERTAINTY OF COURT APPEARANCES AND THEIR TRANSITIONS BACK INTO THE COMMUNITY. ALL PARTICIPANTS WERE GIVEN CERTIFICATES OF COMPLETION FOR THEIR TIME SPENT IN OUR PROGRAM. ADDITIONALLY, THESE CERTIFICATES WERE INCLUDED IN YOUNG PEOPLES' ADMINISTRATIVE DOCUMENTATION, AND COULD BE SHARED WITH THEIR LAWYERS AND JUDGES DURING SUBSEQUENT COURT APPEARANCES.

#### PROFESSIONAL TRAININGS

IN 2021, WE OFFERED MINDFULNESS-BASED PROFESSIONAL DEVELOPMENT (PD)

TRAININGS TO PARTICIPANTS ACROSS NEW YORK STATE. (OUR TRANSITION TO

VIRTUAL PROGRAMMING DURING THE PANDEMIC MADE IT POSSIBLE FOR US TO EXPAND

OUR PROGRAMS' GEOGRAPHIC REACH). WE TRAINED ADULTS WHO WORK HOMELESS

YOUTH AND FAMILIES ACROSS NEW YORK STATE (NYS TEACHS), CLASSROOM TEACHERS

AND ADMINISTRATORS IN CHARTER SCHOOLS FOR MIDDLE SCHOOLERS AND

HIGHSCHOOLERS (NEW VISIONS FOR PUBLIC EDUCATION), AND MINDFULNESS

TEACHERS-IN-TRAINING SEEKING SPECIALIZED TECHNIQUES FOR WORKING WITH

YOUNG PEOPLE (INTERDEPENDENCE PROJECT).

PARTICIPANTS LEARNED HOW TO: 1) MAKE MORE SKILLFUL, EMPATHIC, AND

INTENTIONAL DECISIONS ABOUT HOW THEY CONDUCT THEIR HIGH-STAKES RELATIONAL

## 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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

WORK WITH YOUNG PEOPLE EXPERIENCING DISPROPORTIONATELY HIGH LEVELS OF INTERPERSONAL TRAUMA; AND 2) HOW AND WHEN TO EMPLOY CONCRETE, PRACTICAL, AND SPECIALIZED TOOLS/SUPPORTS THAT CAN HELP STAFF SUSTAIN THEMSELVES AMIDST THE STRESS, VICARIOUS TRAUMA, AND IMMENSE EMOTIONAL TOLL OF WORKING INSIDE SYSTEMS SERVING SYSTEM INVOLVED/IMPACTED YOUNG PEOPLE.

ACROSS OUR VIRTUAL SITES, STAFF REPORTED LEARNING VALUABLE COPING SKILLS FOR MANAGING STRESS, AND AN INCREASE IN THEIR SENSE OF CONNECTION TO OTHERS DURING AN ACUTELY UNCERTAIN AND ISOLATING TIME. ONE EDUCATOR WHO PARTICIPATED IN A THREE-PART TRAINING FOR PRINCIPALS AND TEACHERS COMMENTED: "THE TOPICS AND TOOLS COVERED WERE RELEVANT TO MY WORK. WE LEARNED QUICK REGULATION TECHNIQUES THAT CAN BE USED FOR OURSELVES AND OUR STUDENTS."

#### FORM 990, PART VI, LINE 11B

PRIOR TO EACH YEAR'S FILING, LINEAGE PROJECT'S FORM 990 IS PRESENTED BY ITS AUDITOR TO: THE MEMBERS OF THE BOARD OF DIRECTOR'S FINANCE AND AUDIT COMMITTEE, INCLUDING 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. ALL BOARD MEMBERS REVIEW AND SIGN THE WRITTEN POLICY ON AN ANNUAL BASIS, AND NEW BOARD MEMBERS REVIEW AND SIGN THE POLICY AS PART OF THEIR ORIENTATION TO

## 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

2021

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

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

BOARD SERVICE.

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, LINE 15

THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD OF DIRECTORS WHO REVIEWS RESUMES, INTERVIEWS CANDIDATES AND ESTABLISHES/APPROVES THE RATE OF PAY.

Name of the organization			Employer identification number		
LINEAGE PROJECT, INC.			47-1113535		
FORM 990, PART IX - OTHER FEES					
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
OTHER PROFESSIONAL FEES	 91,750.	15,644.	67,066.	9,040.	
OTHER PROFESSIONAL FEES	91,730.	13,044.	07,000.	9,040.	
TOTALS					
	91,750.	15,644.	67,066.	9,040.	

Name of the organization Employer identification number 47-1113535 LINEAGE PROJECT, INC. FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS \_\_\_\_\_\_ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE -----PREPAID EXPENSES 4,713. 3,974. TOTALS

3,974.

=========

4,713.

==========