Form	99	9	0
Departn	nent of t	he T	reasury

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

g 12 Open to Public

6

OMB No. 1545-0047

		e 2019 cale	ndar year, or ta	ax vear begi		990 anu na		$\frac{1}{2}$, and er		v/i0iiii:	990.		, 20	ispecti D	on		
	•••••		e of organization	ax your bogi			, 2010	, and or	g	DE	mployer id	dentifi	cation num				
B c	heck if ap		O PHILANTHI	ROPY. INC	_												
	Addre	ess Doint	g Business As		•					1	3-319	111:	3				
	chang		ber and street (or F	P.O. box if mail is	not delivered to	street addre	ess)	Room/su	ite	E Telephone number							
	-	Change	WEST 36TH				/				L2) 37						
	Termi	City	or town, state or pr	,			le			(22	,						
	Amen	, alou	W YORK, NY			gii pootai oot				GG	iross recei	nte \$	116	055	,118.		
	returr Applic		e and address of p		MICHEI	LE LORD)				Is this a gr			Yes			
	pendi	ng	WEST 36TH					IY 100	18		subordinate Are all subor	is?		Yes			
-	Tax ax	empt status:				· ·	· ·						t. (see instruc	1			
		1	X 501(c)(3) NEOPHILANT	501(c) (, , ,	ert no.)	4947(a)(1)	or	527	-				,110115)			
		-				Others			((of legal do		NY		
		-	X Corporation	Trust	Association	Other		LY	ear of form	ation: 1	.903 M	State	of legal do	micile:	INI		
P	art I	Summary					CEE C	CHEDIT	E O								
		Briefly descri	be the organizati	ion's mission c	or most signific	cant activitie	es: 566 5	CHEDUI									
nce																	
rna																	
Governance	2		ox ► if the	-		•	•					1 1			10		
		Number of vo	oting members of	f the governing	body (Part VI	l, line 1a)						3			10.		
Activities &			dependent voting									4					
viti			r of individuals er			19 (Part V,	line 2a)					5			243.		
cti			r of volunteers (es									6			10.		
◄			ed business rever									7a			0		
	b	Net unrelated	d business taxabl	le income from	Form 990-T, I	line 34 🔒			<u></u> .			7b			0		
											or Year	0.5		rent Ye			
e	8	Contributions	and grants (Part	VIII, line 1h)			COP	Y FOR			558,3		105	-	,348		
/ent	9	Program serv	vice revenue (Part	VIII, line 2g)			PUBLIC	NSPECTI			492,4				2,005		
Revenue	10	investment i	icome (Fait viii,	column (A), im	es 5, 4, anu 7	a)					300,0			469	9,414		
	11	Other revenu	ie (Part VIII, colu	mn (A), lines 5	, 6d, 8c, 9c, 10	0c, and 11e	e)					0.			0		
	12		e - add lines 8 th								350,8				,767		
			imilar amounts pa							40,	280,2		36	,669	,842		
			to or for membe									0.	10.205.40				
es	15		er compensation							11,	050 , 5		16,365,403				
Expenses	16a	Professional	fundraising fees ((Part IX, columr	n (A), line 11e)						0.	(
ă	b	Total fundrais	sing expenses (Pa	art IX, column (D), line 25) 🕨	•	543,659) .									
	17	Other expense	ses (Part IX, colur	mn (A), lines 11	la-11d, 11f-24	1e)					418,3			•	3 , 879		
	18	Total expense	es. Add lines 13-	17 (must equa	l Part IX, colur	mn (A), line	25)				749,2				, 124		
	19	Revenue less	s expenses. Subt	ract line 18 fror	n line 12 💶						601,6		33	<u>,162</u>	2,643		
Net Assets or Fund Balances									Beg		of Current			l of Yea			
set	20		Part X, line 16)								522,7) , 924		
d B B B B B B B B B B B B B B B B B B B	21	Total liabilitie	es (Part X, line 26))							292,4				,871		
		Net assets or	r fund balances.	Subtract line 2	1 from line 20					48,	230,2	87.	80	,859	, 053		
	art II	Signatur															
Un	der per	nalties of perjury	y, I declare that I h e. Declaration of pr	ave examined th	nis return, inclu	ding accom	panying sched	ules and s	tatements,	and to	the best o	of my	knowledge	and be	elief, it is		
	5, 00110			Low								/12/2					
C i		$ \ge \frac{1}{\sqrt{2}}$	whit a	2000								/ 1 Z / Z	.020				
Sig He			re of officer le Lord, Presiden	.t							Date						
ne	le																
			print name and title)													
Paic	4	Print/Type pre	eparer's name		Preparer's sig	gnature		Date			Check	if	PTIN				
	a parer	AARON S	SHAPIRO								self-emplo		P01333				
	e Only	Firm's name	▶ BKD, LL	P						Firm'	s EIN 🕨		016026				
			5 🕨 1155 AVENU							Phon	e no.	212	.867.4	1000			
May	/ the I	RS discuss th	is return with the	e preparer show	n above? (see	e instructior	ıs)							es	No		
For	Pape	rwork Reduct	tion Act Notice.	see the separa	te instruction	s							For	m 990) (2019)		

-	n 990 (2019) Page 2
Pa	Int III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	NEO PHILANTHROPY, INC. BRINGS TOGETHER AND STRENGTHENS THE WORK OF
	PHILANTHROPIC INSTITUTIONS, NONPROFIT GROUPS, AND OTHER PUBLIC
	INTEREST ORGANIZATIONS WHO SHARE A VISION OF SOCIETY THAT ENSURES
	JUSTICE, DIGNITY, AND OPPORTUNITY FOR ALL PEOPLE.
2	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b 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 \$ 17,929,947. including grants of \$ 14,419,375.) (Revenue \$)
	THE FOUR FREEDOMS FUND IS A NATIONAL DONOR COLLABORATIVE WORKING
	TOWARDS FULL INTEGRATION OF IMMIGRANTS AS ACTIVE PARTICIPANTS IN
	OUR DEMOCRACY BY SUPPORTING A ROBUST LOCAL, STATE AND NATIONAL
	INFRASTRUCTURE OF IMMIGRANTS' RIGHTS ORGANIZATIONS AND LEADERS.
4b	(Code:) (Expenses \$12,179,163. including grants of \$10,535,000.) (Revenue \$)
	THE STATE INFRASTRUCTURE FUND SUPPORTS THE DEVELOPMENT OF
	STATE-BASED NETWORKS OF ORGANIZATIONS THAT COORDINATE THEIR
	PROGRAMMING TO INCREASE CIVIC PARTICIPATION AMONG HISTORICALLY
	UNDERREPRESENTED COMMUNITIES AND TO PROTECT THEIR RIGHT TO VOTE.
4c	(Code:) (Expenses \$ 28,147,196. including grants of \$ 3,034,246.) (Revenue \$)
	THE FISCAL SPONSORSHIP PROGRAM PROVIDES ADMINISTRATIVE AND SUPPORT
	SERVICES TO OTHER NONPROFIT ORGANIZATIONS AND/OR PROJECTS THAT DO
	NOT HAVE 501(C)(3) TAX EXEMPT STATUS. THIS PROGRAM ALSO WORKS WITH
	THESE ORGANIZATIONS, SERVING AS AN INCUBATOR FOR PROJECTS THAT ARE
	CLOSELY ALIGNED WITH THE ORGANIZATION'S MISSION.
4d	Other program services (Describe on Schedule O.) ATTACHMENT 1
	(Expenses \$ 11, 317, 911. including grants of \$ 8, 681, 221.) (Revenue \$ 592, 005.)
4e	Total program service expenses ► 69, 574, 217.
JSA 9E1	J20 2.000 Form 990 (2019
	6221PW V01B 11/10/2020 7:34:41 PM V 19-7.5F 1185283

Form 990 (2019)

Page **3**

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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,"		v	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			x
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		^
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
	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		~
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	A	
D		106		x
10	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	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,	140		
U	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	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
274	\$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive more than \$25,000 in hon-cash contributions in <i>ress, complete Schedule M</i>	29		
30		20		Х
04	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
~~	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 431			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		Form	990	(2010)

Form	990 (2019)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 243			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	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 instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2019) NEO PHILANTHROPY, INC. 13-3191	.113	F	Page 6
Pari				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management		Yes	No
	Enter the number of vetting members of the generating body at the and of the tay year $\begin{bmatrix} 1a \end{bmatrix}$ 10		103	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
-	any other officer, director, trustee, or key employee?	2		21
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		х
_	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
-	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		х
Conti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	-	.)	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	.) Yes	No
		10a		X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	15b	23	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		16a		х
	with a taxable entity during the year?	10a		
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		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2		+i.e	01/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	01(C)
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
				- P
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	r inter	est p	policy,
00	and financial statements available to the public during the tax year.	a F		
20	State the name, address, and telephone number of the person who possesses the organization's books and record NEO PHILANTHROPY, INC. 45 WEST 36TH STREET, 6TH FLOOR NEW YORK, NY 10018 212-378-2800	S 🕨		
JSA		Form	990	(2019)
9E1042	2.000			(_0.0)

Page 7

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) $\begin{array}{c} \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JEFFREY A. LARSON	40.00									
PROGRAM DIRECTOR	0.					X		294,591.	0.	34,108.
(2) MICHELE LORD	39.00									
PRESIDENT	1.00			Х				260,236.	6,864.	37,834.
(3) JULIA M. ANGWIN	40.00									
PROGRAM DIRECTOR	0.					X		298,500.	0.	3,180.
(4) SUSAN P. GARDNER	40.00									
PROGRAM DIRECTOR	0.	1				X		223,821.	0.	18,601.
(5) ERIN BALLARD	39.00									
CHIEF OPERATING OFFICER	1.00			Х				183,255.	6,745.	32,765.
(6) EDWIN REKOSH	40.00									
PROGRAM DIRECTOR	0.					Х		195,742.	0.	25,312.
(7)LISA VERSACI	40.00									
PROGRAM DIRECTOR	0.				Х			190,476.	0.	22,983.
(8) ANITA KHASHU	38.00									
PROGRAM DIRECTOR	2.00				Х			185,329.	10,493.	16,237.
(9) RINI CHAKRABORTY	40.00									
SR. PROGRAM OFFICER	0.					Х		196,898.	0.	6,583.
(10) SU LIM	36.00									
CHIEF FINANCIAL OFFICER	4.00			Х				141,555.	16,440.	21,312.
(11) JOHN GILROY, ESQ.	1.00									
CHAIRPERSON	1.00	Х		Х				0.	0.	0.
(12) BEN WYSKIDA	1.00									
VICE CHAIRPERSON	0.	Х		Х				0.	0.	0.
(13) CHRIS MEYER, ESQ.	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(14) CHRISTINA SCHATZ	1.00									
TREASURER	0.	Х		Х				0.	0.	0.

V 19-7.5F

JSA

6221PW V01B 11/10/2020 7:34:41 PM

Form	990	(2019)	

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not ch unles	Posi neck s pe	c) ition more rson	e than o is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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-MISC)	from the organization and related organizations
L5) CATHY ALBISA BOARD MEMBER	1.00	х						0	0.	
L6) GLENN HARRIS BOARD MEMBER	1.00	Х						0	0.	
L7) KRISTEN RUFF BOARD MEMBER L8) DARREN SANDOW	1.00 0. 1.00	Х						0	0.	
BOARD MEMBER	0.	Х						0	0.	
BOARD MEMBER 20) SEAN THOMAS-BREITFELD	0.	Х						0	0.	
BOARD MEMBER	0.	X						0	0.	
	+									
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	=	· · ·		 	 			2,170,403. 0. 2,170,403.	40,542. 0. 40,542.	218,915 (218,915
2 Total number of individuals (including but not reportable compensation from the organization		hose 34		d at	ove	e) who	o re	ceived more than	\$100,000 of	Yes No
 3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched.</i> 4 For any individual listed on line 1a, is the organization and related organizations groups of the second second	<i>ule J for suc</i> sum of rep	ch ind oortab	<i>ividu</i> ole c	<i>ual</i> :om	pen	satior	n ai	nd other compens	sation from the	3 X
 <i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? If "Yes 	accrue col	mpen	satio	on f	rom	n any	un	related organizati	on or individual	4 X 5 X
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 										
(A) Name and business add ATTACHMENT 3	dress							(B) Description of se	rvices C	(C) compensation
							-			

Г

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ΩĘ	c	Fundraising events					
, A,S	d	Related organizations					
ilai	ů	Government grants (contributions) 1e					
ing,	e 4						
it o	f	All other contributions, gifts, grants, and similar amounts not included above 1	105 000 040				
the			105,920,348.				
Ξõ	g	Noncash contributions included in	• • • • • • • • • •				
			\$ 9,073,351.				
0.0	h	Total. Add lines 1a-1f		105,920,348.			
a)			Business Code				
<u>, iç</u>	2a	CONFERENCE FEES	541900	152,896.	152,896.		
Program Service Revenue	b	CONSULTING FEES	541610	107,023.	107,023.		
en S	с	PROGRAM REVENUE	541900	285,878.	285,878.		
lev Tar	d	OTHER PROGRAMS	900099	46,208.	46,208.		
<u>6</u>	е						
ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f		592,005.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		481,936.			481,936.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
	1 a						
		sales of assets other than inventory 7a 9,060,829.					
Revenue	D	Less: cost or other basis and sales expenses 7b 9,073,351.					
ver							
Re	C	Gain or (loss) 7c -12,522.		40.500			40.500
er	d	Net gain or (loss)	· · · · · · ▶	-12,522.			-12,522.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from fundraising events	•	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory	▶	0.			
s			Business Code				
ő di	110						
nu(11a h						
ella	b						1
Miscellaneous Revenue	c d	All other revenue					+
ž	d	Total. Add lines 11a-11d		0.			
	<u>е</u> 12	Total revenue. See instructions		106,981,767.	592,005.		469,414.
	14		•••••	100, JOL, 101.	J92,003.		409,414.

	ANTHROPY, INC.		13-31	91113 Page
Part IX Statement of Functional Expens		A.I		(4)
Section 501(c)(3) and 501(c)(4) organizations m				
Check if Schedule O contains a res				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	' (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,358,216.	36,358,216.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 		311,626.		
4 Benefits paid to or for members5 Compensation of current officers, directors, trustees, and key employees		257,840.	482,694.	346,508
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B) 7 Other salaries and wages		10,552,032.	1,529,737.	94,402
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		160,997.	37,285.	
9 Other employee benefits		1,491,568.	395,043.	17,960
10 Payroll taxes	999,337.	751,798.	224,215.	23,324
11 Fees for services (nonemployees):				
a Management	0.	150.001	04 015	
b Legal	24 005	158,061.	24,315.	
c Accounting	17 004	10,662.	24,143.	
d Lobbying		17,094.		
e Professional fundraising services. See Part IV, line 17			20.025	
f Investment management fees	20,025.		20,025.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,473,909.	15,235,956.	237,953.	
12 Advertising and promotion	700 017	E02 (02	101 107	10.00
3 Office expenses	101 105	583,603.	191,187.	12,02
4 Information technology		67,191.	49,465.	4,52
15 Royalties		(52,007	007 605	
6 Occupancy	966,677.	653,927.	287,695.	25,05
7 Travel	0.			
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials		2,826,432.	74,430.	19,854
19 Conferences, conventions, and meetings		2,020,432.	/4,430.	19,00
20 Interest				
21 Payments to affiliates			33,834.	
22 Depreciation, depletion, and amortization	76.000	17,997.	58,885.	
 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column 		1,,,,,,,		
(A) amount, list line 24e expenses on Schedule O.)				
aMISCELLANEOUS	72,139.	46,464.	25,675.	
bEDUCATION AND OUTREACH	77,420.	72,753.	4,667.	
c d				
e All other expenses				
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 		69,574,217.	3,701,248.	543 , 659
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0.			

Ο.

JSA

following SOP 98-2 (ASC 958-720)

m 990 (NEO PHILANTHROPY, INC. 2019)		±0 (3191113 Page ⁻
art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this	Part X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	13,528,679.	1	14,320,86
2	Savings and temporary cash investments.		2	37,475,54
3	Pledges and grants receivable, net		3	33,982,69
4	Accounts receivable, net.	0	4	1,615,27
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		5	
6	Loans and other receivables from other disqualified persons (as define			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	588,15
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 492, 52	9.		
b	Less: accumulated depreciation		10c	220,72
11	Investments - publicly traded securities	-	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	•	15	27,66
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	88,230,92
17	Accounts payable and accrued expenses.	-	17	2,150,68
18	Grants payable		18	5,221,18
19	Deferred revenue.	•	19	0,001,00
20		•	20	
20	Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D.	•	20	
22	Loans and other payables to any current or former officer, director	•	21	
22	trustee, key employee, creator or founder, substantial contributor, or 359			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	-	22	
23	Unsecured notes and loans payable to unrelated third parties	•	23	
24	Other liabilities (including federal income tax, payables to related thir		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part 2			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25.	-	25	7,371,87
	Organizations that follow FASB ASC 958, check here X	. 2,252,472.	20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,501,492.	27	3,801,82
28	Net assets with donor restrictions.		27	77,057,23
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ►		20	,,,03,,23
1	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		20	
29 30	Paid-in or capital surplus, or land, building, or equipment fund		29	
21	Retained earnings, endowment, accumulated income, or other funds		30	
31	Total net assets or fund balances		31	80,859,05
32			32	88,230,92
33	Total liabilities and net assets/fund balances	. 50,522,759.	33	Form 990 (2)

13-3191113

 Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash X Accrual Other resplain in Schedule O. 	Form 99	90 (2019)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 106, 981, 76' 2 Total expenses (must equal Part IX, column (A), line 25) 3 33, 162, 64' 3 Revenue less expenses. Subtract line 2 from line 1 3 33, 162, 64' 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 48, 230, 28' 5 Net unrealized gains (losses) on investments 5 2, 86' 6 0 7 7 8 Prior period adjustments 6 7 8 -536, 73' 9 Other changes in net assets or fund balances (explain on Schedule O). 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 80, 859, 05' Part XII Financial Statements and Reporting 10 80, 859, 05' Check if Schedule O contains a response or note to any line in this Part XII. 10 80, 859, 05' 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	Part	XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 73, 819, 124 3 Revenue less expenses. Subtract line 2 from line 1 3 33, 162, 643 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 48, 230, 28' 5 Net unrealized gains (losses) on investments 5 2, 861 6 0 6 7 1 Nestment expenses 7 8 ror period adjustments 7 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 80, 859, 053 9 Check if Schedule O contains a response or note to any line in this Part XII. 10 80, 859, 053 9 Check if Schedule O contains a response or note to any line in this Part XII. 10 80, 859, 053 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a 2a 2a 2a 2a <t< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part XI</th><th></th><th></th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response or note to any line in this Part XI					
a Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
 A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) A Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Mere the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 	2	Total expenses (must equal Part IX, column (A), line 25)	2				
 First assets of run balances and organization of accounting of year (indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Investige of the second of the seco	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities 7 Investment expenses 8 -536,73* 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 11 Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 11 Accounting method used to prepare the Form 990: Cash 11 Accounting method used to prepare the Form 990: Cash 12 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 11 Separate basis Consolidated basis Both consolidated and separate basis 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b 17	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		48,2		
7 Investment expenses 7 8 Prior period adjustments 7 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)) 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 80,859,053 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 80,859,053 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a	5	Net unrealized gains (losses) on investments	5			2,8	
 a Prior period adjustments =	6	Donated services and use of facilities					0.
 9 Other changes in net assets or fund balances (explain on Schedule O). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 80, 859, 053 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	7	Investment expenses	7				0.
 10 Net assets or fund balances (explain of schedule 0)	8	Prior period adjustments	8		-5	36,	
32, column (B)) 10 80,859,053 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Yes 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," explain in Schedule O. Yes N 2a Were the organization's financial statements compiled or reviewed by an independent accountant?. 2a 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	9		9				0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Yes 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," explain in Schedule O. Yes N 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	10						
Check if Schedule O contains a response or note to any line in this Part XII. Yes 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," explain in Schedule O. Yes N 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X		32, column (B))	10		80,8	59,0)53.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Second	Part						
 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?						Yes	No
Schedule O. 2a	1						
2a 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a 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 audited on a separate basis, consolidated basis, or both: 2b			xpiair	i in			
2a Were the organization's financial statements compiled of reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 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 audited on a separate basis, consolidated basis, or both: 2b X	-				0.		Х
 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 audited on a separate basis, consolidated basis, or both: 	2a				2a		
Separate basis Consolidated basis Both consolidated and separate basis 2b X 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 audited on a separate basis, consolidated basis, or both: Image: Consolidated basis			npiled	or			
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 audited on a separate basis, consolidated basis, or both: 2b X							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					26	x	
separate basis, consolidated basis, or both:	b				20	21	
			tea o	na			
General Separate basis General dation and separate basis							
	-		volab	+ of			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	C		-		20	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on							
Schedule O.			vpiai11	011			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	20		th in	tho			
Single Audit Act and OMB Circular A-133?	Ja		ui iii	uie	3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	h		erao	the			
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	5		•		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 6 Г ublid

		evenue Service	•	Go to www.irs.go	//Form990 for instructio	ons and t	he latest in	nformation.	Inspection
Nam	e of ti	he organization						Employer identif	
_		HILANTHROPY						13-31911	
	rt I			•	rganizations must c			7	3.
The	orga		•		is: (For lines 1 throug			,	
1					tion of churches descr				
2					. (Attach Schedule E	-			
3				-	rganization described				
4			•	•	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)(iii). Enter the
_		hospital's nam							
5		-	-		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
~				complete Part II.)					
6	X			•	rnmental unit describe		•		am the constal mublic
7	Δ	-		(1)(A)(vi). (Compl		pport in	oni a yov	verninental unit of it	om the general public
0)(1)(A)(vi). (Complete				
8 9	\square				ed in section 170(b)(1			in conjunction with a	land-grant college
3		-			riculture (see instruct		-		
		university:		grant bollogo or ag		юпо). Е		lame, ory, and state e	i the conege of
10 11		An organization receipts from support from of acquired by the An organization	activities rela gross investm le organizatio on organized a	ted to its exempt f pent income and up n after June 30, 19 and operated exclu	ore than 331/3 % of its unctions - subject to o nrelated business tax 375. See section 509 usively to test for publi	certain e able inco (a)(2). (0 c safety.	exceptions ome (less Complete See sec	s, and (2) no more tha s section 511 tax) from Part III.) t ion 509(a)(4).	an 331/3% of its 1 businesses
12		An organizatio	on organized a	and operated exclu	sively for the benefit	of, to pe	erform the	e functions of, or to	carry out the purposes
									See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а				-	, supervised, or contr	-			
			-		regularly appoint or e		ajority of	the directors or truste	es of the
		- ·· ·	•	-	e Part IV, Sections A				
b		••			ed or controlled in co				
			-		rganization vested in	the sam	e person	s that control or mar	hage the supported
			. ,	•	Sections A and C.	to different			II for the same the state of the
С					ng organization opera				lly integrated with,
ا م			-		s). You must comple porting organization o				tod organization(a)
d			-		nization generally mus	-			
				• •	mplete Part IV, Sect				a an allentiveness
е		-	-		a written determinatio				II. Type III
•			-		ionally integrated sup				, . , p o
f	En								
g	Pro	ovide the follow	ving informatio	on about the suppo	orted organization(s).				
	(i) N	ame of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Paper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 2

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,892,928.	37,899,323.	57,238,552.	82,558,325.	105,421,160.	322,010,288.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	38,892,928.	37,899,323.	57,238,552.	82,558,325.	105,421,160.	322,010,288.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						110,345,498.
6	Public support. Subtract line 5 from line 4						211,664,790.
	tion B. Total Support	(-) 2015	(b) 0010	(-) 0017	(4) 0010	(-) 2010	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 105, 421, 160.	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,892,928.	37,899,323.	57,238,552.	82,558,325.	481,936.	322,010,288.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						323,156,028.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	3,058,979.
13							
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin		-				65.50%
15	Public support percentage from 2018					15	64.32%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here . The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	•			•	•		
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
10	supported organization						
18	Private foundation. If the organization						
	instructions						<u> 🟲 🖂</u>

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	-			_		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1	1	1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	l	tionale finate and a	المحالية الم			
14	First five years. If the Form 990 is the arganization shock this box and stop here	•	-				
500	organization, check this box and stop here tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8		V	mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (li			13. column (f))		17	%
18	Investment income percentage from 2018					18	%
	331/3% support tests - 2019. If the o						
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2018. If the org		-				
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	• I	, ,		
JSA	1 1.000					Schedule A (Form 9	90 or 990-EZ) 2019
-	COOLDER 101D 11/10/0000 5	2 2 4 1 DM	TT 10 7 FD	1	105000		

13-3191113

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations		Vaa	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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	-		
2	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		
Sectio	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			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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		
Sectio	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 government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructope of each of the supported ergenizations? <i>Dravide details in Part VI</i>	0.0		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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-F7	2) 2019
JSA		200 01		., _0.10

Page 6

	janization	3	
1 Check here if the organization satisfied the Integral Part Test as a qualify	•		,
instructions. All other Type III non-functionally integrated supporting orga	anizations n	nust complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 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 1-1/2% of line 3 (for greater amount,	,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .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 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-functionally integrated Type III supporting organization (see instructions).

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity	L.L. L		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

13-3191113

NEO PHILANTHROPY, INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 or 990-EZ), 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, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 99	0-EZ, or	990-PF) (2019)	
Name of organization	NEO	PHILANTHROPY,	INC.

Page 2
Employer identification number
13-3191113

(2)	/⊾\	nstructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution		
1		\$11,630,037.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$9,572,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$8,298,580.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$7,560,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$5,850,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$5,239,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)							
Name of organization	NEO	PHILANTHROPY,	INC.				

Employer identification number 13-3191113

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7		\$4,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
8		\$4,653,134.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
9		\$4,500,556.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$2,929,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **2**

Schedule B	(Form 990, 990-EZ	, or 990-PF) (2019)

Name of organization	NEO	PHILANTHROPY,	INC.
----------------------	-----	---------------	------

Employer identification number 13-3191113

Part II	Noncash Property (see instructions). Use duplicate copies of 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			
1	STOCKS	_				
1		_				
		\$	12/31/2019			
(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			
	·	_				
		\$				

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Page **3**

ie of order	rm 990, 990-EZ, or 990-PF) (2019) nization NEO PHILANTHROPY, INC		Employer identification number
le of organ	IZAION NEO PHILANIAROPI, INC	•	
_			13-3191113
(1 th cc	0) that total more than \$1,000 for	the year from any one c tions completing Part III, er ne year. (Enter this informa	zations described in section 501(c)(7), (8), or contributor. Complete columns (a) through (e) neter the total of <i>exclusively</i> religious, charitable ation once. See instructions.) ► \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
		(e) Transfer of gi	ft
_	Transferee's name, address, a		ft Relationship of transferor to transferee
-	Transferee's name, address, a		
a) No. from Part I	Transferee's name, address, a		
from		nd ZIP + 4	Relationship of transferor to transferee
from		nd ZIP + 4	Relationship of transferor to transferee (d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<i>·</i> · - <i>·</i> · · · ·	

(e) Transfer of gift

	Transferee's name, address, and ZIP	² + 4	Relationship of transferor to transferee
_			
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIF	9 + 4	Relationship of transferor to transferee

_

JSA

	For Or	ganizations Exempt From Income	e Tax Under section	501(c) and section 527	
Department of the Treasury Internal Revenue Service	► Comple	ete if the organization is described be ► Go to <i>www.irs.gov/Form990</i> for		o Form 990 or Form 990-E atest information.	Z. Open to Public Inspection
-		on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activiti	es), then
	0	Complete Parts I-A and B. Do not complete		No. and a second to Doubl D	
		n 501(c)(3)) organizations: Complete F	Parts I-A and C below. L	Jo not complete Part I-B.	
 Section 527 organiz If the organization answ 		on Form 990, Part IV, line 4, or Form	990-E7 Part VI line 4	7 (Lobhving Activities) then	
-		hat have filed Form 5768 (election un			olete Part II-B
	-	hat have NOT filed Form 5768 (election			
()()	0	on Form 990, Part IV, line 5 (Proxy	()	/	
Tax) (see separate instru					
	5), or (6) organ	nizations: Complete Part III.		F uenleven iden	tification number
Name of organization					tification number
NEO PHILANTHROP				13-3191	
		rganization is exempt under		•	
		organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see ins	structions for
definition of "poli		- ,			
		penditures (see instructions)			
		campaign activities (see instruction			
-		rganization is exempt under s			
1 Enter the amoun	t of any exci	se tax incurred by the organizatio	n under section 495	5▶\$	
		se tax incurred by organization m			
-		section 4955 tax, did it file Form	-		
4a Was a correction	made?				YesNo
b If "Yes," describe					
Part I-C Comple	ete if the or	rganization is exempt under	section 501(c), ex	cept section 501(c)(3)	•
		pended by the filing organization			
	•	organization's funds contributed	•		
line 17b		nditures. Add lines 1 and 2. Ent		▶\$	
5 Enter the names organization mad the amount of po	, addresses a de payments olitical contr	Form 1120-POL for this year? and employer identification numb . For each organization listed, en ibutions received that were prom d or a political action committee (f	er (EIN) of all section ter the amount paid ptly and directly de	on 527 political organiza I from the filing organiza livered to a separate pol	ation's funds. Also enter itical organization, such
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)	_				
(2)	-				
(3)					
(4)					
(5)					
(6)					
For Paperwork Reduction	on Act Notice,	, see the Instructions for Form 990 or	990-EZ.	Schedule	C (Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047 <u>କ</u>ଳ**ଏ ଏ**

SCI	edule C (Form 990 or 990-EZ) 2019 INEC 11	IIIANIIIKOFI, INC.	15 5.	IJIIIJ Page Z
Pa	art II-A Complete if the organizat section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group meml	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	bly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	 Total lobbying expenditures to influence Total lobbying expenditures (add lines I Other exempt purpose expenditures Total exempt purpose expenditures (add 	e public opinion (grassroots lobbying) e a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) ne amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		5% of line 1f)		
ł		ess, enter -0-		
i		ess, enter -0		
j		on either line 1h or line 1i, did the organiza		
				Yes No
		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Sche	NEO PHILANTHROPY, INC. dule C (Form 990 or 990-EZ) 2019		13	-319	1113	I	Page 3
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 57	68		
	and War warman and lines to through the balance and in Dart War detailed	(;	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?	Х					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
с	Media advertisements?	Х					757
d	Mailings to members, legislators, or the public?	X					, 289
е	Publications, or published or broadcast statements?	Х					, 245
f	Grants to other organizations for lobbying purposes?	X					,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X					,257
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X					,068
i	Other activities?	X					,150
j	Total. Add lines 1c through 1i					291,	,266
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro						
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ints	of				
2	political expenses for which the section 527(f) tax was paid).	into	01				
а	Current year.			2a			
b	Carryover from last year.			2b			
c	Total.			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
5	and political expenditure next year?			4 5			

Supplemental information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

JSA

Schedule C (Form 990 or 990-EZ) 2019

 Part IV
 Supplemental Information (continued)

 PART II-B, LINE 1, LOBBYING ACTIVITIES:

 PART II-B, LINE 1, LOBBYING ACTIVITIES:

 PART II-B LINE 1 (C): SOCIAL MEDIA ADVERTISEMENTS

 PART II-B LINE 1 (D): EMAILS, MAILINGS, AND NEWSLETTERS SENT TO

 CONSTITUENTS AND LEGISLATORS ON ISSUE AREAS INCLUDING IMMIGRANT RIGHTS,

 HUMAN RIGHTS, AND REPRODUCTIVE HEALTHCARE. A PORTION OF THE WORK INVOLVED

 LOBBYING ACTIVITIES.

 PART II-B LINE 1 (E): PRESS AND SOCIAL MEDIA STATEMENTS SUPPORTING ACTION

 OR LEGISLATION ON ISSUE AREAS INCLUDING IMMIGRANT RIGHTS, HUMAN RIGHTS,

WORKERS RIGHTS, AND REPRODUCTIVE HEALTHCARE.

PART II-B LINE 1(G): DIRECT CONTACT AND ADVOCACY WITH LEGISLATORS AND LEGISLATIVE BODIES REGARDING ISSUE AREAS INCLUDING IMMIGRANTS RIGHTS, HUMAN RIGHTS, AND REPRODUCTIVE HEALTHCARE. ALSO HIRED CONSULTANTS TO CONDUCT STRATEGY AND ADVOCACY WORK IN HEALTHCARE ACCESS. A PORTION OF THE WORK INVOLVED LOBBYING ACTIVITIES.

PART II-B LINE 1(H): PREPARATION OF MATERIALS FOR, TRANSPORTATION TO, AND ATTENDANCE AT RALLIES OR EVENTS SUPPORTING ACTION OR LEGISLATION ON ISSUE AREAS INCLUDING IMMIGRANT RIGHTS, HUMAN RIGHTS, AND HEALTHCARE.

PART II-B, LOBBYING ACTIVITIES:

.ISA

THE LOBBYING EXPENSE LISTED IN SCHEDULE C, PART II-B INCLUDES \$17,094 OF FEES FOR SERVICES PAID TO OUTSIDE VENDORS AND ARE LISTED ON LINE 11D OF PART IX OF THE 990.

SCHEE	DULE	D
(Form	990)	

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

OMB No. 1545-0047

(Form 990)			the organization answered "Yes" on Form 9	990,		୭ ଲ 10
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a,	or 12b.		
Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service	Go to www.irs.gov	//Form990 for instructions and the latest info			Inspection
	of the organization			·	ployer identificat	
_	PHILANTHROPY				13-319111	.3
Ра			rised Funds or Other Similar Funds	or Acco	bunts.	
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 6.	1		
			(a) Donor advised funds		(b) Funds and (other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		it end of year				
5	-		r advisors in writing that the assets he			
	-		e organization's exclusive legal control?			Yes No
6			and donor advisors in writing that gran			
			fit of the donor or donor advisor, or fo			
			<u></u>			Yes No
Ра		tion Easements.	"Vee" on Form 000 Port IV line 7			
4			"Yes" on Form 990, Part IV, line 7.			
1			e organization (check all that apply).			and and the set of a set of
		n of land for public use (for example				portant land area
		of natural habitat		on of a c	ertified histor	ic structure
~		n of open space		the sheet of		
2			eld a qualified conservation contribution	in the to		ervation End of the Tax Year
		ast day of the tax year.				
a				2a		
b			s	2b		
C			historic structure included in (a)	2c		
d			c) acquired after 7/25/06, and not on a	0.1		
~				2d		all a fland all all a fland
3		rvation easements modified, tra	insferred, released, extinguished, or ter	minated	by the orga	inization during the
	tax year ►		mustice concerns in locate of N			
4			ervation easement is located			
5	-		garding the periodic monitoring, inspe		-	
~			sements it holds?			
6	Staff and volunteer	nours devoted to monitoring, insp	pecting, handling of violations, and enforcing	ng conse	rvation easeme	ents during the year
-	Amount of overone		ting, handling of violations, and enforcing		votion opport	anto durina the year
7	•		and, nandling of violations, and enforcing) conserv	vationeaseme	ents during the year
8			2(d) above satisfy the requirements of se	otion 17(
0						
9	In Port VIII. docori	he how the organization reports	conservation easements in its revenue	and ovno		
9		S 1	of the footnote to the organization's fina	•		
		ounting for conservation easeme		10101 310		
Pa		-	s of Art, Historical Treasures, or Otl	ner Sim	ilar Assets.	
			"Yes" on Form 990, Part IV, line 8.			
1a			ASB ASC 958, not to report in its reve the held for public exhibition, education to its financial statements that describes	nue stat n, or re	ement and basearch in fur	alance sheet works therance of public
b	art, historical treas		ASB ASC 958, to report in its revenue eld for public exhibition, education, or r ms:			
					►\$_	
	.,				Ψ-	

2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990 Part VIII line 1	¢

For Paperwork Reduction Act Notice, see the Instructions for Form 990.			hedule D (Form 990) 2019
b	Assets included in Form 990, Part X	▶ §	6
а	Revenue included on Form 990, Part VIII, line 1	▶ \$	S

13	-3	1	9	1	1	1	3	
	- U	-	-	-	-	-	~	

Schee	lule D (Form 990) 2019			10	Page 2
-	rt III Organizations Maintaining Coll	ections of Art. Histo	rical Treasures. or	Other Similar Asset	
3	Using the organization's acquisition, acce				
	collection items (check all that apply):		•	-	-
а	Public exhibition	d	Loan or exchange	program	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's	s collections and expla	ain how they further	the organization's exe	empt purpose in Part
	XIII.				
5	During the year, did the organization solicit	or receive donations of	of art, historical treasu	res, or other similar	
	assets to be sold to raise funds rather than		art of the organization	s collection?	. Yes No
Ра	rt IV Escrow and Custodial Arranger				
	Complete if the organization and	swered "Yes" on For	m 990, Part IV, line	9, or reported an arr	ount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custo		-		
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the to	llowing table:	A	
				Amo	bunt
C L	Beginning balance				
	Additions during the year				
e f	Distributions during the year Ending balance				
-	Did the organization include an amount on			stodial account liability	Yes No
	If "Yes," explain the arrangement in Part X				
	rt V Endowment Funds.				•••••
	Complete if the organization and	swered "Yes" on For	m 990, Part IV, line	10.	
	· · ·	urrent year (b) Pric			ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains,				
-	and losses				
d	Grants or scholarships				
	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the c		e (line 1g, column (a))	held as:	
a	Board designated or quasi-endowment	%			
b	Permanent endowment >%				
С	Term endowment ▶% The percentages on lines 2a, 2b, and 2c sl	bould actual 100%			
20	Are there endowment funds not in the poss		tion that are hold an	d administored for the	
Ja	organization by:		alion that are new an		Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organ				3b
4	Describe in Part XIII the intended uses of t	•			-
-	rt VI Land, Buildings, and Equipment Complete if the organization an	t			
	Complete if the organization an Description of property				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements		312,129.	101,606.	210,523.
d	Equipment		180,400.	170,196.	10,204.
<u>e</u>	Other				000 505
Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part	X, column (B), line 10	(C.)	220,727.

Schedule D (Form 990) 2019

NEO PHILANTHROPY, INC. 13-3191113 Schedule D (Form 990) 2019 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

JSA 9E1270 1.000 6221PW V01B 11/10/2020 7:34:41 PM V 19-7.5F

Schedu	ıle D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total revenue, gains, and other support per audited financial statements	1	106,964,602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	2,860.
3	Subtract line 2e from line 1	3	106,961,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 20, 025		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	20,025.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		106,981,767.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	1	73,799,099.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	73,799,099.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 20, 025		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	20,025.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		73,819,124.
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

SCHEDULE F	Statement of Activities Outside the United St	ates 🛛	OMB No. 1545-0047	
(Form 990)		mplete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization Employer ide			ntification number	
NEO PHILANTHROPY, INC. 13-319			91113	
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizatio	on answered "Yes" on	
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	GRANTMAKING		271,626.
(2)	NORTH AMERICA	0.	0.	GRANTMAKING		40,000.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					311,626.
C For Pa	Totals (add lines 3a and 3b) perwork Reduction Act Notice, see	the Instruction	s for Form 990		Schodule	311,626. F (Form 990) 2019

Schedule F (Form 990) 2019

Part II

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (f) Manner of (b) IRS code (c) Region (e) Amount of 1 (a) Name of (g) Amount of (h) Description (i) Method of organization section and EIN grant cash grant cash noncash of noncash valuation disbursement (if applicable) (book, FMV, assistance assistance appraisal, other) (1) EUROPE/ICELAND/GREENLAND PROGRAM GRAN 5,222. WIRE (2) 125,000. EUROPE/ICELAND/GREENLAND PROGRAM GRAN WIRE (3) EUROPE/ICELAND/GREENLAND PROGRAM GRAN 74,626. WIRE (4) NORTH AMERICA PROGRAM GRAN 48,000. WIRE (5) EUROPE/ICELAND/GREENLAND PROGRAM GRAN 40,000. WIRE (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 5.

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
18)							

13-3191113

6221PW V01B 11/10/2020 7:34:41 PM V 19-7.5F

JSA 9E1276 1.000 NEO PHILANTHROPY, INC.

Schedu	ıle F (Form 990) 2019			Page 4
Part	IV Foreign Forms	 		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No	

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

EACH OF THE GRANTEE ORGANIZATIONS MUST SUBMIT A REPORT DETAILING THE

PROGRAM ACCOMPLISHMENTS AND FINANCIAL EXPENDITURES AT THE END OF THE

GRANT PERIOD.

			Assistance t			F	OMB No. 1545-0047				
(Form 990) GO	vernme	nts, and Ir	ndividuals in	n the United	d States		2019				
Comp	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	l.		Inspection				
Name of the organization						Employer identific	ation number				
NEO PHILANTHROPY, INC.						13-31913	L13				
Part I General Information on Grants and	d Assistanc	e									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
the selection criteria used to award the grant	s or assistanc	e?					X Yes No				
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered '	'Yes" on Form 990,				
Part IV, line 21, for any recipient the		•					,				
	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant				
1 (a) Name and address of organization or government	(D) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance				
(1) MEXICAN AMERICAN LEGAL DEFENSE AND EDUCATIO											
634 S. SPRING STREET LOS ANGELES, CA 90014	74-1563270	501 (C)(3)	1,941,500.				PROGRAM GRANT				
(2) UNITED WE DREAM NETWORK											
1900 L STREET NW WASHINGTON, DC 20036	46-2216565	501 (C)(3)	680,000.				PROGRAM GRANT				
(3) EQUALITY ALLIANCE OF SAN DIEGO COUNTY											
P.O. BOX 12266 SAN DIEGO, CA 92112	26-1712580	501 (C)(3)	630,000.				PROGRAM GRANT				
(4) STATE VOICES											
1616 P ST. NW WASHINGTON, DC 20036	20-1115618	501 (C)(3)	540,000.				PROGRAM GRANT				
(5) THE MARKUP NEWS, INC.											
344 WEST 123RD STREET NEW YORK, NY 10027	84-3438375	501 (C)(3)	520,000.				PROGRAM GRANT				
(6) ONE ARIZONA											
530 E. MCDOWELL RD PHOENIX, AZ 85004	37-1782220	501 (C)(3)	500,000.				PROGRAM GRANT				
(7) CENTER FOR CIVIC POLICY											
P.O. BOX 27616 ALBUQUERQUE, NM 87125	01-0869701	501 (C)(3)	445,000.				PROGRAM GRANT				
(8) NAACP	_										
4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501 (C)(3)	425,000.				PROGRAM GRANT				
(9) AMERICAN FRIENDS SERVICE COMMITTEE	_										
1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1352010	501 (C)(3)	399,500.				PROGRAM GRANT				
(10) GRASSROOTS LEADERSHIP, INC.	_										
2301 E. CESAR CHAVEZ ST. AUSTIN, TX 78702	58-1581743	501 (C)(3)	375,000.				PROGRAM GRANT				
(11) URBAN JUSTICE CENTER	_										
40 RECTOR STREET, 9TH FL NEW YORK, NY 10006	13-3442022	501 (C)(3)	375,000.				PROGRAM GRANT				
(12) IMMIGRANT LEGAL RESOURCE CENTER											
1458 HOWARD STREET SAN FRANCISCO, CA 94103	94-2939540	1	370,000.				PROGRAM GRANT				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table											
3 Enter total number of other organizations list						<u></u>	•				
For Paperwork Reduction Act Notice see the Instruction	ions for Form 9	90				9	chedule I (Form 990) (2019)				

SCHEDULE I				Assistance t				DMB No. 1545-0047			
(Form 990)	Go	vernmei	nts, and Ir	ndividuals ir	n the United	d States		2019			
	Com	plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury	·		-	ttach to Form 990				Open to Public			
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior).		Inspection			
Name of the organization							Employer identificati	on number			
NEO PHILANTHROP	Y, INC.						13-319111	3			
Part I General In	nformation on Grants and	d Assistanc	e				·				
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and				
•	the selection criteria used to award the grants or assistance?										
2 Describe in Part	IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	United States.						
Part II Grants an	d Other Assistance to D	omestic Or	nanizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered "Y	es" on Form 990			
	le 21, for any recipient the		-								
				1		-		1			
	l address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) TIDES CENTER											
1014 TORNEY AVENUE	E SAN FRANCISCO, CA 94129	94-3213100	501 (C)(3)	370,000.				PROGRAM GRANT			
(2) FAMILIES FOR FREED	DOM, INC.										
35 WEST 31ST STREE	ET NEW YORK, NY 10001	20-2798922	501 (C)(3)	355,000.				PROGRAM GRANT			
(3) NATIVE AMERICAN RI	IGHTS FUND										
1306 BROADWAY BOUI	LDER, CO 80302	84-0611876	501 (C)(3)	355,000.				PROGRAM GRANT			
(4) LAWYERS COMMITTEE	FOR CIVIL RIGHTS UNDER LA										
1500 K STREET NW W	WASHINGTON, DC 20005	52-0799246	501 (C)(3)	350,000.				PROGRAM GRANT			
(5) PENNSYLVANIA VOICE	3										
123 SOUTH BROAD ST	r. PHILADELPHIA, PA 19109	81-1141448	501 (C)(3)	350,000.				PROGRAM GRANT			
(6) RETHINK MEDIA, INC	c										
309 SHATTUCK AVENU	JE BERKELEY, CA 94704	46-2005479	501 (C)(3)	330,000.				PROGRAM GRANT			
(7) PROGRESS NOW EDUCA	ATION	_									
614 SEYMOUR AVE LA	ANSING, MI 48933	20-8720291	501 (C)(3)	329,500.				PROGRAM GRANT			
(8) FUND FOR THE CITY	OF NEW YORK	_									
40 WEST 39TH STREE	ET NEW YORK, NY 10018	13-2612524	501 (C)(3)	320,000.				PROGRAM GRANT			
(9) JOHN S. AND JAMES	L. KNIGHT FOUNDATION	_									
200 S. BISCAYNE BI	LVD. MIAMI, FL 33131	65-0464177	501 (C)(3)	301,415.				PROGRAM GRANT			
(10) ASIAN AMERICANS AI	OVANCING JUSTICE ATLANTA	_									
P.O. BOX 922021 NO	DRCROSS, GA 30010	27-2577567	501 (C)(3)	300,000.				PROGRAM GRANT			
(11) TEXAS FREEDOM NETW	NORK EDUCATION FUND	_									
P.O. BOX 1624 AUST	FIN, TX 78767	74-2788317	501 (C)(3)	300,000.				PROGRAM GRANT			
(12) THE FAIR FOOD STAN	NDARDS COUNCIL, INC.	_									
	AVE. SARASOTA, FL 34236	45-2982573		300,000.	-			PROGRAM GRANT			
	er of section 501(c)(3) and	•	•								
	er of other organizations list										
For Paperwork Reductio	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	edule I (Form 990) (2019)			

			Assistance t				OMB No. 1545-0047			
(Form 990) GC	overnme	nts, and Ir	ndividuals ir	n the United	d States		2019			
Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury			ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the l	atest informatior	l.		Inspection			
Name of the organization						Employer identifica	tion number			
NEO PHILANTHROPY, INC.						13-31911	13			
Part I General Information on Grants an	d Assistanc	e								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
the selection criteria used to award the gran							X Yes No			
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	es" on Form 990,			
Part IV, line 21, for any recipient t		-								
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant			
or government	(2) =	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance			
(1) NEW GEORGIA PROJECT, INC.										
165 COURTLAND STREET MIAMI, GA 30303	82-1348307	501 (C)(3)	290,200.				PROGRAM GRANT			
(2) WISCONSIN VOICES										
633 S. HAWLEY RD. MILWAUKEE, WI 53214	27-3183754	501 (C)(3)	275,000.				PROGRAM GRANT			
(3) PROGEORGIA STATE TABLE, INC										
1530 DEKALB AVENUE ATLANTA, GA 30307	46-1064042	501 (C)(3)	265,000.				PROGRAM GRANT			
(4) FLORIDA IMMIGRANT COALITION										
2800 BISCAYNE BLVD. MIAMI, FL 33137	20-2123833	501 (C)(3)	257,500.				PROGRAM GRANT			
(5) COLORADO IMMIGRANT RIGHTS COALITION										
2525 W. ALAMEDA AVENUE DENVER, CO 80219	73-1675486	501 (C)(3)	257,200.				PROGRAM GRANT			
(6) NATIONAL KOREAN AMERICAN SERVICE & EDUCATIO										
4300 N. CALIFORNIA AVENUE CHICAGO, IL 60618	11-3303986	501 (C)(3)	255,000.				PROGRAM GRANT			
(7) VIRGINIA COALITION FOR IMMIGRANT RIGHTS, IN										
P.O. BOX 8042 ALEXANDRIA, VA 22306	81-4184814	501 (C)(3)	255,000.				PROGRAM GRANT			
(8) AFRICAN COMMUNITIES TOGETHER										
127 WEST 127TH STREET NEW YORK, NY 10027	46-1689772	501 (C)(3)	250,000.				PROGRAM GRANT			
(9) CENTER FOR POPULAR DEMOCRACY	_									
449 TROUTMAN STREET BROOKLYN, NY 11237	45-3813436	501 (C)(3)	250,000.				PROGRAM GRANT			
(10) COMMUNITY PARTNERS	_									
1000 N ALAMEDA ST. LOS ANGELES, CA 90012	95-4302067	501 (C)(3)	238,130.				PROGRAM GRANT			
(11) SOUTHEAST IMMIGRANT RIGHTS NETWORKS, INC.										
P.O. BOX 87119 COLLEGE PARK, GA 30337	81-2745490	501 (C)(3)	235,000.				PROGRAM GRANT			
(12) PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA	_									
4500 W LAKE MEAD BLVD. LAS VEGAS, NV 89108	88-0318655	1	232,500.				PROGRAM GRANT			
2 Enter total number of section 501(c)(3) and	-	-								
3 Enter total number of other organizations lis						<u></u>				
For Panerwork Reduction Act Notice see the Instruct	ions for Form 9	90				50	hedule I (Form 990) (2019)			

			Assistance t				OMB No. 1545-0047			
			ndividuals ir				2019			
Com	plete if the o	-	wered "Yes" on F		, line 21 or 22.					
Department of the Treasury			ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior).		Inspection			
Name of the organization						Employer identificat				
NEO PHILANTHROPY, INC.						13-31911	13			
Part I General Information on Grants and										
1 Does the organization maintain records to se			-	-		is or assistance, and				
	the selection criteria used to award the grants or assistance? No									
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	'es" on Form 990,			
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) ONEAMERICA										
1225 S. WELLER STREET SEATTLE, WA 98144	20-0384893	501 (C)(3)	228,000.				PROGRAM GRANT			
(2) JOBS WITH JUSTICE EDUCATION FUND										
1616 P STREET NW WASHINGTON, DC 20036	52-1865575	501 (C)(3)	225,000.				PROGRAM GRANT			
(3) NEW YORK IMMIGRATION COALITION										
131 WEST 33RD STREET NEW YORK, NY 10001	13-3573409	501 (C)(3)	222,500.				PROGRAM GRANT			
(4) THE NO MORE FOUNDATION										
1517 12TH AVENUE SEATTLE, WA 98122	83-3491251	501 (C)(3)	220,000.				PROGRAM GRANT			
(5) ACLU FOUNDATION OF TEXAS										
P.O. BOX 8306 HOUSTON, TX 77288	76-0343171	501 (C)(3)	205,000.				PROGRAM GRANT			
(6) COMMON CAUSE EDUCATION FUND										
4535 SPRING STREET LOS ANGELES, CA 90013	31-1705370	501 (C)(3)	205,000.				PROGRAM GRANT			
(7) MEKONG, INC.										
2471 UNIVERSITY AVENUE BRONX, NY 10468	80-0834777	501 (C)(3)	203,000.				PROGRAM GRANT			
(8) COALITION TO ABOLISH SLAVERY AND TRAFFICKIN	_									
5042 WILSHIRE BLVD. LOS ANGELES, CA 90036	10-0008533	501 (C)(3)	200,000.				PROGRAM GRANT			
(9) FAIR ELECTIONS CENTER										
1825 K STREET NW WASHINGTON, DC 20006	81-5447067	501 (C)(3)	200,000.				PROGRAM GRANT			
(10) FREEDOM NETWORK USA	_									
P.O. BOX 7481 ARLINGTON, VA 22207	81-0758952	501 (C)(3)	200,000.				PROGRAM GRANT			
(11) NATIONAL DOMESTIC WORKER ALLIANCE										
45 BROADWAY, SUITE 320 NEW YORK, NY 10006	35-2420942	501 (C)(3)	200,000.				PROGRAM GRANT			
(12) SAFE HORIZON	4									
2 LAFAYETTE STREET NEW YORK, NY 10007		501 (C)(3)	200,000.				PROGRAM GRANT			
2 Enter total number of section 501(c)(3) and	-	-								
3 Enter total number of other organizations lis					<u></u>	<u></u>				
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	90				Sc	nedule I (Form 990) (2019)			

			Assistance t			F	OMB No. 1545-0047				
(Form 990) Go	overnme	nts, and Ir	ndividuals in	n the United	d States		2019				
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior).		Inspection				
Name of the organization						Employer identific	ation number				
NEO PHILANTHROPY, INC.						13-31911	.13				
Part I General Information on Grants an	d Assistanc	е									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
the selection criteria used to award the gran	ts or assistand	e?					X Yes No				
2 Describe in Part IV the organization's proce	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	Yes" on Form 990.				
Part IV, line 21, for any recipient t		-			•		,				
					(f) Method of valuation		(b) Burpage of grant				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) SOJOURNERS											
P.O. BOX 70730 WASHINGTON, DC 20024	23-7380554	501 (C)(3)	200,000.				PROGRAM GRANT				
(2) VIRGINIA CIVIC ENGAGEMENT TABLE											
P.O. BOX 8586 RICHMOND, VA 23226	47-5354509	501 (C)(3)	200,000.				PROGRAM GRANT				
(3) TENNESSEE IMMIGRANT & REFUGEE RIGHTS COALIT											
2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	20-0121100	501 (C)(3)	193,500.				PROGRAM GRANT				
(4) RUTGERS, THE STATE UNIVERSITY OF NJ											
65 DAVIDSON ROAD PISCATAWAY, NJ 08854	22-6001086	501 (C)(3)	189,997.				PROGRAM GRANT				
(5) CHINESE FOR AFFIRMATIVE ACTION	_										
17 WALTER U. LUM PL SAN FRANCISCO, CA 94108	94-2161304	501 (C)(3)	188,000.				PROGRAM GRANT				
(6) BLUEPRINT NORTH CAROLINA											
3739 NATIONAL DRIVE RALEIGH, NC 27612	27-2459538	501 (C)(3)	187,000.				PROGRAM GRANT				
(7) MIJENTE SUPPORT COMMITTEE											
800 N. 1ST AVENUE PHOENIX, AZ 85003	82-1711382	501 (C)(3)	185,000.				PROGRAM GRANT				
(8) NEW VIRGINIA MAJORITY EDUCATION FUND	_										
3801 MOUNT VERNON AVE. ALEXANDRIA, VA 22305	27-1705920	501 (C)(3)	182,500.				PROGRAM GRANT				
(9) BORDER NETWORK FOR HUMAN RIGHTS	_										
2115 N. PIEDRAS STREET EL PASO, TX 79930	74-2493012	501 (C)(3)	165,000.				PROGRAM GRANT				
(10) CITIZEN ENGAGEMENT LAB EDUCATION FUND	_										
1330 BROADWAY , 3RD FLOOR OAKLAND, CA 94612	45-3154473	501 (C)(3)	162,998.				PROGRAM GRANT				
(11) MICHIGAN ORGANIZING PROJECT	_										
4405 WESSON DETROIT, MI 48210	38-3058190	501 (C)(3)	162,500.				PROGRAM GRANT				
(12) NATIONAL COALITION ON BLACK CIVIC PARTICIPA	_										
1666 K STREET NW WASHINGTON, DC 20006	52-1253112	1	160,000.				PROGRAM GRANT				
2 Enter total number of section 501(c)(3) and	•	•					•				
3 Enter total number of other organizations lis						<u></u>	•				
For Paperwork Reduction Act Notice see the Instruct	tions for Form 9	90				9	chedule I (Form 990) (2019)				

SCHEDULE I				Assistance t				OMB No. 1545-0047			
(Form 990)	Go	overnmei	nts, and Ir	ndividuals ir	n the United	d States		2019			
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury			► A	ttach to Form 990				Open to Public			
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the l	atest information	l.		Inspection			
Name of the organization							Employer identifica	tion number			
NEO PHILANTHROPY, 1							13-31911	13			
Part I General Inform	nation on Grants an	d Assistance	e								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
	the selection criteria used to award the grants or assistance? No										
2 Describe in Part IV the	e organization's proced	dures for mor	itoring the use	of grant funds in the	e United States.						
Part II Grants and Ot	her Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	/es" on Form 990,			
	, for any recipient tl										
1 (a) Name and addre or governr	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
			, , ,			other)					
(1) SOUTH ASIAN AMERICAN LE											
6930 CARROLL AVENUE TAP		52-2216665	501 (C)(3)	160,000.				PROGRAM GRANT			
(2) THE ORDINARY PEOPLE SOC		_									
403 WEST POWELL STREET	DOTHAN, AL 36303	82-0587071	501 (C)(3)	155,000.				PROGRAM GRANT			
(3) AL OTRO LADO, INC.		_									
P.O. BOX 32578 LOS ANGE	ELES, CA 90032	47-2910078	501 (C)(3)	150,000.				PROGRAM GRANT			
(4) ALTERNATE ROOTS		_									
1270 CAROLINE STREET AT		58-1318198	501 (C)(3)	150,000.				PROGRAM GRANT			
(5) AMERICAN CIVIL LIBERTIE		_									
125 BROAD STREET NEW YO		13-6213516	501 (C)(3)	150,000.				PROGRAM GRANT			
(6) ASIAN AMERICAN ADVANCIN	NG JUSTICE -AAJC, INC	_									
1620 L STREET NW WASHIN		13-3619000	501 (C)(3)	150,000.				PROGRAM GRANT			
(7) ASIAN AMERICAN LEGAL DE	EFENSE AND EDUCATION	_									
99 HUDSON STREET NEW YO		13-2855641	501 (C)(3)	150,000.				PROGRAM GRANT			
(8) DETENTION WATCH NETWORK	K	_									
1915 I STREET WASHINGTO	ON, DC 20006	83-3874583	501 (C)(3)	150,000.				PROGRAM GRANT			
(9) EQUALITY VIRGINIA		_									
530 EAST MAIN STREET RI	ICHMOND, VA 23219	54-1950205	501 (C)(3)	150,000.				PROGRAM GRANT			
(10) NALEO EDUCATION FUND		_									
1122 W WASHINGTON BLVD	L.A., CA 90015	52-1212849	501 (C)(3)	150,000.				PROGRAM GRANT			
(11) NATIONAL IMMIGRANT LAW	CENTER	_									
3435 WILSHIRE BLVD. LOS	S ANGELES, CA 90010	95-4539765	501 (C)(3)	150,000.				PROGRAM GRANT			
(12) PUBLIC ALLIES, INC.		_									
735 N WATER STREET MILV			501 (C)(3)	150,000.				PROGRAM GRANT			
2 Enter total number of	() ()	•	•								
3 Enter total number of							<u></u>				
For Paperwork Reduction Act	Notice see the Instruct	ions for Form 9	90				50	hedule I (Form 990) (2019)			

			Assistance t			F	OMB No. 1545-0047				
(Form 990) GC	overnme	nts, and Ir	ndividuals ir	n the United	d States		2019				
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.						
Department of the Treasury		► At	ttach to Form 990				Open to Public				
Internal Revenue Service	► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior	.		Inspection				
Name of the organization						Employer identific	ation number				
NEO PHILANTHROPY, INC.						13-31911	.13				
Part I General Information on Grants an	d Assistanc	е									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
the selection criteria used to award the gran	ts or assistanc	e?					X Yes No				
2 Describe in Part IV the organization's proceed	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered '	Yes" on Form 990.				
Part IV, line 21, for any recipient t		•					,				
			1		(f) Method of valuation		(b) Burpage of grant				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) SOUTHERN COALITION FOR SOCIAL JUSTICE											
1415 WEST HIGHWAY 54 DURHAM, NC 27707	26-0688375	501 (C)(3)	150,000.				PROGRAM GRANT				
(2) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA											
1060 VETERAN AVE. LOS ANGELES, CA 90095	95-6006143	501 (C)(3)	150,000.				PROGRAM GRANT				
(3) NEW HAMPSHIRE PROGRESS ALLIANCE											
P.O. BOX 3866 CONCORD, NH 03302	82-4281685	501 (C)(4)	149,200.				PROGRAM GRANT				
(4) PROVIDENCE YOUTH STUDENT MOVEMENT											
669 ELMWOOD AVE. PROVIDENCE, RI 02907	65-1224536	501 (C)(3)	147,500.				PROGRAM GRANT				
(5) CENTRAL AMERICAN RESOURCE CENTER	_										
2845 W. 7TH STREET LOS ANGELES, CA 90005	95-3867724	501 (C)(3)	145,000.				PROGRAM GRANT				
(6) FREEDOM INC.	_										
2110 LUANN LANE MADISON, WI 53713	43-2023570	501 (C)(3)	143,000.				PROGRAM GRANT				
(7) PUENTE HUMAN RIGHTS MOVEMENT	_										
P.O. BOX 21837 PHOENIX, AZ 85036	45-3697690	501 (C)(3)	143,000.				PROGRAM GRANT				
(8) EMGAGE FOUNDATION, INC.	_										
3425 US HIGHWAY 98 NORTH LAKELAND, FL 33809	26-1441032	501 (C)(3)	142,500.				PROGRAM GRANT				
(9) CAMPAIGN FOR TOBACCO-FREE KIDS	_										
1400 I STREET NW WASHINGTON, DC 20005	52-1969967	501 (C)(3)	140,000.				PROGRAM GRANT				
(10) ASIAN AMERICANS ADVANCING JUSTICE - LA	_										
1137 WILSHIRE BLVD. LOS ANGELES, CA 90017	95-3854152	501 (C)(3)	137,500.				PROGRAM GRANT				
(11) PROGRESS MICHIGAN EDUCATION	_										
614 SEYMOUR AVENUE LANSING, MI 48933	26-0900874	501 (C)(3)	137,500.				PROGRAM GRANT				
(12) FAITH IN PUBLIC LIFE, INC.	4										
P.O. BOX 33668 WASHINGTON, DC 20033	20-3798596	1	134,128.				PROGRAM GRANT				
2 Enter total number of section 501(c)(3) and	•	•					•				
3 Enter total number of other organizations lis							•				
For Paperwork Reduction Act Notice see the Instruct	ions for Form 9	90				9	chedule I (Form 990) (2019)				

SCHEDULE I				Assistance t			L	OMB No. 1545-0047			
(Form 990)				ndividuals i				2019			
	Comp	plete if the or	-	wered "Yes" on F		line 21 or 22.		Open to Dublie			
Department of the Treasury				ttach to Form 990				Open to Public			
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information			Inspection			
Name of the organization							Employer identifica				
NEO PHILANTHROP	,						13-31911	13			
	nformation on Grants and										
-	ation maintain records to su			-	-		s or assistance, and				
	the selection criteria used to award the grants or assistance? No										
2 Describe in Part	IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants an	d Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,			
	e 21, for any recipient th							,			
				1		•					
	address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) CAUSA OF OREGON											
700 MARION STREET	NE SALEM, OR 97301	61-1590160	501 (C)(3)	130,000.				PROGRAM GRANT			
(2) COALITION FOR HUMA	AN IMMIGRANT RIGHT										
2533 WEST 3RD STRE	EET LOS ANGELES, CA 90057	95-4421521	501 (C)(3)	130,000.				PROGRAM GRANT			
(3) FLORIDA INSTITUTE	FOR REFORM AND EMPOWERMEN										
134 E COLONIAL DR	ORLANDO, FL 32801	27-4384675	501 (C)(3)	130,000.				PROGRAM GRANT			
(4) TIDES FOUNDATION											
P.O. BOX 29198 SAM	N FRANCISCO, CA 94129	51-0198509	501 (C)(3)	130,000.				PROGRAM GRANT			
(5) VIRGINIA NEW MAJOF	RITY EDUCATION FUND										
380 1 MT. VERNON A	AVE. ALEXANDRIA, VA 22305	26-1377619	501 (C)(3)	130,000.				PROGRAM GRANT			
(6) ARKANSAS UNITED CO	OMMUNITY COALITION										
P.O. BOX 9296 FAYE	ETTEVILLE, AR 72703	27-5271968	501 (C)(3)	126,000.				PROGRAM GRANT			
(7) ASIAN AND PACIFIC	ISLANDER AMERICAN VOTE, I										
1612 K STREET NW W	WASHINGTON, DC 20006	03-0575412	501 (C)(3)	125,250.				PROGRAM GRANT			
(8) CENTER FOR COMMUNI	ITY CHANGE										
1536 U STREET NW W	WASHINGTON, DC 20009	52-0888113	501 (C)(3)	125,000.				PROGRAM GRANT			
(9) CENTER ON CIVIC EN	NGAGEMENT										
1825 K STREET NW W	WASHINGTON, DC 20006	82-1464673	501 (C)(3)	125,000.				PROGRAM GRANT			
(10) FRIENDS OF GLOBAL	VOICES, INC.										
251 LITTLE FALLS I	DRIVE WILMINGTON, DE 19808	27-1918532	501 (C)(3)	125,000.				PROGRAM GRANT			
(11) GEORGIA LATINO ALI	LIANCE FOR HUMAN RIGHTS										
7 DUNWOODY PARK AT	ILANTA, GA 30338	76-0809155	501 (C)(3)	125,000.				PROGRAM GRANT			
(12) HEAD COUNT, INC.											
104 WEST 29TH STRE	EET NEW YORK, NY 10001	77-0626772	501 (C)(3)	125,000.				PROGRAM GRANT			
	er of section 501(c)(3) and	•	•					•			
3 Enter total number	er of other organizations list	ted in the line	1 table	<u></u>	<u></u>	<u> </u>	<u></u>				
For Paperwork Reductio	on Act Notice, see the Instruct	ions for Form 9	90.				Sc	hedule I (Form 990) (2019)			

SCHEDULE I			Assistance t				OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals ii	n the United	d States		2019
	Complete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest information	1.		Inspection
Name of the organization						Employer identificati	on number
NEO PHILANTHROPY, INC.						13-319111	.3
Part I General Information on Grant	s and Assistanc	е					
1 Does the organization maintain records	to substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the	grants or assistanc	e?					X Yes No
2 Describe in Part IV the organization's p	rocedures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance	to Domestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipie		-					
			1				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIP HOP CAUCUS EDUCATION FUND, INC.							
1638 R. STREET NW WASHINGTON, DC 20009	27-1165010	501 (C)(3)	125,000.				PROGRAM GRANT
(2) IMAGINE NORTH CAROLINA FIRST							
P.O. BOX 428 RALEIGH, NC 27602	46-4006055	501 (C)(3)	125,000.				PROGRAM GRANT
(3) ISAIAH							
2356 UNIVERSITY AVE SAINT PAUL, MA 55114	4 41-1957358	501 (C)(3)	125,000.				PROGRAM GRANT
(4) MASSACHUSETTS IMMIGRANT & REFUGEE ADVOCA	ACY						
105 CHAUNCY STREET BOSTON, MA 02111	22-3115048	501 (C)(3)	125,000.				PROGRAM GRANT
(5) NATIONAL ECONOMIC & SOCIAL RIGHTS INITIA	ATIV						
90 JOHN STREET NEW YORK, NY 10038	73-1714118	501 (C)(3)	125,000.				PROGRAM GRANT
(6) OHIO VOICE							
394 E TOWN STREET COLUMBUS, OH 43215	82-3381404	501 (C)(3)	125,000.				PROGRAM GRANT
(7) WESTERN ORGANIZATION OF RESOURCE COUNCIL	LS E						
220 S 27TH STREET BILLINGS, MT 59101	84-1123481	501 (C)(3)	125,000.				PROGRAM GRANT
(8) TRANSGENDER LAW CENTER							
P.O. BOX 70976 OAKLAND, CA 94612	05-0544006	501 (C)(3)	121,000.				PROGRAM GRANT
(9) PENNSYLVANIA IMMIGRATION & CITIZENSHIP (COAL						
2100 ARCH STREET PHILADELPHIA, PA 19103	83-0379943	501 (C)(3)	120,000.				PROGRAM GRANT
(10) WESTERN NATIVE VOICE							
310 N 27TH STREET BILLINGS, MT 59101	45-3771715	501 (C)(3)	120,000.				PROGRAM GRANT
(11) SOCIAL GOOD LABS							
147 NATOMA STREET SAN FRANCISCO, CA 9410	05 27-4541012	501 (C)(3)	118,667.				PROGRAM GRANT
(12) ASIAN COMMUNITY DEVELOPMENT COUNCIL							
2610 S JONES BLVD LAS VEGAS, NV 89146	47-2438087	501 (C)(3)	115,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3)	•	•					
3 Enter total number of other organization						<u></u>	
For Paperwork Reduction Act Notice, see the Ins	structions for Form 9	90.				Sch	edule I (Form 990) (2019)

SCHEDULE I				Assistance t				OMB No. 1545-0047		
(Form 990)	Go	vernmei	nts, and Ir	ndividuals ir	n the United	d States		2019		
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.				
Department of the Treasury	·		-	ttach to Form 990				Open to Public		
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior	1.		Inspection		
Name of the organization							Employer identificati	on number		
NEO PHILANTHROP	Y, INC.						13-319111	3		
Part I General Ir	nformation on Grants and	d Assistanc	е				L.			
1 Does the organiz	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and			
the selection criteria used to award the grants or assistance?										
	IV the organization's procee									
	d Other Assistance to D					ploto if the organiz	ation answordd "V	os" on Form 990		
			-					es on Form 990,		
	ne 21, for any recipient the	lat received	more than \$5	,000. Part II can t		-				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) ILLINOIS COALITIO	N FOR IMMIGRANT AND REFUGE									
228 S. WABASH AVE	NUE CHICAGO, IL 60604	36-3783551	501 (C)(3)	112,500.				PROGRAM GRANT		
(2) THE OHIO ORGANIZI	NG COLLABORATIVE									
25 E. BOARDMAN ST	REET YOUNGSTOWN, OH 44503	26-1601472	501 (C)(3)	111,000.				PROGRAM GRANT		
(3) THE CALIFORNIA EN	DOWMENT									
1000 N ALAMEDA ST	REET LOS ANGELES, CA 90012	95-4523232	501 (C)(3)	110,864.				PROGRAM GRANT		
(4) NATIONAL DAY LABO	RER ORGANIZING NETWORK									
674 S LAFAYETTE P.	ARK PL L.A., CA 90057	20-8802586	501 (C)(3)	110,000.				PROGRAM GRANT		
(5) NEW FLORIDA MAJOR	ITY EDUCATION FUND INC.									
10800 BISCAYNE BL	VD. MIAMI, FL 33161	45-3956785	501 (C)(3)	110,000.				PROGRAM GRANT		
(6) NEW ORLEANS WORKE	RS' CENTER FOR RACIAL JUST									
217 N. PRIEUR ST	REET NEW ORLEANS, LA 70112	33-1167415	501 (C)(3)	110,000.				PROGRAM GRANT		
(7) RED SALMON ARTS										
11331 CANTERBURY	TALES LN AUSTIN, TX 78748	74-2940343	501 (C)(3)	110,000.				PROGRAM GRANT		
(8) VOCES DE LA FRONT	ERA	_								
1027 SOUTH 5TH ST	REET MILWAUKEE, WI 53204	39-2010107	501 (C)(3)	110,000.				PROGRAM GRANT		
(9) ALABAMA COALITION	FOR IMMIGRANT JUSTICE UNI	_								
1826 6TH AVENUE S	IRONDALE, AL 35210	47-4352872	501 (C)(3)	107,500.				PROGRAM GRANT		
(10) NEW MEXICO ASIAN	FAMILY CENTER	_								
115 MONTCLAIRE DR	ALBURQUERQUE, NM 87108	26-0545877	501 (C)(3)	107,500.				PROGRAM GRANT		
(11) SOUTH CAROLINA AP	PLESEED LEGAL JUSTICE CENT	_								
P.O. BOX 7187 COL	UMBIA, SC 29201	57-1035023	501 (C)(3)	107,000.				PROGRAM GRANT		
(12) ARAB COMMUNITY CE	NTER FOR ECONOMIC AND SOCI	4								
	T DEARBORN, MI 48120		501 (C)(3)	105,000.				PROGRAM GRANT		
	er of section 501(c)(3) and	•	•							
For Paperwork Reduction	on Act Notice, see the Instruct	ions for Form 9	90.				Sch	edule I (Form 990) (2019)		

JSA

SCHEDULE I									
(Form 990)	Go	vernmei	nts, and Ir	ndividuals ii	n the United	d States		2019	
	Comp	plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.			
Department of the Treasury				ttach to Form 990				Open to Public	
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	l.		Inspection	
Name of the organization							Employer identificati	on number	
NEO PHILANTHROP	•						13-319111	.3	
Part I General I	nformation on Grants and	d Assistanc	e						
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
the selection criteria used to award the grants or assistance? No									
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,									
	ne 21, for any recipient th		-						
	· · ·			1		-			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) ALLIANCE FOR YOUT	'H ORGANIZING								
1023 N. PINE STRE	ET SAN ANTONIO, TX 78202	46-2465621	501 (C)(3)	102,400.				PROGRAM GRANT	
(2) ACCELERATE CHANGE	, INC.								
294 WASHINGTON ST	REET BOSTON, MA 02108	82-3400062	501 (C)(3)	100,000.				PROGRAM GRANT	
(3) ALCORN STATE UNIV	ERSITY								
1000 ASU DRIVE LO	RMAN, MS 39096	64-6000013	501 (C)(3)	100,000.				PROGRAM GRANT	
(4) ALLIANCE FOR JUST	ICE								
11 DUPONT CIRCLE	NW WASHINGTON, DC 20036	52-1009973	501 (C)(3)	100,000.				PROGRAM GRANT	
(5) ARIZONA ADVOCACY	FOUNDATION, INC.								
221 E. INDIANOLA	AVE PHOENIX, AZ 85012	02-0565840	501 (C)(3)	100,000.				PROGRAM GRANT	
(6) AYNI INSTITUTE, I	NC.								
1120 SARATOGA STR	EET BOSTON, MA 02128	81-2119468	501 (C)(3)	100,000.				PROGRAM GRANT	
(7) BLACK ALLIANCE FO	R JUST IMMIGRATION								
1360 FULTON STREE	T ROOKLYN, NY 11216	27-1911378	501 (C)(3)	100,000.				PROGRAM GRANT	
(8) BVM CAPACITY BUIL	DING INSTITUTE, INC.								
3645 MARKETPLACE	BLVD. EAST POINT, GA 30344	82-3835203	501 (C)(3)	100,000.				PROGRAM GRANT	
(9) CALIFORNIA IMMIGR	ANT POLICY CENTER								
634 S. SPRING ST.	LOS ANGELES, CA 90014	81-5304541	501 (C)(3)	100,000.				PROGRAM GRANT	
(10) CAMPAIGN LEGAL CE	INTER, INC.								
1101 14TH STREET	NW WASHINGTON, DC 20005	04-3608387	501 (C)(3)	100,000.				PROGRAM GRANT	
(11) CENTRAL ARIZONANS	FOR A SUSTAINABLE ECONOMY								
801 N. 2ND AVENUE	PHOENIX, AZ 85003	26-1689914	501 (C)(3)	100,000.				PROGRAM GRANT	
(12) CENTRO DE LOS DER	ECHOS DEL MIGRANTE, INC	_							
10 E. NORTH AVENUE BALTIMORE, MD 21202 20-2588279 501 (C) (3) 100,000. PROGRAM GRANT									
	per of section 501(c)(3) and	•	•						
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.								

SCHEDULE I			Assistance t				OMB No. 1545-0047			
(Form 990)	Governme	nts, and Ir	ndividuals ir	n the Unite	d States		2019			
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury	•	-	ttach to Form 990				Open to Public			
Internal Revenue Service	► Go	to www.irs.gov	/ <i>Form990</i> for the I	atest informatior	1.		Inspection			
Name of the organization						Employer identificati	on number			
NEO PHILANTHROPY, INC.						13-319111	3			
Part I General Information on Grant	s and Assistanc	e				·				
1 Does the organization maintain records	to substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and				
_	the selection criteria used to award the grants or assistance? No									
2 Describe in Part IV the organization's p	rocedures for mor	itoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance	to Domestic Or	nanizations au	d Domestic Gov	ernments Com	nlete if the organiz	ation answered "Y	es" on Form 990			
Part IV, line 21, for any recipie		•					c3 011 0111 000,			
		I	1		-					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) CHURCH WORLD SERVICE										
475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-4080201	501 (C)(3)	100,000.				PROGRAM GRANT			
(2) CITIZEN ACTION OF WISCONSIN EDUCATION FU	UND									
221 S. 2ND STREET MILWAUKEE, WI 53204	39-1520619	501 (C)(3)	100,000.				PROGRAM GRANT			
(3) COLOROFCHANGE.ORG EDUCATION FUND										
1714 FRANKLIN STREET OAKLAND, CA 94612	20-4496889	501 (C)(3)	100,000.				PROGRAM GRANT			
(4) DAMAYAN MIGRANT WORKERS ASSOCIATION										
406 W. 40TH STREET NEW YORK, NY 10018	03-0481206	501 (C)(3)	100,000.				PROGRAM GRANT			
(5) DEMOCRACY NORTH CAROLINA										
1821 GREEN STREET DURHAM, NC 27705	56-2271150	501 (C)(3)	100,000.				PROGRAM GRANT			
(6) FREE THE SLAVES, INC.										
1320 19TH STREET NW WASHINGTON, DC 2003	6 56-2189635	501 (C)(3)	100,000.				PROGRAM GRANT			
(7) INTERNATIONAL RESCUE COMMITTEE INC										
122 E 42ND STREET NEW YORK, NY 11435	13-5660870	501 (C)(3)	100,000.				PROGRAM GRANT			
(8) INTER-TRIBAL COUNCIL OF ARIZONA										
2214 NORTH CENTRAL AVE. PHOENIX, AZ 8500	04 86-0343181	501 (C)(3)	100,000.				PROGRAM GRANT			
(9) JEWISH COMMUNITY ACTION										
2375 UNIVERSITY AVE. W ST. PAUL, MN 5513	14 41-1830619	501 (C)(3)	100,000.				PROGRAM GRANT			
(10) JUSTICE IN MOTION										
789 WASHINGTON AVENUE BROOKLYN, NY 11238	8 72-1597864	501 (C)(3)	100,000.				PROGRAM GRANT			
(11) MANO AMIGA SM										
216 WILSON STREET SAN MARCOS, TX 78666	83-2030465	501 (C)(3)	100,000.				PROGRAM GRANT			
(12) NEW AMERICANS LEADERS PROJECT, INC.										
530 7TH AVENUE NEW YORK, NY 10018 45-3770977 501 (C) (3) 100,000. PROGRAM GRANT										
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 										
					<u></u>					
For Paperwork Reduction Act Notice, see the Inst	structions for Form 9	90.				Sch	edule I (Form 990) (2019)			

SCHEDULE I			Assistance t				OMB No. 1545-0047		
			ndividuals ir				2019		
C	omplete if the or	-	wered "Yes" on F		, line 21 or 22.				
Department of the Treasury			ttach to Form 990				Open to Public		
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the l	atest informatior	l.		Inspection		
Name of the organization						Employer identificat			
NEO PHILANTHROPY, INC.						13-31911	13		
Part I General Information on Grants									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and									
the selection criteria used to award the grants or assistance? No									
2 Describe in Part IV the organization's pro	ocedures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants and Other Assistance t	o Domestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "\	'es" on Form 990,		
Part IV, line 21, for any recipier	nt that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) OLE EDUCATION FUND									
411 BELLAMAH AVE. NW ALBUQUERQUE, NM 8710	27-1275857	501 (C)(3)	100,000.				PROGRAM GRANT		
(2) PUSHBLACK NOW									
625 MONROE ST. NE WASHINGTON, DC 20017	81-3834388	501 (C)(3)	100,000.				PROGRAM GRANT		
(3) ROCK THE VOTE									
1001 CONN. AVE. NW WASHINGTON, DC 20036	02-0767157	501 (C)(3)	100,000.				PROGRAM GRANT		
(4) THE MANAGEMENT ACTION CENTER									
1920 L STREET NW WASHINGTON, DC 20036	20-5197607	501 (C)(3)	100,000.				PROGRAM GRANT		
(5) VOTE.ORG									
4096 PIEDMONT AVENUE #368 OAKLAND, CA 946	511 26-2094990	501 (C)(3)	100,000.				PROGRAM GRANT		
(6) ASIAN PACIFIC ENVIRONMENTAL NETWORK									
426 17TH STREET OAKLAND, CA 94612	94-3261846	501 (C)(3)	97,500.				PROGRAM GRANT		
(7) COMMITTEE AGAINST ANTI ASIAN VIOLENCE									
55 HESTER STREET NEW YORK, NY 10002	13-3526938	501 (C)(3)	97,500.				PROGRAM GRANT		
(8) FILIPINO ADVOCATES FOR JUSTICE									
310 8TH STREET, SUITE 308 OAKLAND, CA 946	507 94-2218907	501 (C)(3)	97,500.				PROGRAM GRANT		
(9) KOREAN RESOURCE CENTER									
620 N. HARBOR BLVD FULLERTON, CA 92832	95-3879699	501 (C)(3)	97,500.				PROGRAM GRANT		
(10) THE HANA CENTER									
4300 N. CALIFORNIA AVENUE CHICAGO, IL 606	518 36-2746468	501 (C)(3)	97,500.				PROGRAM GRANT		
(11) SOUTHEAST ASIAN COALITION									
4520 N. TRYON STREET CHARLOTTE, NC 28213	46-0786773	501 (C)(3)	96,000.				PROGRAM GRANT		
(12) MOVEMENT STRATEGY CENTER									
436 14TH STREET OAKLAND, CA 94612	20-1037643	1	95,144.				PROGRAM GRANT		
2 Enter total number of section 501(c)(3) a	-	-							
3 Enter total number of other organizations						<u></u>			
For Paperwork Reduction Act Notice see the Inst	ructions for Form 9	90				Sc	edule I (Form 990) (2019)		

SCHEDULE I				Assistance t			F	OMB No. 1545-0047		
(Form 990)	Go	vernmei	nts, and Ir	ndividuals ir	n the United	d States		2019		
	Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.				
Department of the Treasury			► At	ttach to Form 990				Open to Public		
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the l	atest informatior	l.		Inspection		
Name of the organization							Employer identifie	ation number		
NEO PHILANTHROP	·						13-3191	113		
Part I General Ir	nformation on Grants and	d Assistance	9							
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, ar			
the selection criteria used to award the grants or assistance? No										
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,										
	ne 21, for any recipient th		-							
i ait iv, iii		1	1		•	-				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	e (h) Purpose of grant or assistance		
(1) WISDOM, INC.										
2821 VEL R PHILLI	PS AVE MILWAUKEE, WI 53212	39-1985101	501 (C)(3)	95,000.				PROGRAM GRANT		
(2) NACA-INSPIRED SCH	OOLS NETWORK									
1000 INDIAN SCHOO	L RD ALBUQUERQUE, NM 87048	47-2981893	501 (C)(3)	90,000.				PROGRAM GRANT		
(3) ORGANIZATION OF C	HINESE-AMERICANS OF GREATE									
9800 TOWN PARK HO	USTON, TX 77036	52-1306678	501 (C)(3)	90,000.				PROGRAM GRANT		
(4) SOUTHERN VISION A	LLIANCE									
P.O. BOX 51698 DU	RHAM, NC 27717	61-1639641	501 (C)(3)	90,000.				PROGRAM GRANT		
(5) PUBLIC POLICY AND	EDUCATION FUND OF NY									
94 CENTRAL AVENUE	ALBANY, NY 12206	13-3364209	501 (C)(3)	87,977.				PROGRAM GRANT		
(6) SOUTHEAST ASIA RE	SOURCE ACTION CENTER									
1620 16TH STREET	NW WASHINGTON, DC 20009	52-1161473	501 (C)(3)	87,500.				PROGRAM GRANT		
(7) CASA DE MARYLAND										
8151 15TH AVENUE	LANGLEY PARK, MD 20783	52-1372972	501 (C)(3)	85,000.				PROGRAM GRANT		
(8) COMMUNITIES UNITE	D FOR PEOPLE									
P.O. BOX 33167 PO	RTLAND, OR 97292	93-1181863	501 (C)(3)	85,000.				PROGRAM GRANT		
(9) NEBRASKA APPLESEE	D CENTER FOR LAW, PUBLIC I									
941 SOUTH O STREE	T LINCOLN, NE 68508	47-0798343	501 (C)(3)	85,000.				PROGRAM GRANT		
(10) NATIONAL EMPLOYME	NT LAW PROJECT									
90 BROAD STREET N	EW YORK, NY 10004	13-2758558	501 (C)(3)	80,000.				PROGRAM GRANT		
(11) IN OUR OWN VOICE:	NATIONAL BLACK WOMEN'S RE									
1300 I STREET NW	WASHINGTON, DC 20005	82-1672086	501 (C)(3)	76,222.				PROGRAM GRANT		
(12) CAPACES LEADERSHI	P INSTITUTES									
356 YOUNG ST WOOD	BURN, OR 97071	45-2771253	501 (C)(3)	76,000.				PROGRAM GRANT		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table										
3 Enter total numb	er of other organizations list	ed in the line	1 table	<u>.</u>	<u></u>	<u> </u>	<u></u>	►		
For Paperwork Beductic	on Act Notice, see the Instructi	ons for Form 9	۵۸					chedule (Form 990) (2019)		

SCHEDULE I				Assistance t			F	OMB No. 1545-0047			
(Form 990)	Go	overnme	nts, and Ir	ndividuals ir	n the United	d States		2019			
	Com	plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.					
Department of the Treasury			► A	ttach to Form 990				Open to Public			
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	/Form990 for the l	atest informatior).		Inspection			
Name of the organization							Employer identific	ation number			
NEO PHILANTHROE	•						13-3191	113			
Part I General I	nformation on Grants an	d Assistanc	e								
 Does the organized 											
the selection criteria used to award the grants or assistance? No											
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,											
	ne 21, for any recipient t		-					,			
			(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation		(h) Purpose of grant			
	d address of organization government	(b) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	or assistance			
(1) 9 TO 5, NATIONAL	ASSOC. OF WORKING WOMEN										
501 PULLIMAN ST.	SW ATLANTA, GA 30312	34-1246311	501 (C)(3)	75,000.				PROGRAM GRANT			
(2) COALITION OF ASIA	N AMERICAN LEADERS										
941 LAFOND AVENUE	ST. PAUL, MN 55104	81-0874603	501 (C)(3)	75,000.				PROGRAM GRANT			
(3) DRUM-DESIS RISING	G UP AND MOVING, INC										
72-18 ROOSEVELT A	VE JACKSON HTS, NY 11372	38-3652741	501 (C)(3)	75,000.				PROGRAM GRANT			
(4) GEORGIA SHIFT											
P.O. BOX 14701 AU	JGUSTA, GA 30919	46-5280771	501 (C)(3)	75,000.				PROGRAM GRANT			
(5) HIPS											
P.O. BOX 90738 WA	SHINGTON, DC 20090	52-1847137	501 (C)(3)	75,000.				PROGRAM GRANT			
(6) MILK WITH DIGNITY	STANDARDS COUNCIL INC										
294 N. WINOSKI AV	E. BURLINGTON, VT 05401	81-3374809	501 (C)(3)	75,000.				PROGRAM GRANT			
(7) MISSISSIPPI IMMIG	RANTS RIGHT ALLIANCE										
P.O. BOX 1104 JAC	KSON, MS 39215	94-3425290	501 (C)(3)	75,000.				PROGRAM GRANT			
(8) MISSISSIPPI VOTES											
510 GEORGE STREET	JACKSON, MS 39202	82-1014316	501 (C)(3)	75,000.				PROGRAM GRANT			
(9) MODEL ALLIANCE, I	NC.	_									
351 JEFFERSON AVE	NUE BROOKLYN, NY 11221	47-1601890	501 (C)(3)	75,000.				PROGRAM GRANT			
(10) NATIONAL IMMIGRAT	ION FORUM	_									
50 F STREET NW WA	SHINGTON, DC 20001	13-1776711	501 (C)(3)	75,000.				PROGRAM GRANT			
(11) NC A. PHILIP RAND	OLPH INSTITUTE, INC.	_									
P.O. BOX 10428 RA	LEIGH, NC 27605	56-1500282	501 (C)(3)	75,000.				PROGRAM GRANT			
(12) OFICINA LEGAL DEL	PUEBLO UNIDO, INC.	4									
1405 MONTOPOLIS DRIVE AUSTIN, TX 78741 74-1995879 501 (C)(3) 75,000. PROGRAM GRANT											
	per of other organizations lis						<u></u>	•			
For Paperwork Reduction	on Act Notice see the Instruct	ions for Form 9	00				9	chedule I (Form 990) (2019)			

			Assistance t				OMB No. 1545-0047
(Form 990) GC	overnme	nts, and Ir	ndividuals ir	n the United	d States		2019
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization						Employer identifica	
NEO PHILANTHROPY, INC.						13-31911	13
Part I General Information on Grants and	d Assistanc	e					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
the selection criteria used to award the grant	s or assistanc	e?					X Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipient t		-			•		
1 (a) Name and address of organization		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) ONE VOICE, INC.							
1072 W LYNCH ST. JACKSON, MS 39203	02-0787550	501 (C)(3)	75,000.				PROGRAM GRANT
(2) RE: POWER FUND							
2639 NICOLLET AVE MINNEAPOLIS, MN 55408	35-2191193	501 (C)(3)	75,000.				PROGRAM GRANT
(3) REW MINISTRIES INC							
2450 REVERE ST NORTH VEGAS, NV 89030	90-0454010	501 (C)(3)	75,000.				PROGRAM GRANT
(4) SOUTHERN ECHO, INC.							
1350 LIVINGSTON LN JACKSON, MS 39213	64-0819311	501 (C)(3)	75,000.				PROGRAM GRANT
(5) SPARK REPRODUCTIVE JUSTICE NOW!							
P.O. BOX 89210 ATLANTA, GA 30312	58-1872316	501 (C)(3)	75,000.				PROGRAM GRANT
(6) BOARD OF TRUSTEES OF THE LELAND STANFORD JR							
3160 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501 (C)(3)	75,000.				PROGRAM GRANT
(7) THE HUMAN TRAFFICKING PRO BONO LEGAL CENTER							
1030 15TH ST. NW WASHINGTON, DC 20005	46-1349584	501 (C)(3)	75,000.				PROGRAM GRANT
(8) THE PRAXIS PROJECT							
1001 CONN. AVE NW WASHINGTON, DC 20036	30-0044814	501 (C)(3)	75,000.				PROGRAM GRANT
(9) TRUSTEES OF TUFTS COLLEGE	_						
10 UPPER CAMPUS ROAD MEDFORD, MA 02155	04-2103634	501 (C)(3)	75,000.				PROGRAM GRANT
(10) VIDA LEGAL ASSISTANCE, INC.	_						
12955 BISCAYNE BLVD. NORTH MIAMI, FL 33181	27-5325859	501 (C)(3)	75,000.				PROGRAM GRANT
(11) VOICE OF THE EX-OFFENDER							
2022 ST. BERNARD AVE NEW ORLEANS, LA 70117	16-1695266	501 (C)(3)	75,000.				PROGRAM GRANT
(12) SAN DIEGO FOUNDATION FOR CHANGE	_						
3758 30TH STREET SAN DIEGO, CA 92104		501 (C)(3)	70,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and	•	•					
3 Enter total number of other organizations list	ted in the line	1 table				<u> </u>	
For Paperwork Reduction Act Notice see the Instruct	ions for Form Q	000				50	hedule I (Form 990) (2019)

			Assistance t			F	OMB No. 1545-0047		
(Form 990) Go	overnme	nts, and Ir	ndividuals ii	n the Unite	d States		2019		
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.				
Department of the Treasury		► A	ttach to Form 990				Open to Public		
Internal Revenue Service	► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior	1.		Inspection		
Name of the organization						Employer identifi	cation number		
NEO PHILANTHROPY, INC.						13-3191	113		
Part I General Information on Grants an	d Assistanc	e				·			
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	nd		
the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's proce									
Part II Grants and Other Assistance to I	omestic Or	nanizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered	"Yes" on Form 990		
Part IV, line 21, for any recipient		•			· ·				
			,000. Fait il call i						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance			
(1) COUNCIL ON AMERICAN - ISLAMIC									
2511 E FRANKLIN AVE MINNEAPOLIS, MN 55406	45-0553731	501 (C)(3)	65,000.				PROGRAM GRANT		
(2) NORTH TEXAS DREAM TEAM									
1910 PACIFIC AVE DALLAS, TX 75201	46-1234510	501 (C)(3)	60,000.				PROGRAM GRANT		
(3) SMART GROWTH AMERICA									
1152 15TH ST. NW WASHINGTON, DC 20005	27-0038938	501 (C)(3)	60,000.				PROGRAM GRANT		
(4) FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT									
2601 NORTH PINAL PARKWAY FLORENCE, AZ 85132	86-0658103	501 (C)(3)	56,000.				PROGRAM GRANT		
(5) NATIONAL NETWORK OF ABORTION FUNDS									
P.O. BOX 684949 AUSTIN, TX 78768	04-3236982	501 (C)(3)	56,000.				PROGRAM GRANT		
(6) ALIANZA AMERICAS									
2875 W CERMAK ROAD CHICAGO, IL 60623	34-2066826	501 (C)(3)	50,000.				PROGRAM GRANT		
(7) AMERICANS FOR KASHMIR FOUNDATION									
4165 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	84-2994927	501 (C)(3)	50,000.				PROGRAM GRANT		
(8) ARIZONA COALITION TO END SEXUAL&DOMESTIC VI									
2700 N CENTRAL AVE PHOENIX, AZ 85004	86-0593601	501 (C)(3)	50,000.				PROGRAM GRANT		
(9) COLORADO CIVIC ENGAGEMENT ROUNDTABLE									
P.O. BOX 1620 DENVER, CO 80201	02-0758897	501 (C)(3)	50,000.				PROGRAM GRANT		
(10) FORWARD MONTANA FOUNDATION									
1535 WYOMING STREET MISSOULA, MT 59801	26-2075145	501 (C)(3)	50,000.				PROGRAM GRANT		
(11) LATINO UNION, INC.									
4811 N CENTRAL PARK CHICAGO, IL 60625	61-1403712	501 (C)(3)	50,000.				PROGRAM GRANT		
(12) NEW ERA COLORADO FOUNDATION									
P.O. BOX 181153 DENVER, CO 80218	26-1389272		50,000.				PROGRAM GRANT		
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tak	ble			►		
3 Enter total number of other organizations lis	ted in the line	1 table	<u></u>	<u></u>	<u> </u>	<u></u>			
For Paperwork Reduction Act Notice, see the Instruc	tions for Form 0	000					Schedule I (Form 990) (2019)		

Governments, and Individuals in the United States Dependence of the organization enserved "Ves" on Form 990, Part IV, line 21 or 22. Let the form 990. Dependence of the organization enserved "Ves" on Form 990. Dependence of the organization on Grants and Assistance Number of the organization maintain records to substantiate the amount of the grants or assistance, the granted "lipbility for the grants or assistance. Imply retaining the organization maintain records to substantiate the amount of the grants or assistance, the grant colspan="2">Governments. Part ID costs the organization maintain records to substantiate the amount of the grants or assistance. Imply retaining the use of grant turks in the United States. Part ID costs the organization for any recipient that received more than 55,000. Part II can be duplicated if additional space is needed. Imply retained to prove of grant organization and the received more than 55,000. Part II can be duplicated if additional space is needed. 11 (IN News end address of organization (b) FIN (c) FIN	SCHEDULE I		OMB No. 1545-0047					
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Public Inspection Image of the organization maintain records to substantiate the amount of the grants or assistance, the grantees" eligibility for the grants or assistance, and the selection orderate used to award the grants or assistance? Image of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orderate used to award the grants or assistance? Image of the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that records to substantiate the amount of the grants or dassistance? Open to Public Instance and Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Image of the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (b) Network of the grant and obter Assistance to Domestic Organizations proceeding difference of the grant of assistance for assistance for assistance for assistance for any records and addites of a strate and a strate and addites of a strate and addites and the part of a strate and addites and the strate and addites and the part of a strate and addit	(Form 990) GC	overnme	nts, and Ir	ndividuals in	n the United	d States		2019
Description of the leases Image: Control of the control	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Internet Revenue Served De Co to www.irs.gov/FormB90 for the latest information. Inspection Name of the organization Employee ideoparticitation number 13-3191113 Partill General Information on Grants and Assistance 13-3191113 13-3191113 Partill General Information maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection oritering used to award the grants or assistance? Image: Complexity information maintain records to substantiate the amount of the grants or assistance, the grant end selection oritering used to award the grants or assistance? Image: Complexity information Image: Compl	Department of the Treasury		► A	ttach to Form 990				
NEC PHILATHROPY, INC. 13-3191113 Partl General Information on Crants and Assistance Image: Comparison on Crants and Assistance No 1 Does the organization maintain records to substantiale the amount of the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Events and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Perspect of grant or governments. Complete if the organization assistance if the organization answered "Ves" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Perspect of grant or governments. Complete if the organization assistance if additional space is needed. (ii) Perspect of grant or governments. Complete if the organization assistance if additional space is needed. (ii) Perspect of grant or governments. Complete if the organization assistance if additional space is needed. (ii) Perspect of grant or governments. Complete if the organization assistance if additional space is needed. (ii) Perspect of grant or governments. Complete if the organization assistance if additional space is needed. (ii) Scherkorthous association (ii) Perspect of grant or governments. Complete if the organization assistance is needed. (ii) Perspect of grant or g		► Go	to www.irs.gov	/Form990 for the I	atest information	l.		Inspection
Part II General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance? Xes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organizations (b) EN (b) EN (c) Part IV (c) EN (c) Part IV (c) EN (c) Part IV (c) EN (c) Particle Part IV (c) Part Part Part IV (c) Part Part IV (c) Part Part IV (c) Part Part IV (c) Part Part Part Part Part Part Part Part							Employer identificat	ion number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the grants or assistance? Image: The selection criteria used to award the selection crit award the selection cri							13-319113	13
the selection oriteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Fartual Grants and Others Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) None and address of organization or government (b) EN (c) IPC section or grant (c) Amount of cash (c) Amount of	Part I General Information on Grants an	d Assistanc	e					
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (e) Name and address dorganization (a) Notified organization (b) EIN (e) Notified (c) Name (c) Notified organization (c) Notified (c) Name (c) Name <td>-</td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>s or assistance, and</td> <td></td>	-			-	-		s or assistance, and	
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) REC section organization answered "Yes" on Form 990, Organization organization organization provided if additional space is needed. (f) Member of valuation organization answered "Yes" on Form 990, One of the provided if additional space is needed. (1) NONPROFIT VOTE 2 deft Mais. AVE Continues, AX 50140 20-4568862 (g) REC (G) S0,000. (f) Member of valuation on one adversal assistance (h) Purpose of grant assistance (2) RUELA LANG. NUMBERNEMT 20-4568862 501 (C) (3) 50,000. PROGRAM GRANT (3) UPM VIN NETWORK 501 (C) (3) 50,000. PROGRAM GRANT (4) WIN NETWORK 501 (C) (3) 50,000. PROGRAM GRANT (5) DEAN WITH A VISION 700 (C) (3) 50,000. PROGRAM GRANT (6) PRAVIDER ATLE, NEW ORLEARS, LA 70119 72-102185 (501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MATLIXENE PROGRAM GRANT 94 (C) (GRANT ANST. PROGRAM GRANT PROGRAM GRANT (9) PROTOR NUME PROJONEL IN PROGRAM GRANT 94-30800 (501 (C) (3)	0							X Yes No
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Name address of organization or government to a duplicated if additional space is needed. (1) Non-RoPTT VOTE (a) Amount of cash assistance (b) Amount of non-Cash assistance (b) Method of valuation or on the set of the	2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Name address of organization or government to a duplicated if additional space is needed. (1) Non-RoPTT VOTE (a) Amount of cash assistance (b) Amount of non-Cash assistance (b) Method of valuation or on the set of the	Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	'es" on Form 990,
1 (a) Name and address of organization or government (b) EN (c) IRC section (1 applicable) (d) Amount of cash (applicable) (f) Mount of cash (applicable) (g) Amount of cash (-					
International and the second structure Description Description <thdescription< th=""> Description</thdescription<>	1 (a) Name and address of organization		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	
2464 MASS. AVE CAMERIDGE, MA 02140 20-4568862 501 (C) (3) \$0,000. PROGRAM GRANT (2) UNRAL ARIZONA ENRAGEMENT 345 W CENTRAL AVE. COOLIDGE, AZ 85128 83-3114207 501 (C) (3) 50,000. PROGRAM GRANT (3) UN FOUNDATION P.O. BOX 62 KEENER, CA 93531 95-2703575 501 (C) (3) 50,000. PROGRAM GRANT (4) NIN NIN NETWORK 1402 THIRD AVE. SEATTLE, WA 98101 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) MOMEN WITH A VISION 1226 N. BROAD STREET NEW ORLEANS, LA 70119 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURE ALLAS, INC. 248 NEST 35TH ST. NEN YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOSLIZING FROJECT 924 CHERKY ST. PHILABELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (9) RETWARK ON MOMEN IN PRISON 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INNIGRANTES DE LAS MONTANAS EN A S01 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INNIGRANTES DE LAS MONTANAS EN A S01 (C) (3) 44,000. PROGRAM GR						other		
(2) RURAL ARIZONA ENGAGEMENT 345 W CENTRAL AVE. COOLIDGE, AZ 85128 83-3114207 501 (C) (3) 50,000. PROGRAM GRANT (3) UFW FOUNDATION P.O. BOX 62 KEENE, CA 93531 59-2703575 501 (C) (3) 50,000. PROGRAM GRANT (4) WIN WIN NETWORK 1402 THEB AVE. SEATTLE, WA 98101 32-0419938 501 (C) (3) 50,000. PROGRAM GRANT (5) WOREN WITH A VISION 122-0419938 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 2-0419938 501 (C) (3) 45,000. PROGRAM GRANT (7) WEIA MORDILLEING FRACTURED ATLAS, INC. 240 WRET 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 240 WRET ST. PHILABELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (6) NETWORK ON WORKN IN PRISON 44000 WARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 45,000. PROGRAM GRANT (11) MAT'L HOUSINE & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94		-	500 (5) (0)	50.000				
345 W CENTRAL AVE. COOLIDGE, AZ 85128 83-3114207 501 (C) (3) 50,000. PROGRAM GRANT (3) UPW FOUNATION P.O. BOX 62 KEENE, CA 93531 95-2703575 501 (C) (3) 50,000. PROGRAM GRANT (4) WIN WIN NETWORK 1402 THIRD AVE. SEATTLE, WA 98101 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) WOMEN WITH A VISION 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 244 WEST 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERY ST. PHILABELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAN, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 45,000. PROGRAM GRANT (11) NAT'L MOSING A COMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 44,000. PROGRAM GRANT (12) AMARCHA RA ASSOCIATION 7272 GREENVILLE, AVENUE DALLAS, TX 75211 13-5613797 501 (C) (3) 40,000. PRO		20-4568862	501 (C) (3)	50,000.				PROGRAM GRANT
(3) UPW FOUNDATION P.O. BOX 62 REENE, CA 93531 95-2703575 501 (C) (3) 50,000. PROGRAM GRANT (4) WIN WIN NETWORK 1402 TIRED AVE. SEATTLE, WA 99101 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) MOMEN WITH A VISION 1226 N. BROAD STREET NEW ORLEANS, LA 70119 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 248 WEXT 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. FHILADELFHIA, FA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OALLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 15 RESEARCH DR. AMIERST, MA 01002 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 528 EMAR RD ASHEVILLE, NC 28066 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMINITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000.			500 (5) (0)	50.000				
P.O. BOX 62 KEENE, CA 93531 95-2703575 501 (C) (3) 50,000. PROGRAM GRANT (4) NIN NIN NETWORK 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) WOMEN WITH A VISION 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) WOMEN WITH A VISION 1226 N. BROAD STREET NEW ORLEANS, LA 70119 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 248 WEST 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. PHILABELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INNIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 45,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (12) AMERICAN HEART ASOCIATION 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 1		83-3114207	501 (C) (3)	50,000.				PROGRAM GRANT
(4) NIN WIN NETWORK PROGRAM GRANT 1402 THIED AVE. SEATTLE, WA 98101 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) WOMEN WITH A VISION 1226 N. BROAD STREET NEW ORLEANS, LA 70119 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 248 WEST 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (6) FRACTUREN ON WORK IN PERISON 24-0307123 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 10-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPARENS INMIGRANTES DE LAS MONTANAS EN A 528 EMMA RD ASHEVILLE, NC 28806 20-8330608 501 (C) (3) 44,000. 110 NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 13-5613797 501 (C) (3) 40,000. PROGRAM GRANT 128 MEERT ARA DA SAEVUILE, NC 28806 20-4303608 501 (C) (3) 44,000. PROGRAM GRANT 110 NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3)			500 (5) (0)	50.000				
1402 THIRD AVE. SEATTLE, WA 98101 32-0419998 501 (C) (3) 50,000. PROGRAM GRANT (5) WOMEN WITH A VISION 1226 N. BROAD STREET NEW ORLEANS, LA 70119 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. PHILADELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (6) NETWORK ON WOMEN IN FRISON 4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (19) PROTEUS FUND 115 RESEARCH DR. AMHERST, MA 01002 04-3243040 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 40-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 7273 (GREANTILEA VENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 722 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		95-2703575	501 (C) (3)	50,000.				PROGRAM GRANT
(5) WOMEN WITH A VISION 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. PHILADELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 15 RESEARCH DR. AMHERST, MA 01002 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INNIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT		-	500 (5) (0)	50.000				
1226 N. BROAD STREET NEW ORLEANS, LA 70119 72-1202185 501 (C) (3) 50,000. PROGRAM GRANT (6) FRACTURED ATLAS, INC. 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. PHILADELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (6) NETWORK ON WOMEN IN PRISON 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (6) NETWORK ON WOMEN IN PRISON 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPARENCS STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANENCS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION		32-0419998	501 (C) (3)	50,000.				PROGRAM GRANT
(6) FRACTURED ATLAS, INC. PROGRAM GRANT 248 WEST 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. PHILADELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 15 RESEARCH DR. AMHERST, MA 01002 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT 111 NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 400.400. PROGRAM GRANT PROGRAM GRANT 12) AMERICAN HEART ASSOCIATION 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			500 (5) (0)	50.000				
248 WEST 35TH ST. NEW YORK, NY 10001 11-3451703 501 (C) (3) 45,000. PROGRAM GRANT (7) MEDIA MOBILIZING PROJECT 924 CHERRY ST. PHILADELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table PROGRAM GRANT PROGRAM GRANT		72-1202185	501 (C) (3)	50,000.				PROGRAM GRANT
(7) MEDIA MOBILIZING PROJECT 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND		-	500 (5) (0)	45.000				
924 CHERRY ST. PHILADELPHIA, PA 19107 26-0307123 501 (C) (3) 45,000. PROGRAM GRANT (8) NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 15 RESEARCH DR. AMHERST, MA 01002 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		11-3451703	501 (C) (3)	45,000.				PROGRAM GRANT
(8) NETWORK ON WOMEN IN PRISON PROGRAM GRANT 4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 45,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 04-2400196 501 (C) (3) 44,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table PROGRAM GRANT			500 (5) (0)	45.000				
4400 MARKET STREET OAKLAND, CA 94608 94-3080408 501 (C) (3) 45,000. PROGRAM GRANT (9) PROTEUS FUND 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 04-32400196 501 (C) (3) 44,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table PROGRAM GRANT		26-0307123	501 (C) (3)	45,000.				PROGRAM GRANT
(9) PROTEUS FUND04-3243004501 (C) (3)45,000.PROGRAM GRANT15 RESEARCH DR. AMHERST, MA 0100204-3243004501 (C) (3)45,000.PROGRAM GRANT(10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 528 EMMA RD ASHEVILLE, NC 2880620-8303608501 (C) (3)44,000.PROGRAM GRANT(11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 9410394-2400196501 (C) (3)40,000.PROGRAM GRANT(12) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 7523113-5613797501 (C) (3)38,000.PROGRAM GRANT2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 tableTable			500 (5) (0)	45.000				
15 RESEARCH DR. AMHERST, MA 01002 04-3243004 501 (C) (3) 45,000. PROGRAM GRANT (10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT 528 EMMA RD ASHEVILLE, NC 28806 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 20-8303608 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table The line 1 table L L		94-3080408	501 (C) (3)	45,000.				PROGRAM GRANT
(10) COMPANEROS INMIGRANTES DE LAS MONTANAS EN A 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT 528 EMMA RD ASHEVILLE, NC 28806 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L L		-	500 (5) (0)	45.000				
528 EMMA RD ASHEVILLE, NC 28806 20-8303608 501 (C) (3) 44,000. PROGRAM GRANT (11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P Image: Community development L		04-3243004	501 (C) (3)	45,000.				PROGRAM GRANT
(11) NAT'L HOUSING & COMMUNITY DEVELOPMENT LAW P 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT 16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table L L L	<u> </u>		500 (5) (0)					
16630 MISSION ST SAN FRANCISCO, CA 94103 94-2400196 501 (C) (3) 40,000. PROGRAM GRANT (12) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Additional content of table Program Grant	· · · · · · · · · · · · · · · · · · ·	20-8303608	501 (C) (3)	44,000.				PROGRAM GRANT
(12) AMERICAN HEART ASSOCIATION		-		10.555				
7272 GREENVILLE AVENUE DALLAS, TX 75231 13-5613797 501 (C) (3) 38,000. PROGRAM GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		94-2400196	501 (C) (3)	40,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		-						
			1					PROGRAM GRANT
3 Enter total number of other organizations listed in the line i table		-	-				••••••	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						<u></u>		

SCHEDULE I	F	OMB No. 1545-0047							
(Form 990) Ge	overnme	nts, and Ir	ndividuals in	n the United	d States		2019		
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.				
Department of the Treasury		► At	ttach to Form 990				Open to Public		
Internal Revenue Service	► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior).		Inspection		
Name of the organization						Employer identifie	ation number		
NEO PHILANTHROPY, INC.						13-3191	113		
Part I General Information on Grants ar	d Assistanc	е							
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, ar	ıd		
the selection criteria used to award the grants or assistance? No									
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,									
Part IV, line 21, for any recipient		•							
			1		-				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) CENTER FOR AMERICAN PROGRESS									
1333 H ST. NW WASHINGTON, DC 20005	30-0126510	501 (C)(3)	35,000.				PROGRAM GRANT		
(2) STATE LEADERSHIP PROJECT									
1101 HAYNES ST. RALEIGH, NC 27604	83-4006980	501 (C)(3)	35,000.				PROGRAM GRANT		
(3) THE NATIONAL REENTRY NETWORK FOR RETURNING									
3227 DUBOIS PL. SE WASHINGTON, DC 20019	27-2880114	501 (C)(3)	35,000.				PROGRAM GRANT		
(4) TRANSCENDING BARRIERS ATLANTA, INC.									
1755 THE EXCHANGE ATLANTA, GA 30339	82-1544547	501 (C)(3)	35,000.				PROGRAM GRANT		
(5) WE STAND UNITED CAMPAIGN									
247 CENTRE ST. NEW YORK, NY 10013	82-4104652	501 (C)(4)	32,200.				PROGRAM GRANT		
(6) ECUMENICAL MINISTRIES OF OREGON									
0245 SW BANCROFT PORTLAND, OR 97239	93-0625359	501 (C)(3)	32,000.				PROGRAM GRANT		
(7) ARIZONA COALITION FOR CHANGE									
1241 E WASHINGTON ST PHOENIX, AZ 85034	82-2534431	501 (C)(3)	30,000.				PROGRAM GRANT		
(8) COMMUNITY SUCCESS INITIATIVE									
1830 TILLERY PLACE RALEIGH, NC 27604	16-1702165	501 (C)(3)	30,000.				PROGRAM GRANT		
(9) EQUALITY FLORIDA INSTITUTE, INC.									
6653 CURRENT DRIVE APOLLO BEACH, FL 33572	59-3435235	501 (C)(3)	30,000.				PROGRAM GRANT		
(10) FAMILIES FOR JUSTICE AS HEALING, INC.									
100R WARREN STREET ROXBURY, MA 02119	45-4148974	501 (C)(3)	30,000.				PROGRAM GRANT		
(11) MAKE THE VOTE NEW YORK									
301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501 (C)(3)	30,000.				PROGRAM GRANT		
(12) MOMENTUM COMMUNITY, INC.	_								
2901 S. HARCOURT AVE. LOS ANGELES, CA 90016	81-4267631	501 (C)(3)	30,000.				PROGRAM GRANT		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
3 Enter total number of other organizations lis							▶		
For Paperwork Reduction Act Notice see the Instruc	tions for Form Q	90				c	Schedule I (Form 990) (2019)		

SCHEDULE I				Assistance t			F	OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals ir	n the United	d States		2019
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		•	-	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identifi	cation number
NEO PHILANTHROPY	Y, INC.						13-3191	113
Part I General In	formation on Grants an	d Assistanc	e					
1 Does the organiza	ation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	nd
	ria used to award the gran			-	-			X Yes No
	V the organization's proce							
Part II Grants and	d Other Assistance to D	omestic Or	anizations ar	d Domestic Gov	ernments Com	nlete if the organiz	ation answered	"Yes" on Form 990
	e 21, for any recipient t		-			•		
				1		-		
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc	
(1) NONPROFIT FINANCE	FUND							
5 HANOVER SQUARE N	EW YORK, NY 10004	13-3238657	501 (C)(3)	30,000.				PROGRAM GRANT
(2) PODER IN ACTION								
5877 W INDIAN SCHO	OL RD PHOENIX, AZ 85031	46-2284158	501 (C)(3)	30,000.				PROGRAM GRANT
(3) WORKERS DEFENSE PR	OJECT							
5604 MANOR ROAD AU	STIN, TX 78723	35-2296166	501 (C)(3)	30,000.				PROGRAM GRANT
(4) JOHNS HOPKINS UNIV	ERSITY							
615 N. WOLFE STREE	T BALTIMORE, MD 21205	52-0595110	501 (C)(3)	29,641.				PROGRAM GRANT
(5) ADELANTE ALABAMA W	ORKER CENTER							
2104 CHAPEL HILL R	OAD BIRMINGHAM, AL 35216	46-5635459	501 (C)(3)	25,000.				PROGRAM GRANT
(6) ADVANCEMENT PROJEC	Т							
1363 N. 31ST ST. P	HILADELPHIA, PA 19121	95-4835230	501 (C)(3)	25,000.				PROGRAM GRANT
(7) ADVOCATES FOR BASI	C LEGAL EQUALITY							
525 JEFFERSON AVE.	TOLEDO, OH 43604	23-7376131	501 (C)(3)	25,000.				PROGRAM GRANT
(8) AMERICAN IMMIGRATI	ON COUNCIL							
1331 G STREET NW W	ASHINGTON, DC 20005	52-1549711	501 (C)(3)	25,000.				PROGRAM GRANT
(9) DEFENDING RIGHTS A	ND DISSENT							
1325 G ST. NW WASH	INGTON, DC 20005	27-0042821	501 (C)(3)	25,000.				PROGRAM GRANT
(10) NATIONAL PARTNERSH	IP FOR NEW AMERICANS							
1805 S. ASHLAND AV	E. CHICAGO, IL 60608	45-3419142	501 (C)(3)	25,000.				PROGRAM GRANT
(11) NORTH TEXAS COMMIS	SION FOUNDATION							
8445 FREEPORT PKWY	IRVING, TX 75063	75-2948710	501 (C)(3)	25,000.				PROGRAM GRANT
(12) POWER CALIFORNIA								
436 14TH STREET OA	KLAND, CA 94612	77-0651682	501 (C)(3)	25,000.				PROGRAM GRANT
	er of section 501(c)(3) and	-	-					▶
3 Enter total numbe	er of other organizations lis	ted in the line	1 table	<u></u>	<u></u>	<u></u>	<u></u>	▶
For Paperwork Reduction	n Act Notice see the Instruct	tions for Form 9	00					Schedule I (Form 990) (2019)

SCHEDULE I				Assistance t			F	OMB No. 1545-0047
(Form 990)	G	overnme	nts, and Ir	ndividuals ii	n the United	d States		2019
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		-	► A	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest information	1.		Inspection
Name of the organization							Employer identif	cation number
NEO PHILANTHROE	PY, INC.						13-3193	.113
Part I General I	nformation on Grants ar	nd Assistanc	e					
1 Does the organiz	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	nd
the selection crit	eria used to award the grar	nts or assistanc	e?	-				X Yes No
2 Describe in Part	IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants ar	nd Other Assistance to I	Domestic Or	nanizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	"Yes" on Form 990
	ne 21, for any recipient		-					
				1		-		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc	
(1) PROYECTO INMIGRAN	ITE							
6850 MANHATTAN BL	VD FORT WORTH, TX 76120	20-4157357	501 (C)(3)	25,000.				PROGRAM GRANT
(2) SACRED PURPOSES,	INC							
220 MAPLE AVE RAP	PID CITY, SD 57701	83-4029546	501 (C)(3)	25,000.				PROGRAM GRANT
(3) SEX WORKERS OUTRE	ACH PROJECT							
340 S LEMON AVE,	#7566 WALNUT, CA 91789	26-2264638	501 (C)(3)	25,000.				PROGRAM GRANT
(4) SHERIFFS FOR TRUS	TING COMMUNITIES							
732 NINTH STREET	, #505 DURHAM, NC 27705	82-4042237	501 (C)(3)	25,000.				PROGRAM GRANT
(5) SOCIAL AND ENVIRC	NMENTAL ENTREPRENEURS							
23532 CALABASAS R	RD CALABASAS, CA 91302	95-4116679	501 (C)(3)	25,000.				PROGRAM GRANT
(6) TUFTS UNIVERSITY								
136 HARRISON AVEN	IUE BOSTON, MA 02111	04-2103634	501 (C)(3)	25,000.				PROGRAM GRANT
(7) NARAL PRO-CHOICE	VIRGINIA FOUNDATION	_						
P.O. BOX 1204 ALE	EXANDRIA, VA 22313	77-0611790	501 (C)(3)	24,000.				PROGRAM GRANT
(8) YSLETA DEL SUR PU	JEBLO	_						
119 S. OLD PUEBLC	RD EL PASO, TX 79907	74-1851338	501 (C)(3)	23,750.				PROGRAM GRANT
(9) ME TOO INTERNATIC	NAL, INC.							
375 HIGHLAND AVE	NW ATLANTA, GA 30312	83-4447513	501 (C)(3)	23,582.				PROGRAM GRANT
(10) CHHAYA COMMUNITY	DEVELOPMENT CORPORATION							
37-43 77TH ST JAC	KSON HEIGHTS, NY 11372	11-3580935	501 (C)(3)	22,500.				PROGRAM GRANT
(11) CHINESE PROGRESSI	VE ASSOCIATION							
1042 GRANT AVE. S	SAN FRANCISCO, CA 94133	23-7404756	501 (C)(3)	22,500.				PROGRAM GRANT
(12) CORRECTIONAL ASSO	CIATION OF NEW YORK	_						
P.O. BOX 793 BROC			501 (C)(3)	22,500.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
	per of other organizations lis							•
For Paperwork Reduction	on Act Notice see the Instruc	tions for Form 9	90					Schedule I (Form 990) (2019)

SCHEDULE I		OMB No. 1545-0047						
(Form 990) GC	vernme	nts, and Ir	ndividuals ii	n the United	d States		2019	
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.			
Department of the Treasury			ttach to Form 990				Open to Public	
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection	
Name of the organization						Employer identifica		
NEO PHILANTHROPY, INC.						13-31911	13	
Part I General Information on Grants and	d Assistanc	e						
1 Does the organization maintain records to se			-	-		ts or assistance, and		
the selection criteria used to award the grant							X Yes No	
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	es" on Form 990,	
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is i	needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) REIGN 4 LIFE, INC.					,			
21 SAMMIS PLACE HEMPSTEAD, NY 11550	82-4186734	501 (C)(3)	22,500.				PROGRAM GRANT	
(2) COMMUNITY INITIATIVES	02 1100701	501 (0) (3)	22,300.					
1000 BROADWAY, SUITE 480 OAKLAND, CA 94607	94-3255070	501 (C)(3)	20,000.				PROGRAM GRANT	
(3) DARE DIRECT ACTION FOR RIGHTS AND EQUALITY			.,					
340 LOCKWOOD STREET PROVIDENCE, RI 02907	05-0422763	501 (C)(3)	20,000.				PROGRAM GRANT	
(4) FIRSTFOLLOWERS								
P.O. BOX 8923 CHAMPAIGN, IL 61826	47-5633240	501 (C)(3)	20,000.				PROGRAM GRANT	
(5) HIAS, INC.								
1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501 (C)(3)	20,000.				PROGRAM GRANT	
(6) HOMIES UNIDOS, INC.								
2105 BEVERLY BLVD LOS ANGELES, CA 90057	95-4740768	501 (C)(3)	20,000.				PROGRAM GRANT	
(7) HOW OUR LIVES LINK ALTOGETHER!, INC.								
510 GATES AVENUE BROOKLYN, NY 11216	46-1020254	501 (C)(3)	20,000.				PROGRAM GRANT	
(8) INTERNATIONAL REFUGEE ASSISTANCE PROJECT, I								
1 BATTERY PARK PLAZA NEW YORK, NY 10004	82-2167556	501 (C)(3)	20,000.				PROGRAM GRANT	
(9) NARAL PRO-CHOICE TEXAS FOUNDATION								
7600 BURNET ROAD AUSTIN, TX 78750	74-2007519	501 (C)(3)	20,000.				PROGRAM GRANT	
(10) NASHVILLE HEALTH								
8 CITY BLVD, SUITE 204 NASHVILLE, TN 37209	81-3063375	501 (C)(3)	20,000.				PROGRAM GRANT	
(11) NEO PHILANTHROPY ACTION FUND, INC.								
45 W 36TH ST., 6TH FL. NEW YORK, NY 10018	80-0444461	501 (C)(4)	20,000.				PROGRAM GRANT	
(12) NEW ISRAEL FUND								
6 EAST 39TH ST. NEW YORK, NY 10016		501 (C)(3)	20,000.				PROGRAM GRANT	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
3 Enter total number of other organizations lis						<u></u>		
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 9	90				Sc	hedule I (Form 990) (2019)	

SCHEDULE I			Assistance t				OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals in	n the United	d States		2019
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information	l.		Inspection
Name of the organization						Employer identificat	ion number
NEO PHILANTHROPY, INC.						13-319113	13
Part I General Information on G	rants and Assistance	9					
1 Does the organization maintain rec	ords to substantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the gran	ts or assistance, and	
the selection criteria used to award	0						X Yes No
2 Describe in Part IV the organization	n's procedures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assista	nce to Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	zation answered "Y	'es" on Form 990,
Part IV, line 21, for any re		-			• •		
1 (a) Name and address of organization or government	•	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)					other		
(1) NEW LEGACY REENTRY CORP 1115 GARVIN PLACE LOUISVILLE, KY 40	203 45-2406993	501 (C)(3)	20,000.				DDOCDAM CDANT
	40-2406995	501 (C) (3)	20,000.				PROGRAM GRANT
(2) PIONEER VALLEY WORKERS CENTER INC 20 HAMPTON AVE NORTHAMPTON, MA 0106	0 82-4732798	501 (C)(3)	20.000				DDOCDAM CDANT
(3) PROJECT PROSPER	0 02-4732790	501 (C) (3)	20,000.				PROGRAM GRANT
13575 58TH ST NORTH CLEARWATER, FL	33760 45-0491407	501 (C)(3)	20,000.				PROGRAM GRANT
(4) RAHAM, INC.	33700 43-0491407	501 (0)(3)	20,000.				FROGRAM GRANI
277 GRATIOT AVENUE DETROIT, MI 4822	6 81-5011548	501 (C)(3)	20,000.				PROGRAM GRANT
(5) SANTA CRUZ BARRIOS UNIDOS, INC.	0 01 0011010	301 (0) (3)	20,000.				
1817 SOQUEL AVE. SANTA CRUZ, CA 950	62 77-0333450	501 (C)(3)	20,000.				PROGRAM GRANT
(6) STARTING OVER, INC.			.,				
1390 WEST 6TH ST. CORONA, CA 92882	90-0455003	501 (C)(3)	20,000.				PROGRAM GRANT
(7) TRY TOGETHER							
10 DORRANCE STREET PROVIDENCE, RI 0	2903 82-5322201	501 (C)(3)	20,000.				PROGRAM GRANT
(8) WITNESS TO MASS INCARCERATION							
111 WEST 71ST ST NEW YORK, NY 10023	82-5460402	501 (C)(3)	20,000.				PROGRAM GRANT
(9) REFUGEE HEALTH ALLIANCE							
788 VISTA SAN JAVIER SAN DIEGO, CA	92154 84-2743072	501 (C)(3)	19,000.				PROGRAM GRANT
(10) FISCAL POLICY INSTITUTE							
1 LEAR JET LANE LATHAM, NY 12110	14-1737256	501 (C)(3)	17,000.				PROGRAM GRANT
(11) ROCKEFELLER PHILANTHROPY ADVISORS,	INC.						
6 WEST 48TH ST NEW YORK, NY 10036	13-3615533	501 (C)(3)	16,970.				PROGRAM GRANT
(12) ABOLITIONIST LAW CENTER							
P.O. BOX 8654 PITTSBURGH, PA 15221	46-2132412	501 (C)(3)	15,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and government of	organizations lis	ted in the line 1 tak	ble			
3 Enter total number of other organiz	ations listed in the line	1 table	<u>.</u>	<u></u>	<u> </u>	<u></u>	
For Paperwork Reduction Act Notice see th						Sci	nedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t Individuals in				20 19
	Com	plete if the or	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ttach to Form 990		, ,		Open to Public
Internal Revenue Service		► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identificati	on number
NEO PHILANTHROP	PY, INC.						13-319111	3
Part I General I	nformation on Grants and	d Assistanc	e				•	
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant							X Yes No
	IV the organization's proced							
	nd Other Assistance to D					nlete if the organiz	ation answered "Y	es" on Form 990
	ne 21, for any recipient th		-					
i ait iv, iii				1				
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN BAR ASSO	CIATION FUND FOR JUSTICE A							
321 N. CLARK STRE	ET CHICAGO, IL 60610	36-6110299	501 (C)(3)	15,000.				PROGRAM GRANT
(2) AMISTAD LAW PROJE	CT							
P.O. BOX 9148 PIT	TSBURGH, PA 15221	47-2112376	501 (C)(3)	15,000.				PROGRAM GRANT
(3) BLACK AND PINK, I	NC.							
6223 MAPLE STREET	C, #4600 OMAHA, NE 68104	27-3930676	501 (C)(3)	15,000.				PROGRAM GRANT
(4) BULLSUGAR ALLIANC	CE, INC.							
2336 SE OCEAN BLV	D, #172 STUART, FL 34996	81-1859730	501 (C)(3)	15,000.				PROGRAM GRANT
(5) FACTS EDUCATION F	'UND	_						
6109 S WESTERN AV	E LOS ANGELES, CA 90047	75-2971264	501 (C)(3)	15,000.				PROGRAM GRANT
(6) GOT GREEN		_						
P.O. BOX 18794 SE	CATTLE, WA 98118	91-1656676	501 (C)(3)	15,000.				PROGRAM GRANT
(7) JEWISH FAMILY SER	RVICE OF SAN DIEGO	_						
-	A AVE SAN DIEGO, CA 92123	95-1644024	501 (C)(3)	15,000.				PROGRAM GRANT
(8) MARCH 13 FUND		_						
	STREET CHICAGO, IL 60609	82-5447737	501 (C)(3)	15,000.				PROGRAM GRANT
(9) MEN & WOMEN IN PR		_						
	ET CHICAGO, IL 60616	36-3850240	501 (C)(3)	15,000.				PROGRAM GRANT
(10) SAFE PASSAGE PROJ	ECT CORPORATION	_						
	NEW YORK, NY 10013	46-2946211	501 (C)(3)	15,000.				PROGRAM GRANT
\/	NIZED FOR UNITY & LIBERATIO	-						
	NUE CHICAGO, IL 60615	36-4174590	501 (C)(3)	15,000.				PROGRAM GRANT
\/	CAN YOUNG LEADERS ASSOC. OF	-						
	IR HWY N.O., LA 70129	33-1143213		15,000.	 .1.			PROGRAM GRANT
	per of section 501(c)(3) and							
	per of other organizations list							
For Paperwork Reduction	on Act Notice, see the Instructi	ions for Form 9	90.				Sch	edule I (Form 990) (2019)

	Grants a	F	OMB No. 1545-0047				
(Form 990) GC	overnme	nts, and Ir	ndividuals ii	n the United	d States		2019
Com							
Department of the Treasury	-	► At	ttach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to <i>www.irs.gov</i>	/Form990 for the I	atest informatior	.		Inspection
Name of the organization						Employer identific	ation number
NEO PHILANTHROPY, INC.						13-3191	113
Part I General Information on Grants an	d Assistanc	е					
1 Does the organization maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, an	d
the selection criteria used to award the gran	ts or assistand	e?	-				X Yes No
2 Describe in Part IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	nanizations ar	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	'Yes" on Form 990
Part IV, line 21, for any recipient t		-			•		
			1		-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUNG WOMEN EMPOWERED							
2524 16TH AVE, SUITE 301 SEATTLE, WA 98144	47-2230647	501 (C)(3)	15,000.				PROGRAM GRANT
(2) YOUTH RISE TEXAS, INC.							
1307 EAST 4TH STREET AUSTIN, TX 78702	83-0663313	501 (C)(3)	15,000.				PROGRAM GRANT
(3) MIGRANT JUSTICE INC.							
294 N. WINOOSKI AVE BURLINGTON, VT 05401	81-4176655	501 (C)(3)	12,500.				PROGRAM GRANT
(4) NATIONAL IMMIGRATION PROJECT OF THE NATIONA							
2201 WISCONSIN AVE WASHINGTON, DC 20007	95-2926663	501 (C)(3)	11,500.				PROGRAM GRANT
(5) NEW VENTURE FUND							
1201 CONN. AVE WASHINGTON, DC 20036	20-5806345	501 (C)(3)	10,054.				PROGRAM GRANT
(6) CHICAGO COMMUNITY BOND FUND							
601 SOUTH CALIFORNIA AVE CHICAGO, IL 60612	47-5015710	501 (C)(3)	10,000.				PROGRAM GRANT
(7) DETROIT JUSTICE CENTER							
1420 WASHINGTON BLVD DETROIT, MI 48226	82-2295339	501 (C)(3)	10,000.				PROGRAM GRANT
(8) FAITH IN NEW JERSEY							
P.O. BOX 1317 CAMDEN, NJ 08105	47-2456034	501 (C)(3)	10,000.				PROGRAM GRANT
(9) FIERCE							
2427 MORRIS AVE. BRONX, NY 10468	03-0518774	501 (C)(3)	10,000.				PROGRAM GRANT
(10) JUSTICE COMMITTEE							
3440 79TH ST JACKSON HEIGHTS, NY 11372	36-4576355	501 (C)(3)	10,000.				PROGRAM GRANT
(11) JUSTICE FOR FAMILIES, LTD.							
1913 AZALEA STREET SULPHUR, LA 70663	45-2625169	501 (C)(3)	10,000.				PROGRAM GRANT
(12) LATIN AMERICAN LEGAL DEFENSE & EDUCATIONAL	_						
714-7166 S. CLINTON AVENUE NEWARK, NJ 08611		501 (C)(3)	10,000.				PROGRAM GRANT
2 Enter total number of section 501(c)(3) and							▶
3 Enter total number of other organizations lis						<u></u>	►
For Paperwork Reduction Act Notice see the Instruct	ions for Form 9	90				9	chedule I (Form 990) (2019)

SCHEDULE I (Form 990)				Assistance t ndividuals in				20 19
	Com	plete if the or	qanization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ttach to Form 990		, ,		Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization							Employer identification	on number
NEO PHILANTHROP	PY, INC.						13-319111	3
Part I General I	nformation on Grants and	d Assistanc	e				·	
	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant						[X Yes No
2 Describe in Part	IV the organization's proced	lures for mor	nitoring the use	of grant funds in the	e United States.			
	nd Other Assistance to D ne 21, for any recipient th		-					es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MICHIGAN COUNCIL	ON CRIME AND DELINQUENCY							
1679 BROADWAY STR	REET ANN ARBOR, MI 48105	38-2108273	501 (C)(3)	10,000.				PROGRAM GRANT
(2) MOTUS THEATER								
P.O. BOX 6080 BOU	ULDLER, CO 80306	90-0716569	501 (C)(3)	10,000.				PROGRAM GRANT
(3) NATIONAL COMMITTE	E FOR RESPONSIVE PHILANTHR							
1900 L ST. NW WAS	HINGTON, DC 20032	52-1072749	501 (C)(3)	10,000.				PROGRAM GRANT
(4) NEW HOUR FOR WOME	N AND CHILDREN - LI, INC							
1725 BRENTWOOD RD	BRENTWOOD, NY 11717	47-4718783	501 (C)(3)	10,000.				PROGRAM GRANT
(5) OSTARA INITIATIVE	1							
P.O. BOX 18603 MI	NNEAPOLIS, MN 55418	82-4855661	501 (C)(3)	10,000.				PROGRAM GRANT
(6) RESTOREHER US. AM	MERICA, INC.	1						
128 GREEN VALLEY	RD FAYETTEVILLE, GA 30214	83-0907216	501 (C)(3)	10,000.				PROGRAM GRANT
(7) ROCKAWAY YOUTH TA	SK FORCE, INC.	4						
1920 MOTT AVE. FA	AR ROCKAWAY, NY 11691	45-4926515	501 (C)(3)	10,000.				PROGRAM GRANT
(8) TRANS UNITED, INC		4						
	NW WASHINGTON, DC 20009	26-3728794	501 (C)(3)	10,000.				PROGRAM GRANT
(9) UNHEARD VOICES OU	JTREACH	-						
	CRCL NASHVILLE, TN 37207	81-5151117	501 (C)(3)	10,000.				PROGRAM GRANT
(10) UNIVERSITY BEYOND	BARS	-						
929 NORTH 130TH S	ST. SEATTLE, WA 98133	20-3469787	501 (C)(3)	10,000.				PROGRAM GRANT
<pre>(11) VIRGINIA LEAGUE F</pre>		4						
	C. RICHMOND, VA 23221	54-0505973	501 (C)(3)	10,000.				PROGRAM GRANT
(12) W. HAYWOOD BURNS		4						
475 14TH STREET O		81-0594086		10,000.				PROGRAM GRANT
	per of section 501(c)(3) and	-	-					
	per of other organizations list							
For Paperwork Reduction	on Act Notice, see the Instructi	ons for Form 9	90.				Sch	edule I (Form 990) (2019)

SCHEDULE I		Grants ar	F	OMB No. 1545-0047				
(Form 990)			-	ndividuals ir				2019
	Comp	plete if the or	-	wered "Yes" on F		line 21 or 22.		
Department of the Treasury				ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information			Inspection
Name of the organization							Employer identifica	
NEO PHILANTHROP	•						13-31911	13
	nformation on Grants and							
	zation maintain records to su			-	-			
	eria used to award the grant							X Yes No
2 Describe in Part	IV the organization's procee	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants an	d Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
	ne 21, for any recipient th		-					,
				1		(f) Method of valuation		(h) Durnage of grant
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WE ARE BETTER TOG	ETHER WARREN DANIEL HAIRST							
91 THORNTON STREE	T ROXBURY, MA 02119	82-3856484	501 (C)(3)	10,000.				PROGRAM GRANT
(2) WELCOME PROJECT IN	NC.							
530 MYSTIC AVE. S	OMERVILLE, MA 02145	04-3088140	501 (C)(3)	10,000.				PROGRAM GRANT
(3) WIND OF SPIRIT IM	MIGRANT RESOURCE CENTER							
19 MARKET STREET I	MORRISTOWN, NJ 07960	22-3777248	501 (C)(3)	10,000.				PROGRAM GRANT
(4) HIGHLANDER RESEAR	CH & EDUCATION CENTER, INC							
1959 HIGHLANDER W	AY NEW MARKET, TN 37820	62-0646373	501 (C)(3)	9,200.				PROGRAM GRANT
(5) CCF COMMUNITY INI	TIATIVES FUND							
221 S FIGUEROA ST	LOS ANGELES, CA 90012	95-4774698	501 (C)(3)	9,000.				PROGRAM GRANT
(6) GRANTMAKERS CONCE	RNED WITH IMMIGRANTS & REF							
P.O. BOX 1100 SEB	ASTOPOL, CA 95473	20-2559651	501 (C)(3)	9,000.				PROGRAM GRANT
(7) FRIENDS OF THE EV	ERGLADES INC							
11767 S DIXIE HWY	MIAMI, FL 33156	23-7099893	501 (C)(3)	6,000.				PROGRAM GRANT
(8)		_						
(9)								
(10)		_						
(11)		_						
(12)		_						
0 Enter total and t				 				217
	er of section 501(c)(3) and g	•	•					
	er of other organizations list							3.
For Paperwork Reduction	on Act Notice, see the Instructi	ions for ⊦orm 9	90.				Sc	hedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
I					
2					
3					
4					
5					
6					
7 art IV Supplemental Information. Provide					

information.

SCHEDULE I, PART I, LINE 2

GRANTS ARE MADE TO ORGANIZATIONS THAT MEET ELIGIBILITY REQUIREMENTS FOR

FUNDING INCLUDING APPROPRIATE TAX-EXEMPT STATUS AND FINANCIAL STATEMENTS.

ORGANIZATIONS MAY ALSO BE VISITED ON-SITE BY STAFF. ONCE GRANTS ARE MADE,

GRANTEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS FOR MULTI-YEAR GRANTS.

ALL ORGANIZATIONS AWARDED GRANTS MUST SUBMIT A FINAL REPORT AND FINANCIAL

NARRATIVE AT THE END OF THE GRANT PERIOD. FUNDS THAT ARE NOT EXPENDED ARE

EITHER EXTENDED BY AGREEMENT OR REFUNDED TO NEO.

Page **2**

	EDULE J	Comper	ารล	tion Information	Ļ	OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dir	ectors	s, Trustees, Key Employees, and Highest		୬ଜ	10	1
		Complete if the organizati	ion ar	swered "Yes" on Form 990, Part IV, line :	23.			alia
	nent of the Treasury Revenue Service			ch to Form 990. or instructions and the latest information		Open t Insn	o Pul	
-	of the organization				Employer identifica			
NEO	PHILANTHR	OPY, INC.			13-31911	13		
Part	Question	s Regarding Compensation						
1.	Check the en	eventiete bev(ee) if the eventienties at	a vida	d any of the following to as for a new	on listed on Fa		Yes	No
Ia		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				rm		
	First-cla	ss or charter travel		Housing allowance or residence for	•			
		or companions		Payments for business use of perso				
		emnification and gross-up payments		Health or social club dues or initiation				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did to ment or provision of all of the ex	xpens	ses described above? If "No," con	egarding payme plete Part III	to		
•	explain					. 1b		
2	•	anization require substantiation prio stees, and officers, including the CEC		. .	•			
3		n, if any, of the following the organizati						
3	organization's	CEO/Executive Director. Check all the ization to establish compensation of the ization to establish compensation to estab	at ap	pply. Do not check any boxes for metho	ods used by a			
		isation committee		Written employment contract				
	· ·	dent compensation consultant	X	Compensation survey or study				
		00 of other organizations	Х	Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	, Par	t VII, Section A, line 1a, with respect t	o the filing			
а	•	verance payment or change-of-control p	baym	ent?		. 4a	X	
b	Participate in	, or receive payment from, a suppleme	ental	nonqualified retirement plan?		. 4b		Х
С		, or receive payment from, an equity-ba				. 4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	orovid	le the applicable amounts for each i	tem in Part III.			
-	-	501(c)(3), 501(c)(4), and 501(c)(29) o	-	-				
5	•	listed on Form 990, Part VII, Sect o contingent on the revenues of:	lion <i>i</i>	A, line Ia, did the organization pa	ay or accrue a	.ny		
а		ion?						X
b		rganization?	• • •			. 5b		X
c		e 5a or 5b, describe in Part III.	lan	A line to did the exercise re-				
6	-	listed on Form 990, Part VII, Sect contingent on the net earnings of:		A, nine ra, ulu ine organization pa	ay of accrue a	iiy		
а	•	ion?				. 6a		X
b	-	rganization?						X
-	•	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section	on A	. line 1a. did the organization prov	vide anv nonfix	ed		
-		described on lines 5 and 6? If "Yes," of						Х
8	-	ounts reported on Form 990, Part VII,			-		1	
		l contract exception described in					1	
								Х
9		ine 8, did the organization also fo						
	Regulations s	ection 53.4958-6(c)?		<u></u>		. 9		

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHELE LORD	(i)	260,236.	0.	0.	8,029.	28,888.	297,153.	
1PRESIDENT	(ii)	6,864.	0.	0.	206.	711.	7,781.	
ERIN BALLARD	(i)	183,255.	0.	0.	5,771.	25,943.	214,969.	
2CHIEF OPERATING OFFICER	(ii)	6,745.	0.	0.	202.	849.	7,796.	
SU LIM	(i)	141,555.	0.	0.	4,412.	14,792.	160,759.	
3CHIEF FINANCIAL OFFICER	(ii)	16,440.	0.	0.	493.	1,615.	18,548.	
JULIA M. ANGWIN	(i)	298,500.	0.	0.	2,275.	905.	301,680.	
4PROGRAM DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	0.	
JEFFREY A. LARSON	(i)	107,091.	0.	187,500.	Ο.	34,108.	328,699.	
5PROGRAM DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	0.	
SUSAN P. GARDNER	(i)	148,821.	0.	75 , 000.	Ο.	18,601.	242,422.	
6PROGRAM DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	0.	
EDWIN REKOSH	(i)	195,742.	0.	0.	5,750.	19,562.	221,054.	
7PROGRAM DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	0.	
RINI CHAKRABORTY	(i)	196,898.	0.	0.	5,661.	922.	203,481.	
8SR. PROGRAM OFFICER	(ii)	0.	0.	0.	Ο.	0.	0.	
ANITA KHASHU	(i)	185,329.	0.	0.	5,587.	9,786.	200,702.	
9PROGRAM DIRECTOR	(ii)	10,493.	0.	0.	315.	549.	11,357.	
LISA VERSACI	(i)	190,476.	0.	0.	5,730.	17,253.	213,459.	
10PROGRAM DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	0.	
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

JEFFREY A. LARSON: \$187,500

SUSAN P. GARDNER: \$75,000

SCHEDULE M (Form 990)

JSA

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

20**19**Open to Public
Inspection

Name of the organization

Employer identification	number
13-3191113	

NEO PHILANTHROPY, INC.

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	22.	9,073,351.	FAIR VALU	JE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►()							
	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for				-
	which the organization completed I				29			
	Ŭ Î	,	, C				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	ance policy that require	es the review of any	nonstandard			
	contributions?					31		Х
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedul	эМ (Fc	orm 990	J) 2019

13-3191113

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



 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
 Employer ide

 NEO PHILANTHROPY, INC.
 13-31

Employer identification number

FORM 990, PART I, LINE I NEO PHILANTHROPY, INC. IS A PUBLIC CHARITY THAT DEVELOPS AND LEADS LARGE-SCALE COLLABORATIVE GRANT-MAKING ON SOCIAL JUSTICE AND HUMAN RIGHTS ISSUES, PROVIDES FISCAL SPONSORSHIP AND MANAGEMENT OF PROJECTS AND CAMPAIGNS, AND DEVELOPS ORGANIZATION AND FIELD-FOCUSED CAPACITY BUILDING INITIATIVES.

FORM 990, PART VI, SECTION B, LINE 11B A COPY OF THE FORM 990 IS SENT TO THE BOARD FOR REVIEW PRIOR TO FILING. IF THE BOARD HAS ANY QUESTIONS REGARDING THE 990, THEY ARE BROUGHT TO THE ATTENTION OF THE PREPARERS.

FORM 990, PART VI, SECTION B, LINE 12C

THE BOARD REGULARLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY. DIRECTORS, OFFICERS, AND KEY PERSONNEL ARE REQUIRED TO DISCLOSE ALL POSSIBLE CONFLICTS IMMEDIATELY IN WRITING TO THE BOARD. THE BOARD REVIEWS SUCH MATTERS AND ACTS IN ACCORDANCE WITH THE POLICY. IF A CONFLICT DOES EXIST, THE CONFLICTED DIRECTOR, OFFICER, OR EMPLOYEE MUST RECUSE THEMSELVES FROM ANY CONVERSATIONS REGARDING THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A THE BOARD OF DIRECTORS HIRES THE PRESIDENT AND SETS EXECUTIVE COMPENSATION. THE BOARD ANNUALLY CONDUCTS THE PRESIDENT'S EVALUATION AND APPROVES THE COMPENSATION. THE BOARD ALSO REVIEWS THE COMPENSATION OF

Name of the organization NEO PHILANTHROPY, INC.	En	Page 2 nployer identification number 13-3191113		
OTHER MANAGEMENT AND KEY EMPLOYEES OF THE ORG	ANIZATION.			
FORM 990, PART VI, SECTION C, LINE 15B				
THE ORGANIZATION HAS AN ANNUAL PERFORMANCE EV	ALUATION PROCESS AND SETS			
COMPENSATION BASED ON THE RESULT OF THE EVALU	ATION. THE PRESIDENT AND			
MANAGEMENT APPROVE THE SALARIES OF ALL OTHER	EMPLOYEES.			
FORM 000 DART VI SECTION C LINE 10				
FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFL	TOT OF INTEDECT DOLLOY A	ND		
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUB	<u> </u>	ATTACHMENT 1		
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	ERVICES			
DESCRIPTION	GRANTS EX	PENSES REVENUE		
DONOR SERVICES AND OTHER PROGRAMS	8,681,221. 1	1,317,911. 592,00		
TOTALS	8,681,221. 1	1,317,911. 592,00		
		ACHMENT 2		
FORM 990, PART VI, LINE 17 - STATES				
AL,AR,CA,				
FL,GA,HI,IL,KS,KY,MD,MA,MI,				
MN,MS,NH,NJ,NM,NY,NC,OR,PA,				
RI,SC,TN,UT,VA,WV,WI,				
	ATT	ACHMENT 3		
990, PART VII- COMPENSATION OF THE FIVE HIGHE	ST PAID IND. CONTRACTORS			
NAME AND ADDRESS	DESCRIPTION OF SERVI	CCES COMPENSATION		

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019

Schedule O (Form 990 or 990-EZ) 2019		Page 2
Name of the organization	Employer identification number	
NEO PHILANTHROPY, INC.	13-3191113	

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
P.O. BOX 17354 BOULDER, CO 80308		
TEAM BLACKBIRD 195 MONTAGUE STREET, #1206 BROOKLYN, NY 11201	PROJECT MANAGEMENT	1,548,800.
CIVITAS PUBLIC AFFAIRS GROUP LLIC 409 7TH STREET, NW, SUITE 350 WASHINGTON, DC 20004	PROJECT MANAGEMENT	840,642.
SHOUT LLC 1122 E PIKE STREET, #919 SEATTLE, WA 98122	PROJECT MANAGEMENT	525,156.
DEMOCRACY ALLIANCE 1401 K STREET NW, SUITE 700 WASHINGTON, DC 20005	PROJECT MANAGEMENT	408,834.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS	15,473,909.	15,235,956.	237,953.	
TOTALS	15,473,909.	15,235,956.	237,953.	

1185283

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

13-3191113

SCHEDULE R (Form 990)

JSA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

NEO PHILANTHROPY, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	(g) 512(b)(13) trolled tity?	
						Yes	No	
(1) NEO PHILANTRHOPY ACTION FUND, INC. 80-0444461								
45 WEST 36TH STREET NEW YORK, NY 10018	SOCIAL ADV.	NY	501(C)4		N/A		Х	
(2)	-							
							 	
(3)	-							
							L	
(4)	_							
(5)								
(6)								
(7)								
	1							

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

Schedule R (Form 990) 2019

9E1307 1.000 6221PW V01B 11/10/2020 7:34:41 PM V 19-7.5F 1185283 Schedule R (Form 990) 2019

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		1		· · ·	· · ·							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) cortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controllec entity?
(4)								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

NEO PHILANTHROPY, INC.

Schedule R (Form 990) 2019

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	t IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?			
						X
				· · · · · ⊢		
					_	
					_	X
е	Loans or loan guarantees by related organization(s)				e	X
f	Dividends from related organization(s)			1	f	Х
					g	X
h	Purchase of assets from related organization(s)			• • • • • ⊢		X
				1		X
j	ease of facilities, equipment, or other assets to related organization(s)			1	j X	
					r I	X
						X
						X
b Gift, grant, or capital contribution to related organization(s). c Gift, grant, or capital contribution from related organization(s). c Loans or loan guarantees to related degranization(s). e Loans or loan guarantees to related degranization(s). f Dividends from related organization(s). f Dividends from related organization(s). f Dividends from related organization(s). f Lease of assets from related organization(s). i Lease of assets from related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). p Porchase of services or membership or fundraising solicitations tor related organization(s). f Dividends from related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). f Performance of services or membership or fundraising solicitations tor related organization(s). f Sharing of facilities, equipment, maing itsis, or other assets with related organization(s). f Other transfer of cash or properly tor related organization(s). f Other transfer of cash or properly tor related organization(s). f Other transfer of cash or properly tor fuelted organization(s). f Other transfer of cash or properly tor fuelted organization(s). f Other transfer of cash or properly tor fuelted organization(s). f Other transfer of cash or properly tor fuelted organization(s). f Other transfer of cash or properly tor fuelted organization(s). f If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshtor (Name ef related organization). f If the organization FUND, INC. f If the organizatio			X			
0				· · · · · · · · · · ·		
n	Reimbursement paid to related organization(s) for expenses			1	q	X
					q X	
4					·	
r	Other transfer of cash or property to related organization(s)			1	r	X
s	Other transfer of cash or property from related organization(s).			1	s	X
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cover	red relationships and trans	action thresh	olds.	
		Transaction		Method of o	letermin	
		(J) (U U)		anount		
(1)	NEO PHILANTHROPY ACTION FUND, INC.	0	324,075.	COST AL	LOCAT	CION
(2)	NEO PHILANTHROPY ACTION FUND, INC.	С	320,809.	CASH		
(0)						
(3)						
(4)						
(5)						
(3)						
(6)						
JSA			Sc	hedule R (For	m 990	2019
9E1309	000					

Page **3**

Page 4

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN c	(a) ne, address, and EIN of entity		(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	sec 501(organiz	(e) (f) re all partners section 501(c)(3) rganizations?		(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No	, ,	Yes	No	<u> </u>
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
10)														
11)														
12)														
13)														
14)														
15)														
16)														

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 5

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

1185283