A For the 2021 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

A F	or th	e 202	1 calendar year, or tax year begir	nning 07	7/01/2021	and endi	ng		06/	/30/2022	
ь.			C Name of organization					D Employer id	entific	ation number	
Вс	heck if ap	oplicable:	LINEAGE PROJECT, INC.								
	Addre		Doing Business As					47-1113	3535	5	
	7	change	Number and street (or P.O. box if mail is	not delivered to street addr	ress)	Room/suite		E Telephone n	umber		
	Initial	return	228 PARK AVE S, PMB985	592				(347)3	95-3	2710	
	Termi		City or town, state or province, country, a		ode			(317,73)			
	Amen	nded	NEW YORK, NY 10003	· ·				G Gross receip	ts \$	757	,248.
		cation	F Name and address of principal officer:	GABRIELLE P	DICCO			H(a) Is this a gro			X No
	pendi	ing		_				subordinates	?	H	No
_	Toy ov	omnt at	228 PARK AVE S, PMB9859					H(b) Are all subord		. (see instructions)	NO
		empt sta	== 001(0)(0) 11 (1) () (insert no.)	4947(a)(1)	or 52				,	
			WWW.LINEAGEPROJECT.ORG			1		H(c) Group exem	•		
$\overline{}$				Association Other	<u> </u>	L Year o	of formation	on: 2003 M	State	of legal domicile:	NY
P	art I		mmary								
			describe the organization's mission o							DFULNESS '	<u> </u>
Governance			NG_PEOPLE_FOR_INNER/COLL								
na.		AND	LIFE CHANGES. SEE SCHED	DULE O FOR COM	PLETE MIS	SSION ST	ATEME	NT.			
Ş.	2		this box 🕨 🔛 if the organization d	•	•				S.		
õ		Numb	er of voting members of the governing	body (Part VI, line 1a)					3		5
ون دن			er of independent voting members of t						4		5
ij	5	Total ı	number of individuals employed in cale	endar year 2021 (Part V	, line 2a)				5		9
Activities &			number of volunteers (estimate if necess						6		7
ĕ	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a		NONE
			nrelated business taxable income from						7b		
								Prior Year		Current Yo	ear
a	8	Contri	ibutions and grants (Part VIII, line 1h)					147,69	90.	700	,189.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		COP	Y FOR		21,5	80.	57	7,059.
eve	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	NSPECTION			ONE		NONE
œ			revenue (Part VIII, column (A), lines 5,				'	N	ONE		NONE
			revenue - add lines 8 through 11 (must					169,2	_	757	,248.
			s and similar amounts paid (Part IX, colu						ONE		NONE
			its paid to or for members (Part IX, colu						ONE		NONE
"	4.5		es, other compensation, employee bene					209,90	_	563	,661.
Expenses	16a		ssional fundraising fees (Part IX, column						ONE	505	NONE
ber	h	Total f	fundraising expenses (Part IX, column (I	D) line 25) >	63 338			24			
ñ	17		expenses (Part IX, column (A), lines 11					153,30	77	25.8	,419.
	18	Total	expenses. Add lines 13-17 (must equal	Port IV column (A) lin	0.25)			363,20			,080.
			nue less expenses. Subtract line 18 from				<u> </u>	-193,93	_		,832.
- S		Kevei	ue less expenses. Subtract line 18 from	Tillle 12			Reginn	ing of Current		End of Yea	
Net Assets or Fund Balances	20	T-4-1					Degiiiii		_		
SSE	20							1,062,53			,368.
ar A	21		liabilities (Part X, line 26)				-	63,8	$\overline{}$,523.
_=			ssets or fund balances. Subtract line 21	from line 20				998,6	//.	933	<u>,845.</u>
	rt II		gnature Block								
			of perjury, I declare that I have examined the complete. Declaration of preparer (other than						r my k	knowledge and b	elief, it is
				·			-				
Sig	ın		O'markens of all and					D-1-			
He			Signature of officer					Date			
			Type or print name and title								
Da:	1	Print/	Type preparer's name	Preparer's signature		Date		Check	if P	PTIN	
Paid		CATI	HERINE BENDALL	CATHERINE BE	NDALL	05/15	5/2023	self-employ	ed]	P00521196	
	parer Only	Firm's	sname > WITHUMSMITH+BROW	N, PC				Firm's EIN	22	2-2027092	
JSE	Only	Firm's	address ONE TOWER CENTER BLV	JD 14TH FL EAST BRUN	SWICK, NJ 08	816		Phone no.	73	32-828-16	14
May	the I	RS dis	cuss this return with the preparer show	n above? (see instruction	ons)						No
			Reduction Act Notice, see the separat							Form 99	

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	SEE SCHEDULE O FOR DETAILED DESCRIPTION
	Did the executaction undertake any significant program continue during the year which were not listed on the
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$157,859. including grants of \$NONE_) (Revenue \$15,230.) PUBLIC TRAININGS (PROFESSIONAL TRAININGS): PLEASE SEE SCHEDULE O
	FOR FULL PROGRAM DESCRIPTION
4b	(Code:) (Expenses \$ 138,315. including grants of \$) (Revenue \$ 10,753.)
	SCHOOL SITES (EDUCATION): PLEASE SEE SCHEDULE O FOR FULL PROGRAM DESCRIPTION
4c	(Code:) (Expenses \$89,454. including grants of \$) (Revenue \$27,725)
	OTHER SITES (COMMUNITY): PLEASE SEE SCHEDULE O FOR FULL PROGRAM DESCRIPTION
	Other program services (Describe on Schedule O.) SEE SCHEDULE O
	(Expenses \$ 103,737. including grants of \$) (Revenue \$ 3,350.) Total program service expenses ▶ 489.365.

Form **990** (2021)

Page 3
Part IV Checklist of Required Schedules

rai	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		v
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	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			
U	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? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,"			
	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		37
_	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
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
1 Z a		12a		Х
h	Schedule D, Parts XI and XII	124		21
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
h		ZJa		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51-		3.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		21
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
37		27		3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	,.	
Dowl	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			N-
	Estantha number conserted in house of Forms 4000. Follow 0. Wood and P. U.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	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?	5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
D	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							
_	The original control of the control	-						
		14a		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
15	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
10	If "Yes," complete Form 4720, Schedule O.	-,5		21				
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						
	If "Yes" complete Form 6069							

Form 9	90 (2021) LINEAGE PROJECT, INC. 47-1113	535	F	age 6
Part		, and See in	struc	
Sect	ion A. Governing Body and Management			Δ
0000	1011 A. COVETTIING BODY and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	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,			
	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	NI -
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	3	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	37	
	rise to conflicts?	12b	X	

	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-		11a	Х	
11a	3	1 1 a	Λ	
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	Х	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C		12c	х	
	describe on Schedule O how this was done			
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	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		
	organization occompt states with respect to such an angeline its:	100		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► GABRIELLE PRISCO 228 PARK AVE S, PMB 98592 NEW YORK, NY 10003

Form **990** (2021)

Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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.

(A) Name and title	(B) Average hours per week	box,	Position (do not check mor box, unless person officer and a direct			ore than one on is both an		(D) Reportable compensation from the	(E) 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) JESSICA MINGUS	35.00									
CO-EXECUTIVE DIRECTOR				Х				107 107	NONE	24 000
	NONE			X				107,127.	NONE	34,899.
(2) GABRIELLE PRISCO CO-EXECUTIVE DIRECTOR	35.00 NONE			Х				118,496.	NONE	10 004
(3) CAROLINA JANNICELLI	1.00			Α_				110,490.	NONE	19,094.
CO-CHAIR - RESIGNED 2/24/22	NONE	X		Х				NONE	NONE	NONE
(4) GABRIELLE NAPOLITANO	1.00			Λ				NONE	NOINE	NONE
CO-CHAIR	NONE	X		Х				NONE	NONE	NONE
(5) RAYMOND BLUM JR	1.00	- 1		- A				NONE	NONE	NONE
TREASURER	NONE	X		X				NONE	NONE	NONE
(6) ERIKA BROWN LEE	1.00	21		21				IVOIVE	IVOIVE	IVOIVE
SECRETARY	NONE	X		x				NONE	NONE	NONE
(7) ANTONIA BELT	1.00	21		21				IVOIVE	IVOIVE	IVOIVE
DIRECTOR - RESIGNED 6/29/22	NONE	X						NONE	NONE	NONE
(8) COSS MARTE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) ABJA MIDHA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10)								-	_	
(11)										
(12)										
(13)										
(14)										

Form **990** (2021)

Form 990 (2021) Page

Part VII Section A. Officers, Directors, Tru	ıstees. Ke	v Em	olar	vee	es. a	and F	lial	hest Compensat	ed Employ	rees (c	ontinued)	Page 6
(A) Name and title	(B) Average hours per week (list any hours for	(do n box, office	Pos neck ss pe d a d	c) ition more	than o	ne an ee)	from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe	ted t of r	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from t organiza and rela organiza	ation ated
1b Sub-total c Total from continuation sheets to Part VII, So							>	225,623. NONE		NONE NONE	53	3,993. NONE
d Total (add lines 1b and 1c)							<u> </u>	225,623.	A 400000	NONE	53	3,993.
2 Total number of individuals (including but not lead reportable compensation from the organization		nose i	ıste	a ar	oove	e) wnd 2	re	ceived more than	\$100,000 (ΟĪ		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	s No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	If	"Yes					4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	X
Section B. Independent Contractors												
 Complete this table for your five highest com compensation from the organization. Report c year. 												
(A) Name and business add	ress							(B) Description of se	ervices	С	(C) ompensatio	on

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright NONE

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)	(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					
۵ ق	c	Fundraising events 1c					
ifts I A	d	Related organizations 1d					
שַׁיִּפ	е	Government grants (contributions) 1e	524.				
Sin	f	All other contributions, gifts, grants,					
e ţi		and similar amounts not included above . 1f	699,665.				
들	g	Noncash contributions included in					
g g		lines 1a-1f 1g	\$				
ラ 雨	h	Total. Add lines 1a-1f	▶	700,189.			
			Business Code				
<u>ič</u>	2a	PROFESSIONAL TRAINING	900099	57,059.	57,059.		
Program Service Revenue	b						
e e	С						
gra Re	d						
õ	е						
а.	f	All other program service revenue		57.050			
	g	Total. Add lines 2a-2f		57,059.			
	3	Investment income (including dividends		NONE			
	4	other similar amounts) Income from investment of tax-exempt bon	. [NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NOT	IE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Re	С	Gain or (loss)					
e	d	Net gain or (loss)	<u></u> ▶	NONE			
Other	8a	Gross income from fundraising					
•		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18 8a					
		Less: direct expenses		NONE			
	C	` '	3	1,01,2			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.	▶	NONE			
S			Business Code				
Miscellaneous Revenue	11a						
llar ⁄en	b						
Re.	С						
Ξ	d	All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		NONE 757 249	E7 0F0	NONE	
	14	i otal levellue. See Ilistructions		757,248.	57,059.	NONE	

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).

360	Check if Schedule O contains a response or note to any line in this Part IX					
D-			(B)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21	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	323,091.	224,070.	79,226.	19,795.	
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	164,868.	115,531.	39,475.	9,862.	
8	Pension plan accruals and contributions (include	NONE			_	
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits	43,181.	28,393.	11,832.	2,956.	
10	Payroll taxes	32,521.	21,384.	8,911.	2,226.	
11	Fees for services (nonemployees):					
	Management	NONE				
	Legal	NONE				
	Accounting	48,056.		48,056.		
	Lobbying	NONE				
	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.)	154,100.	73,644.	60,757.	19,699.	
12	Advertising and promotion	NONE				
13	Office expenses	18,773.	6,255.	8,584.	3,934.	
14	Information technology	NONE				
15	Royalties	NONE				
16	Occupancy	12,043.	7,712.	3,465.	866.	
17	Travel	3,270.	2,581.	689.		
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	4,270.	3,183.	1,087.		
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	5,388.	1,353.	35.	4,000.	
b	DEVELOPMENT	2,000.		2,000.		
С	DUES AND SUBSCRIPTIONS	10,519.	5,259.	5,260.		
d						
е	All other expenses					
_	Total functional expenses. Add lines 1 through 24e	822,080.	489,365.	269,377.	63,338.	
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)				Form QQ0 (2021)	

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	690,855.	1	942,304.
	2	Savings and temporary cash investments	2,516.	2	2,517.
	3	Pledges and grants receivable, net	300,000.	3	NONE
	4	Accounts receivable, net	64,448.	4	44,058.
	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
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	4,713.	9	4,489.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	NONE	10c	
	11	Investments - publicly traded securities	NONE	11	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)	1,062,532.	16	993,368.
	17	Accounts payable and accrued expenses	63,855.	17	59,523.
	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		NONE
s	22	Loans and other payables to any current or former officer, director,	1,01,2		1,01,1
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NOIVE		140141
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	63,855.	26	59,523.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	037033.		33,323.
a	27	Net assets without donor restrictions	607,096.	27	811,174.
Ba	28	Net assets with donor restrictions.	391,581.	28	122,671.
pq	20	Organizations that do not follow FASB ASC 958, check here ▶	391,301.	20	122,071.
r E		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	998,677.	32	933,845.
_z	33	Total liabilities and net assets/fund balances	1,062,532.	33	993,368.
					Form 990 (2021)

Form **990** (2021)

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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> 248</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	22,	<u>080</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>832</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	98,	<u>677</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	33,	<u>845</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	ĸplain	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					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		- 1			
	Schedule O.		-			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
Ja	Single Audit Act and OMB Circular A-133?		.116	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?	lergo i	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

Employer identification number

LINEAGE PROJECT, 47-1113535 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	788,472.	1,312,623.	585,492.	147,690.	699,665.	3,533,942.
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	788,472.	1,312,623.	585,492.	147,690.	699,665.	3,533,942.
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						1,660,000
6	shown on line 11, column (f)						1,669,889.
6	tion B. Total Support						1,864,053.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	788,472.	1,312,623.	585,492.	147,690.	699,665.	3,533,942.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	1701170101	30371321	111,000	6337,663	4.
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						3,533,946.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	343,901.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	52.75 %
15	Public support percentage from 2020					15	56.40 %
16a	331/3% support test - 2021. If the org	janization did n	ot check the box	con line 13, and	d line 14 is 33	1/3 % or more, ch	
	box and stop here. The organization qu	•		-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			-	-	-	
_	organization						
b	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organiz					-	•
	in Part VI how the organization meets			_	-		
	organization						
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2021 Page **3**

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(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) 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, and 12)						
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 stop here .	-					
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						// 0
	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		•	•			. —

Schedule A (Form 990) 2021 Page 4

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021 Page **5**

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		
b	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,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	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 Part VI the role the organization's supported organizations played in this regard.	3		
Section	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).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 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 trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Organization	S	
Check here if the organization satisfied the Integral Part Test as a quainstructions. All other Type III non-functionally integrated supporting of the control of the			
Section A - Adjusted Net Income	y gamzatione i	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amoun see instructions).	nt, 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-func	tionally integra	ated Type III supporting	g organization
(and instructions)		•••	

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **7**

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 exe	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	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
				8		
9	9 Distributable amount for 2021 from Section C, line 6 9			9		
10 Line 8 amount divided by line 9 amount						
			(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			
а	From 2016			
b	From 2017			
С	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:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

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.

Employer identification number Name of the organization LINEAGE PROJECT, INC 47-1113535 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 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. 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

LINEAGE PROJECT, INC.

Employer identification number 47-1113535

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4_	N/A	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$18,900.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	N/A	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	LINEAGE PROJECT, INC.		47-1113535
Part II	Noncash Property (see instructions). Use duplicate copies of I	Part II if additional space is	needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	_

(d) Date received

(c) FMV (or estimate)

(See instructions.)

\$_

(a) No. from

Part I

(b) Description of noncash property given

Schedule B (Form 990) (2021) Page **4**

Name of o	rganization			Employer identification number
	LINEAGE PROJECT, INC.			47-1113535
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any or ons completing Part I e year. (Enter this info	ne contributor. Coll, enter the total ormation once. Se	omplete columns (a) through (e) and f exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
<u> Parti</u>				
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	nip of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I		(c) 030 of gift		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Re		_	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	_	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer and ZIP + 4	_	nip of transferor to transferee

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

1 Total number at end of year	3535
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and 1 Total number at end of year	
1 Total number at end of year	
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	nd other accounts
, , ,	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	d
funds are the organization's property, subject to the organization's exclusive legal control?	. L Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	d
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	e
conferring impermissible private benefit?	Yes No
Part II Conservation Easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically in	mportant land area
Protection of natural habitat Preservation of a certified hist	oric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
easement on the last day of the tax year. Held at th	e End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
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 terminated by the organization	ganization during the
tax year >	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	. L Yes L No
in Part Air, describe now the organization reports conservation easements in its revenue and expense statements	ent and
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements tha	it describes the
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	3.
Complete in the organization answered the officer of the officer.	
	furtherance of public
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in f	
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in a service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba 	lance sheet works of
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in a service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral 	lance sheet works of nce of public service,
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in a service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and be art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral provide the following amounts relating to these items: 	nce of public service,
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in factorical service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. 	nce of public service, \$
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in a service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba art, historical treasures, or other similar assets held for public exhibition, education, or research in further provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 	nce of public service, \$ \$
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in a service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for finance. 	nce of public service, \$ \$
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and of art, historical treasures, or other similar assets held for public exhibition, education, or research in a service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba art, historical treasures, or other similar assets held for public exhibition, education, or research in further provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 	ss ain, provide the

Pa	rt Organizations Maintain	ing Collections	of Art, Histo	rical Tre	asures	s, or	Other	Similar As	sets (d	continue	d)	
3	Using the organization's acquisition	on, accession, and	d other recor	ds, check	any o	f the	follow	ring that ma	ake sigr	nificant us	se of	its
	collection items (check all that app	oly):		_								
а	Public exhibition		d	Loan o								
b	Scholarly research		e	Other								
С	Preservation for future gene	erations										
4	Provide a description of the orga	nization's collectio	ns and expla	ain how tl	hey fur	ther	the org	ganization's	exemp	t purpose	in F	art
	XIII.											
5	During the year, did the organization								_	_		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		Yes" on For	m 990, P	art IV,	line	9, or r	eported an	amour	nt on For	m	
1a	Is the organization an agent, trus			-					s not _			
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement	in Part XIII and co	mplete the fol	lowing tab	le:							
									Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
	Did the organization include an an								-	Yes		No
	If "Yes," explain the arrangement	in Part XIII. Check	here if the ex	xplanation	has be	en pr	ovided	on Part XIII				
Pa	rt V Endowment Funds.	-4:	Vaa" aa F aa	000 D		م مادا	40					
	Complete if the organization				(c) Tw			(-I) There		(-) F		1-
		(a) Current year	(b) Prio	r year	(C) TW	o years	S Dack	(d) Three year	irs back	(e) Four y	ears ba	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage Board designated or quasi-endowr			e (line 1g,	column	(a))	held as	:				
a b	Permanent endowment >		/0									
	Term endowment ▶	/0 										
·	The percentages on lines 2a, 2b,	- ' -	al 100%									
3a	Are there endowment funds not in	· ·		tion that a	are hel	d and	d admir	nistered for th	ne			
• •	organization by:	110 poocoooion oi	ino organiza	tion that t	210 1101	a a	a aannii		.0	Υ	es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relat									3b		
4	Describe in Part XIII the intended	_	•								· ·	
Pa	rt VI Land, Buildings, and Eq Complete if the organiz	uipment.				line	112 9	See Form (000 Pa	art X line	10	
	Description of property		t or other basis	(b) Cost o				cumulated		l) Book valu		
	Land	,	vestment)	(ot	her)		depr	eciation				
_	Land											
b	Buildings					+						
C	Leasehold improvements					+						
d	Equipment					+						
e Tota	Other I. Add lines 1a through 1e. (Columi		orm 000 Port	Y column	/B) !iv	10.	<u> </u>					
iota	i. Add iiiles Ta tiliough Te. (Columi	ı (u) must equal F0	лии ээс, Рап	A, COIUINN	ı (ロ), III	100	<i>u.)</i>					

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.
	(a) 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.)		
P alt 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
(1) Fede	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

(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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
– a	Net unrealized gains (losses) on investments	
a b	Donated services and use of facilities	
	Benated solviess and dee of identities [1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
C	The content of prior your grants;	
d		2e
e	Add lines 2a through 2d	3
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b4a	
a b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T
1	Total expenses and losses per audited financial statements	1
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
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
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	Part V, line 4; Part X, line nation.
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 30, 2022 AND 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.

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 FOSTERS EMBODIED AWARENESS + COLLECTIVE CARE, AND BREAKS DOWN

RACE/CLASS BARRIERS TO MINDFULNESS EDUCATION. OUR VISION IS FOR YOUNG

PEOPLE-ESPECIALLY BLACK AND BROWN YOUNG PEOPLE INSIDE OF/IMPACTED BY

SYSTEMS-TO: 1) HAVE ACCESS TO SIMPLE, PORTABLE MINDFULNESS TOOLS THAT

SUPPORT INNER AND COLLECTIVE WELLBEING; AND 2) EXPERIENCE AND FEEL A DEEP

SENSE OF BELONGING, SUPPORT AND CARE, PARTICULARLY FROM ADULTS AROUND

THEM.

WE WORK TOWARDS THIS VISION BY TEACHING TRAUMA-SENSITIVE MINDFULNESS TO YOUNG PEOPLE (12 - 24 Y.O.) AND ADULT STAFF INSIDE NYC'S COURT, FOSTER CARE, EDUCATION, SHELTER, IMMIGRATION + SUSPENSION SYSTEMS.

BY SHARING STRATEGIES-ROOTED IN COMMUNITY-THAT NOURISH THE CAPACITY FOR WELLBEING, INNER POWER, JOY, REFLECTION, HONESTY + INTERCONNECTION, WE SUPPORT YOUNG PEOPLE + STAFF TO COPE WITH AND NAVIGATE DAILY CHALLENGES AND TRAUMA. OUR WORK CULTIVATES COMMUNITY/INDIVIDUAL WELL-BEING AND RESILIENCE; SUPPORTS CO-REGULATION; AND MITIGATES SECONDARY TRAUMA + STAFF BURNOUT.

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

PUBLIC TRAININGS (PROFESSIONAL TRAININGS)

IN FY22, LINEAGE OFFERED MINDFULNESS-BASED PROFESSIONAL DEVELOPMENT (PD)

TRAININGS FOR STAFF WHO WORK WITH YOUNG PEOPLE INSIDE/IMPACTED BY SYSTEMS

IN NYC-SUPPORTING THEM IN WORKING MORE EFFECTIVELY AND EMPATHETICALLY

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

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Employer identification number 47-1113535

LINEAGE PROJECT, INC

WITH YOUNG PEOPLE AND REDUCING SECONDARY TRAUMA AND STAFF BURNOUT.

PARTICIPANTS LEARNED TO: 1) MAKE MORE SKILLFUL, EMPATHIC, AND INTENTIONAL DECISIONS ABOUT HOW THEY CONDUCT THEIR HIGH-STAKES RELATIONAL 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 HELP MITIGATE THE STRESS, VICARIOUS TRAUMA, AND IMMENSE EMOTIONAL TOLL OF WORKING WITH YOUNG PEOPLE INSIDE/IMPACTED BY SYSTEMS. PARTICIPANTS WHO COMPLETED THESE TRAININGS CONSISTENTLY REPORTED LEARNING VALUABLE COPING SKILLS FOR MANAGING STRESS AND EXPERIENCING AN INCREASED SENSE OF CONNECTION TO THEIR PEERS-WHICH, IN TURN, SUPPORTED THEIR WORK.

IN FY22, WE OFFERED THESE PD TRAININGS TO A WIDE AND DIVERSE RANGE OF ORGANIZATIONS AND STAFF MEMBERS WORKING WITH YOUNG PEOPLE INSIDE/IMPACTED BY SYSTEMS. THE DEMAND FOR THESE TRAININGS HAS DRASTICALLY INCREASED AS A RESULT OF THE ONGOING SPIKE IN WORKLOAD, STAFF BURNOUT, AND SECONDARY TRAUMA CAUSED BY THE PANDEMIC AND ITS ONGOING RIPPLE EFFECTS. PRIOR TO THE PANDEMIC, NYC NONPROFIT/COMMUNITY-BASED ORGANIZATIONS WERE ALREADY BEING ASKED TO MEET COMPLEX, URGENT, AND EMERGENT NEEDS WITH TOO FEW RESOURCES-AT A COST OFTEN BORN BY FRONTLINE WORKERS. SINCE EARLY 2020, THE INDIVIDUAL, COLLECTIVE, AND CUMULATIVE TOLL ON NONPROFIT/COMMUNITY-BASED ORGANIZATIONS AND THEIR STAFF HAS BEEN EXPONENTIAL. THE PD TRAINING WE OFFER IS NO SILVER BULLET, AND BIG/DEEP STRUCTURAL TRANSFORMATION IS NEEDED. WE HAVE, HOWEVER, BEEN ABLE 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.

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2021

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Employer identification number

LINEAGE PROJECT, INC.

47-1113535

SUPPORT INDIVIDUAL STAFF AND ORGANIZATIONS IN MEANINGFUL WAYS DURING A PARTICULARLY CHALLENGING TIME-IN TURN, SUPPORTING THE PEOPLE AND COMMUNITIES THAT THEY WORK WITH.

SELECT HIGHLIGHTS FROM LINEAGE'S PD TRAININGS INCLUDE: STAFF MEMBERS
WORKING CHILDREN AND FAMILIES IN SHELTERS AT HOMES FOR THE HOMELESS;
ADVISORS, FACULTY, AND ADMINISTRATORS WORKING WITH STUDENTS IMPACTED BY
THE FOSTER CARE SYSTEM AT CITY UNIVERSITY OF NEW YORK; LAWYERS AND SOCIAL
WORKERS WORKING WITH YOUNG PEOPLE INSIDE THE CRIMINAL LEGAL AND
IMMIGRATION SYSTEMS AT THE ORGANIZATIONS YOUTH REPRESENT AND KIDS IN NEED
OF DEFENSE; AND A BLENDED GROUP OF YOUNG PEOPLE AND ADULT CAREGIVERS WHO
DO ADVOCACY WORK AT JUSTICE FOR FAMILIES ("A NATIONAL NETWORK OF FAMILY
LEADERS IMPACTED BY THE JUSTICE SYSTEM WORKING TO END MASS
CRIMINALIZATION, PARTICULARLY THAT OF YOUTH AND COMMUNITIES OF BLACK,
INDIGENOUS AND PEOPLE OF COLOR (BIPOC)"); AND A WIDE RANGE OF
PROFESSIONALS WORKING WITH YOUNG PEOPLE AT DOZENS OF AFTER SCHOOL
PROGRAMS ACROSS NYC WITH PARTNERSHIP FOR AFTERSCHOOL EDUCATION (PASE).

WE ALSO OFFERED A VARIETY OF LIVE, VIRTUAL TRAININGS FOR THE GENERAL PUBLIC IN FY22. DURING THE PANDEMIC'S EARLY STAGES, WE BEGAN OFFERING VIRTUAL PROFESSIONAL DEVELOPMENT PROGRAMMING. WE LEARNED THAT THERE IS A NATIONWIDE DEMAND FOR THESE SPECIALIZED TRAININGS. IN RESPONSE, WE CONTINUED EXPANDING OUR VIRTUAL TRAINING MENU.

IN FY22, LINEAGE OFFERED A NEW WEEKEND-LONG INTENSIVE VERSION OF

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.

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2021

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Name of the organization

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Employer identification number 47-1113535

LINEAGE PROJECT, INC

"FOUNDATIONS OF TRAUMA-CONSCIOUS CARE." THIS TRAINING IS A "DEEP DIVE"

INTO TRAUMA-INFORMED PRACTICES FOR ADULTS WORKING WITH YOUNG PEOPLE

FACING STRESS, ADVERSITY AND TRAUMA. ONE TRAINING PARTICIPANT SHARED:

"[T]RULY MOVING AND TRANSFORMATIVE EXPERIENCE. THE STRUCTURE AND SESSIONS
FACILITATED BY [THE LINEAGE TRAINER] WERE EXPERTLY TAUGHT AND HANDLED
WITH GREAT SPACIOUSNESS, CAREFUL LISTENING AND ATTENTION."

FORM 990, PART VI, LINE 11B

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

THE EXTERNAL ACCOUNTING FIRM HANDLING THAT YEARS' INDEPENDENT REVIEW OR

AUDIT TO: THE BOARD OF DIRECTOR'S FINANCE AND AUDIT COMMITTEE (FAC),

INCLUDING THE BOARD TREASURER; THE CO-EXECUTIVE DIRECTORS; AND THE

DIRECTOR OF FINANCE AND ADMINISTRATION-EACH OF WHOM HAVE TIME TO

COMPREHENSIVELY REVIEW THE FORM 990 AND ASK QUESTIONS OF THE FIRM. AS A

STANDING PRACTICE, THE FORM 990 IS ALSO CIRCULATED TO THE ENTIRE BOARD OF

DIRECTORS FOR A MORE GENERALIZED REVIEW.

FORM 990 PART VI, SECTION 8, LINE 12C

YES, LINEAGE PROJECT HAS A WRITTEN CONFLICT OF INTEREST POLICY, AND THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED COMPLIANCE WITH THE POLICY DURING THE TAX YEAR.

ALL MEMBERS OF THE BOARD OF DIRECTORS 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 BOARD SERVICE.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

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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.

s instructions is at www.irs.gov/form990. Inspection

Employer identification number

47-1113535

LINEAGE PROJECT, INC.

LINEAGE'S BOARD CHAIR, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS,

AND OUR CO-EXECUTIVE DIRECTORS 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

DURING THE TAX YEAR, LINEAGE PROJECT'S FY2019, FY2020, AND FY2021

AUDITED/REVIEWED FINANCIAL STATEMENTS AND FORM 990S WERE MADE AVAILABLE

TO THE PUBLIC FOR REVIEW/DOWNLOAD VIA THE ORGANIZATION'S WEBSITE

(LINEAGEPROJECT.ORG). ADDITIONALLY, OTHER GOVERNING DOCUMENTS AND THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY WERE MADE AVAILABLE TO THE

PUBLIC BY REQUEST.

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

YES, THE PROCESS FOR ASSESSING AND DETERMINING COMPENSATION FOR THE

CO-EXECUTIVE DIRECTORS INCLUDED INDEPENDENT REVIEW AND APPROVAL BY THE

BOARD OF DIRECTORS, WHOSE DELIBERATION AND DECISION WAS CONTEMPORANEOUSLY

SUBSTANTIATED.

FORM 990, PART III, LINE 4B, PROGRAM DESCRIPTION

SCHOOL SITES (EDUCATION)

IN FY22, LINEAGE CONTINUED OFFERING MINDFULNESS-BASED PROGRAMMING FOR
TEENS INSIDE NYC'S PUBLIC SCHOOL SYSTEM. IN OUR SCHOOL-BASED CLASSES, WE
PROVIDE YOUNG PEOPLE WITH CONSISTENT, ONGOING ACCESS TO MINDFULNESS
PRACTICES, TOOLS, AND SPACES THAT SUPPORT NERVOUS SYSTEM REGULATION,
SELF-AWARENESS, SKILLFUL DECISION-MAKING, AND THAT DEEPEN INNER AND

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. Inspection is at www.irs.gov/form990.

47-1113535

LINEAGE PROJECT, INC

COLLECTIVE RESILIENCE. THESE OFFERINGS ARE ALSO DESIGNED TO ENHANCE
STUDENTS' SOCIAL-EMOTIONAL SKILLS AND COMPLIMENT/SUPPORT OTHER ASPECTS OF
THEIR LEARNING.

WE TAUGHT A 4-DAY PER WEEK MINDFULNESS PROGRAM FOR TEENS AT LEADERS HIGH SCHOOL (AN OUTWARD BOUND SCHOOL). STUDENTS LEARNED SIMPLE AND CONCRETE STRATEGIES TO NOURISH THEIR CAPACITY FOR WELLBEING, INNER POWER, JOY, REFLECTION, AND INTERCONNECTION. THEY PRACTICED MINDFULNESS INDIVIDUALLY AND COLLECTIVELY, INCLUDING SHARING THEIR INSIGHTS AND FAVORITE TOOLS WITH ONE ANOTHER OVER TIME, AND SERVING AS PEER TEACHERS TO ONE ANOTHER.

AT LINEAGE'S HEART IS THE ASPIRATION THAT OUR STUDENTS CAN AND WILL MAKE MINDFULNESS PRACTICES THEIR OWN. WE WANT YOUNG PEOPLE TO EVOLVE MINDFULNESS PRACTICES IN ANY WAYS THEY WANT TO, SO THAT WHAT THEY LEARN CAN BE OF GREATER VALUE AND SUPPORT TO THEM AND THEIR COMMUNITIES, AND SO THAT THEY CAN BE AT THE CREATIVE FOREFRONT OF THE ONGOING EVOLUTION OF WHAT MINDFULNESS PRACTICES LOOK AND FEEL LIKE IN ANY GIVEN TIME AND PLACE. WORKING WITH YOUNG PEOPLE INSIDE OF THEIR SCHOOLS AND IN A CONSISTENT WAY OVER TIME, ALLOWS US AND THEM TO EXPERIMENT AND PLAY WITH INTEGRATING MINDFULNESS TOOLS/STRATEGIES THROUGHOUT THEIR DAY-TO-DAY

ONE HIGH SCHOOL PRINCIPAL SHARED THE FOLLOWING ABOUT LINEAGE'S SCHOOL-BASED PROGRAMMING:

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

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

Name of the organization

LINEAGE PROJECT, INC.

Employer identification number

47-1113535

"THE STUDENTS IN MY SCHOOL LOVE LINEAGE'S MINDFULNESS CLASSES. THE
LINEAGE TEACHER SETS A GREAT TONE WITH THE STUDENTS, SO THEY ARE EAGER TO
PARTICIPATE. IT HELPS BRING EVERYONE TO A GOOD, CALM SPACE. THE STUDENTS
LEAVE LINEAGE'S CLASSES WITH A RENEWED SPIRIT. I CAN SEE THE CALMING
EFFECT IT HAS ON THEM, AND HOW ENGROSSED THEY ARE WITH LINEAGE'S
MINDFULNESS ACTIVITIES. THE STUDENTS ENJOY IT IMMENSELY AND TELL ME HOW
MUCH THEY LOOK FORWARD TO THE NEXT LINEAGE CLASS."

FORM 990, PART III, LINE 4C, PROGRAM DESCRIPTION

OTHER SITES (COMMUNITY)

IN FY22, LINEAGE TAUGHT YOUNG PEOPLE AT A RANGE OF COMMUNITY-BASED

ORGANIZATIONS IN NYC THAT WORK WITH YOUNG PEOPLE INSIDE/IMPACTED BY

SYSTEMS AND THEIR CAREGIVERS. OUR COMMUNITY-BASED PROGRAMS PROVIDE

PARTICIPANTS WITH OPPORTUNITIES TO LEARN SHORT, SIMPLE MINDFULNESS

PRACTICES TO SUPPORT THEIR WELLBEING IN ONGOING WAYS; FOSTER EMBODIED

AWARENESS; AND SUPPORT COLLECTIVE CARE. FURTHER, THESE PROGRAMS EXPOSE

YOUNG PEOPLE TO BASIC PRINCIPLES OF NEUROSCIENCE TO HELP THEM GAIN A

DEEPER UNDERSTANDING OF THEIR OWN BRAINS, BODIES, AND NERVOUS SYSTEMS,

AND HOW MINDFULNESS/EMBODIED PRACTICES CAN SUPPORT THEM. A UNIQUE BENEFIT

OF THESE PROGRAMS IS THAT THEY ARE GENERALLY HELD IN PARTNERSHIP WITH

OTHER COMMUNITY-BASED ORGANIZATIONS THAT HAVE PRE-EXISTING RELATIONSHIPS

WITH YOUNG PEOPLE. THROUGH THESE PARTNERSHIPS, LINEAGE-ITSELF A

MODESTLY-SIZED COMMUNITY-BASED ORGANIZATION—IS ABLE TO EXPAND ITS REACH

AND IMPACT.

IN FY22, WE ALSO TAUGHT YOUNG PEOPLE IN PARTNERSHIP WITH THE NYC

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

47-1113535

LINEAGE PROJECT, INC

DEPARTMENT OF YOUTH & COMMUNITY DEVELOPMENT (DYCD), A LARGE CITY AGENCY
THAT WORKS WITH YOUNG PEOPLE AND FAMILIES CITYWIDE. AT TWO DYCD

LOCATIONS, WE INTRODUCED TEENS TO SHORT, SIMPLE MINDFULNESS PRACTICES TO

SUPPORT THEIR WELLBEING THAT CAN BE INCORPORATED INTO DAILY LIFE. WE ALSO

CREATED ON-DEMAND "PORTABLE PRACTICE" VIDEOS AND AN ELECTRONIC

MINDFULNESS GUIDE FOR YOUNG PEOPLE TO ACCESS AT ANY TIME THEY WISH TO

KEEP PRACTICING WHAT THEY LEARNED. THESE TOOLS WERE ALSO USED BY ADULT

STAFF FACILITATING CITYWIDE AFTERSCHOOL PROGRAMS. THIS MULTI-FACETED

APPROACH REFLECTS OUR CORE BELIEF-HONED OVER CLOSE TO 25-YEARS OF DOING

THIS WORK-THAT WORKING EFFECTIVELY WITH YOUNG PEOPLE REQUIRES

SUPPORTING/ENGAGING THE ADULTS AROUND THEM.

DURING THE FISCAL YEAR, WE ALSO TAUGHT TEENS AND YOUNG ADULTS

TRANSITIONING OUT OF THE FOSTER CARE SYSTEM IN PARTNERSHIP WITH LAWYERS

FOR CHILDREN-A CHILDREN'S LAW OFFICE THAT PROVIDES ADVOCACY AND SOCIAL

WORK SERVICES TO YOUNG PEOPLE INVOLVED IN THE FOSTER CARE SYSTEM.

ADDITIONALLY, WE CONTINUED PARTNERING WITH TRINITY YOUTH AFTER SCHOOL AT TRINITY COMMONS, OFFERING WEEKLY DROP-IN CLASSES OPEN TO TEENS ACROSS NEW YORK CITY. ONE TEENAGED STUDENT SHARED THE FOLLOWING ABOUT THEIR EXPERIENCE IN OUR PROGRAMMING:

"I LIKE THE WAY EVERYONE IS OPEN TO TALK ABOUT WHAT THEY ARE FEELING, SHARE IDEAS, AND BE NON-JUDGEMENTAL. I LOVE THE LAUGHTER WE HAVE IN CLASS, IT'S VERY RARE TO FIND A PLACE LIKE THAT."

TOTALS

OTHER PROGRAMS - CRIMINAL-LEGAL AND SHEL

Page 2

3,350.

3,350.

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103,737.

103,737.

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Name of the organization			Employer identification	n 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	154,100.	73,644.	60,757.	19,699.
MOMAT C				
TOTALS	154 100	72.644	60.757	10.600
	154,100.	73,644.	60,757.	19,699.

Page 2 Name of the organization Employer identification number LINEAGE PROJECT, INC. 47-1113535 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS ______ ENDING DESCRIPTION BOOK VALUE -----PREPAID EXPENSES 4,489. _____

4,489.

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TOTALS



Lineage Project, Inc. Instructions for Filing Form CHAR500 New York State Annual Filing for Charitable Organizations For the year ended June 30, 2022

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by May 15, 2023 with:

NYS Office of the AG, Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

A check or money order payable to "Department of Law" in the amount of \$125 should be attached to the return. Be sure to include the federal EIN and "2021 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 **2021**Open to Public Inspection

1. General Information

	07 .	01		06 / 30 / 3033		
For Fiscal Year Beginning Check if Applicable:		/ 2021 and En	ding (mm/dd/yyyy)	06 / 30 / 2022		
Address Change	Name of Organization: LINEAGE PROJECT,	TNC		Employer Identification Number (EIN): 47–1113535		
Name Change	Mailing Address:	TIVC:		NY Registration Number:		
Initial Filing	228 PARK AVE S,	PMB98592		44-60-52		
Final Filing	City / State / Zip:			Telephone:		
Amended Filing	NEW YORK, NY 100	003		(347) 395-2710		
Reg ID Pending	Website:			Email:		
	WWW.LINEAGEPROJE	CT.ORG				
Check your organization's registration category:	7A only EPTI	L only X DUAL (7A & E		onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com .		
2. Certification	2 Cartification					
	on requirements. Imprope	r certification is a violation	of law that may be subjec	t to penalties. The certification requires two		
		viewed this report, including in accordance with the laws		e best of our knowledge and belief, applicable to this report.		
President or Authorized Offic	er: Signature		Print Name and Tit	le Date		
Chief Financial Officer or Trea			Drint Name and Tit	Data Data		
	Signature		Print Name and Tit	le Date		
3. Annual Reportin	g Exemption					
categories (DUAL filers) that	apply to your registration, or you cannot claim an exemp	complete only parts 1, 2, ar	d 3, and submit the certifi	egory (7A or EPTL only filers) or both ed Char500. No fee, schedules, or additional on, you must file applicable schedules and		
		_		nent agencies, etc. did not exceed \$25,000 solicit contributions during the fiscal year.		
3b. EPTL filling exem fiscal year.	3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments						
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing for:	EDTI filing foo:	Total fac:			
next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: 25.	EPTL filing fee:	Total fee: 125.	Make a single check or money order payable to: "Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Chec	k the schedules you must submit with your CHAR500 as described in Part 4:	
	If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (P	FR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
	If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Chec	k the financial attachments you must submit with your CHAR500:	
X	IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X	All additional IRS Form 990 Schedules, including Schedule B (Schedule of Corand will not be available for public review.	ntributors). Schedule B of public charities is exempt from disclosure
	Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you	are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
	Review Report if you received total revenue and support greater than \$250,000	0 and up to \$1,000,000
X	Audit Report if you received total revenue and support greater than \$1,000,000 lf the fiscal year begins before that date, an Audit Report is required if total rev	
	No Review Report or Audit Report is required because total revenue and support	t is less than \$250,000
	We are a DUAL filer and checked box 3a, no Review Report or Audit Report is re	quired
Cal	culate Your Fee	
For 7	A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
	\$0, if you checked the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
X	\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For E	PTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts
	\$0, if you checked the EPTL exemption in Part 3b	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
	\$25, if the NET WORTH is less than \$50,000	- · ·
	\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau
X	\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These
	\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	organizations are not required to file annual financial reports but may do so voluntarily.
	\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
	\$1500, if the NET WORTH is \$50,000,000 or more	

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

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Where do I find my organization's NET WORTH?

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I line 21

Total Liabilities (Part II, line 23(b)).

CHAR500

2021

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Inform	ation		
Name of Organization: LINEAGE PROJECT,	INC.		NY Registration Number: 44-60-52
2. Professional Fund Ra	aiser, Fund Raising Coun	sel, Commercial Co-V	/enturer Information
Fund Raising Professional type:	Name of FRP:		NY Registration Number:
Professional Fund Raiser	Mailing Address:		Telephone:
Fund Raising Counsel	City / State / Zip:		
Commercial Co-Venturer			
3. Contract Informatio	n		
Contract Start Date:	Contract End Date:		
4. Description of Servi	ces		
Services provided by FRP:			
5. Description of Comp	pensation		
Compensation arrangement with Fi			Amount Paid to FRP:
6. Commercial Co-Ven	turer (CCV) Report		
	were provided by a CCV, did the CCV ps(a) part 3 of the Executive Law Article 7		n with the interim or closing report(s) required by

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2022) Page 1



Taxpayer ID:

Taxpayer name:

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State return for **free**.

90% of New Yorkers enjoy the benefits of e-filing.

If you are a corporation:

Because you prepared this New York State tax return using software, you **must** file it electronically.

If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, *Corporation Tax Return Summary*, **must** be included with the paper return to ensure the return is considered processible.

Questions?

Visit our website for more information about New York's e-file mandate.

TR-573-CT (9/16) 1062 1D35JL 1.000 **WWW.fax.ny.gov**