TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	NEXT CITY, INC. PO BOX 22449 PHILADELPHIA, PA 19110
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

ar 2021, or fiscal year beginning	, 2021, and ending	, 2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

NEXT CITY, INC.

EIN or SSN 22-3886361

Name and title of officer or person subject to tax LUCAS GRINDLEY EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

For calendar ve

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,
or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more
than one line in Part I.

1a	Form 990 check here ► X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{1ь} <u>1,057,776</u>
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here >	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here >	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with re	spect to (name
of entit	y)	, (EIN) and that I have	ve examined a copy of the
021 e	lectronic return and accompanying sch	nedules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PΙ	N:	check	one	box	only
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X I authorize BBD,	LLP	_ to enter my PIN	19107
	ERO firm name		Enter five numbers, bu do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23232119102 Do not enter all zeros

Do not enter all zero

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print NEXT CITY, INC. 22-3886361 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for PO BOX 22449 filing your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19110 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 100 S BROAD ST, SUITE 730 - PHILADELPHIA, PA 19110 Telephone No. ► 267-239-0762 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

EXTENDED TO NOVEMBER 15, 2022

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

ΑF	or the	2021 calendar year, or tax year beginning	and	ending		
B (Check if pplicabl	C Name of organization			D Employer identifi	ication number
	Addre:	NEXT CITY, INC.				
	Name chang	Doing business as			22-38863	61
	Initial return Final return/	Number and street (or P.O. box if mail is not delived PO BOX 22449	ered to street address)	Room/suite	E Telephone number 267 – 239 –	
	termin ated		IP or foreign postal code		G Gross receipts \$	1,057,776.
	Amend				H(a) Is this a group r	eturn
	Application	F Name and address of principal officer:	S GRINDLEY		for subordinates	
	pendir	9 SAME AS C ABOVE			H(b) Are all subordinates i	
1 7	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
J١	Nebsit	e: ► NEXTCITY.ORG			H(c) Group exemption	on number
K F	orm of	organization: X Corporation Trust Ass	ociation Other 🕨	∟ Year	of formation: 2002	M State of legal domicile: NY
Pa	art I	Summary				
е		Briefly describe the organization's mission or most s				
auc		<u>ENVIRONMENTAL CHANGE IN CI</u>	TIES THROUGH JO	OURNAL	ISM AND EVE	NTS AROUND
& Governance	2	Check this box 🕨 📖 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net a	
ŏ	3	Number of voting members of the governing body (I	Part VI, line 1a)		3	13
∞ ∞	4	Number of independent voting members of the government	erning body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar ye	ear 2021 (Part V, line 2a)		5	10
ĭŧ		Total number of volunteers (estimate if necessary)				13
Activities	7 a	Total unrelated business revenue from Part VIII, colu	umn (C), line 12		7a	
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····	7b	-
					Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)			931,516.	
ē					124,010.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			3.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			3,357.	
		Total revenue - add lines 8 through 11 (must equal F			1,058,886.	
		Grants and similar amounts paid (Part IX, column (A			0.	
		Benefits paid to or for members (Part IX, column (A)				
Expenses		Salaries, other compensation, employee benefits (P			563,119. 0.	<u> </u>
ë	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)	<u> </u>	0.	0.
Ä		Total fundraising expenses (Part IX, column (D), line			423,487.	467 100
		Other expenses (Part IX, column (A), lines 11a-11d,			986,606.	
		Total expenses. Add lines 13-17 (must equal Part IX			72,280.	
<u>- 8</u>		Revenue less expenses. Subtract line 18 from line 1	2		ginning of Current Year	
Assets or d Balances	20	Total assets (Dort V. line 16)		В	362,008.	End of Year 306,037.
Ball	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			50,347.	
nd met		Net assets or fund balances. Subtract line 21 from I	ino 20		311,661.	
Pa	art II	Signature Block	ii le 20		311,001.	210/5501
		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best of m	ny knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer				ig this mouge and soner, it is
	,	, and composite a community property (community control	,			
Sig	n	Signature of officer			Date	
Her		LUCAS GRINDLEY, EXECUTI	VE DIRECTOR			
	•	Type or print name and title				
		Print/Type preparer's name	Preparer's signature // /	П	Date Check	PTIN
Paid	i	JENNIFER SOLOT	Thuly loket.	CPA1	08/31/2022 if self-employ	P00749373
Prep	parer	Firm's name BBD, LLP	J. J. Julius.		Firm's EIN	23-2896692
Use	Only	Firm's address 1835 MARKET STREE	T, 3RD FLOOR			
		PHILADELPHIA, PA			Phone no.21	.5-567-7770
Mar	/ the II	?S discuss this return with the preparer shown above				X Ves No

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE PART III LINE 4A FOR DETAILS.	
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X	lo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	Jo.
•	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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 715,914 • including grants of \$) (Revenue \$ 149,213 ·)	_
-1 a	NEXT CITY, INC. IS A NON-PROFIT ORGANIZATION WITH A MISSION TO INSPIRE	_
	SOCIAL, ECONOMIC AND ENVIRONMENTAL CHANGE IN CITIES THROUGH JOURNALISM	
	AND EVENTS AROUND THE WORLD. THE VISION OF THE ORGANIZATION IS FOR A	
	WORLD IN WHICH CITIES ARE NOT IN CRISIS AND ARE, INSTEAD, LEADING THE WAY TOWARDS A MORE SUSTAINABLE, EQUITABLE FUTURE.	
	WAI TOWARDS A MORE SUSTAINABLE, EQUITABLE POTORE.	_
	THE ORGANIZATION PROVIDES DAILY ONLINE COVERAGE OF THE LEADERS,	_
	POLICIES AND INNOVATIONS DRIVING PROGRESS IN METROPOLITAN REGIONS	
	ACROSS THE WORLD. IN AN AGE WHEN ORIGINAL, ON-THE-GROUND REPORTING IS	
	INCREASINGLY RARE, WE SEND OUR WRITERS INTO URBAN COMMUNITIES AROUND THE WORLD TO PRODUCE OUR AWARD-WINNING LONG-FORM CONTENT. IN ADDITION	
	TO OUR ONLINE JOURNALISM, WE PRODUCE EVENTS INCLUDING AN ANNUAL URBAN	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$	_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 715,914.	_
	Form 990 (20	21

Form 990 (2021) NEXT CITY, I Part IV Checklist of Required Schedules

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

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		7.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Day	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	^_	
ı- aı				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa				
a -	Effect the number of Forms wize included of fine Fa. Effect to find applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	000	(

Form 990 (2021) NEXT CITY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/	
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	-17	
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
		14a 14b		25
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	۳		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1.	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		
b		7b		х
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
8		0-	Х	
	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 the			x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			·
			Yes	No X
	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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY , PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	s)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 267-239-0762			
	100 S BROAD ST, SUITE 730, PHILADELPHIA, PA 19110			
	· · · · · · · · · · · · · · · · · · ·			

NEXT CITY, INC. Page 7

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

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

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

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

See the instructions for the order in which to list the persons above.

Nours per Week Officer and a director/variates) Officer and a director/variates Offic	•		Reportable Es	(F) Estimated amount of
Author A	elated ations 9-MISC/	other compensation from the organization and related organizations		
C2 ERIC SHAW	0.	9,999		
CHAIR		9,999		
Carrestance	0.	0		
X				
SECRETARY	0.	0		
S				
VICE CHAIR	0.	0		
Column				
BOARD MEMBER	0.	0		
(7) EFREM BYCER 2.00	_			
BOARD MEMBER	0.	0		
(8) KATE DIDECH 2.00 BOARD MEMBER X (9) ADAM GIULIANO 2.00 BOARD MEMBER X (10) ANDRE PERRY 2.00 BOARD MEMBER X (11) DAVID PORTER 2.00 BOARD MEMBER X (12) LYNN ROSS 2.00 BOARD MEMBER X (13) JASON SCHUPBACH 2.00 BOARD MEMBER X (14) JESS ZIMBABWE 2.00	0.	0		
BOARD MEMBER X				
(9) ADAM GIULIANO 2.00 BOARD MEMBER X (10) ANDRE PERRY 2.00 BOARD MEMBER X (11) DAVID PORTER 2.00 BOARD MEMBER X (12) LYNN ROSS 2.00 BOARD MEMBER X (13) JASON SCHUPBACH 2.00 BOARD MEMBER X (14) JESS ZIMBABWE 2.00	0.	0		
(10) ANDRE PERRY 2.00 BOARD MEMBER X (11) DAVID PORTER 2.00 BOARD MEMBER X (12) LYNN ROSS 2.00 BOARD MEMBER X (13) JASON SCHUPBACH 2.00 BOARD MEMBER X (14) JESS ZIMBABWE 2.00				
BOARD MEMBER X 0. (11) DAVID PORTER 2.00 0. BOARD MEMBER X 0. (12) LYNN ROSS 2.00 0. BOARD MEMBER X 0. (13) JASON SCHUPBACH 2.00 0. BOARD MEMBER X 0. (14) JESS ZIMBABWE 2.00 0.	0.	0		
(11) DAVID PORTER 2.00 BOARD MEMBER X (12) LYNN ROSS 2.00 BOARD MEMBER X (13) JASON SCHUPBACH 2.00 BOARD MEMBER X (14) JESS ZIMBABWE 2.00				
BOARD MEMBER X 0. (12) LYNN ROSS 2.00 0. BOARD MEMBER X 0. (13) JASON SCHUPBACH 2.00 0. BOARD MEMBER X 0. (14) JESS ZIMBABWE 2.00 0.	0.	0		
(12) LYNN ROSS 2.00 BOARD MEMBER X (13) JASON SCHUPBACH 2.00 BOARD MEMBER X (14) JESS ZIMBABWE 2.00				
BOARD MEMBER X 0. (13) JASON SCHUPBACH 2.00 0. BOARD MEMBER X 0. (14) JESS ZIMBABWE 2.00 0.	0.	0		
(13) JASON SCHUPBACH 2.00 BOARD MEMBER X (14) JESS ZIMBABWE 2.00				
BOARD MEMBER X 0.	0.	0		
(14) JESS ZIMBABWE 2.00	0	١ ,		
	0.	0		
	0.	0		

	1990 (2021) NEXT CIT									22-38	86	361	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box	not c	Pos heck ss pe	more rson	than is bot or/trus	th an	(D) Reportable compensation from the	Reportable Estimated compensation amour from related other		ount o	of	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)) /	fro orga and	om the inizati relate nizatio	e ion ed
											_			
											\dashv			
											-			
											_			
											\Box			
									445 400					
	Subtotal Total from continuation sheets to Part V								115,402.				<u>99.</u>	
	Total (add lines 1b and 1c)								115,402.		0.	9	9,9	
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wl	ho r	received more than \$100	0,000 of reportable				1
	omponound norman organization.												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	•				•			ted organization or indiv	idual for services		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										ens	ation fr	om	
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	services	С	(C) ompen		n
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	ot li	mite	d to		se li:	stec	d above) who received n	nore than				
	<u> </u>											Form 9	90 c	2021

		Chack if Schoolule O contains a room	anaa ar nata ta any li	no in this Dort VIII			
		Check if Schedule O contains a resp	onse or note to any ii	(A)	(B)	(C)	
				Total revenue	Related or exempt		Revenue excluded
				Total Tovollad	function revenue	business revenue	
							sections 512 - 514
nts	1 a	Federated campaigns1a					
ir our	b	Membership dues 1b					
٦, ٩,	С	Fundraising events 1c					
iffs		Related organizations 1d		_			
اڦڙي		Government grants (contributions) 1e	93,800.	_			
Sign		All other contributions, gifts, grants, and	30,000				
uţi,	•		812,636.				
윤히		similar amounts not included above 1f					
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f 1g		006 426			
<u>a</u> C	h	Total. Add lines 1a-1f		906,436.			
			Business Code				
e e	2 a	ADVERTISING	541800	148,013.	148,013.		
ه ځ	b	PARTICIPATION FEES	900099	1,200.	1,200.		
Se	С						
E Š	d		_				
Peg	•						
Program Service Revenue	•	All able on a reserve a consider version	_				
_		All other program service revenue		149,213.			
-		Total. Add lines 2a-2f		149,413.			
	3	Investment income (including dividends,					
		other similar amounts)	>				
	4	Income from investment of tax-exempt b	ond proceeds				
	5	Royalties	>				
		(i) Rea	ıl (ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c		_			
		` '					
		· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of (i) Securi	ties (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
an		and sales expenses 7b					
Ver	С	Gain or (loss)					
Re	d	Net gain or (loss)	>				
her Revenue		Gross income from fundraising events (not					
₹	-	including \$ of					
		contributions reported on line 1c). See					
		•					
		Part IV, line 18		_			
		Less: direct expenses	8b				
		Net income or (loss) from fundraising eve					
	9 a	Gross income from gaming activities. See	9				
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities	es				
		Gross sales of inventory, less returns					
		and allowances	10a				
	h	Less: cost of goods sold	10b	_			
-	С	Net income or (loss) from sales of inventor					
sn		OMILED TRICOME	Business Code	2 1 2 7	2 1 2 7		
ē e	11 a	OTHER INCOME	900099	2,127.	2,127.		
lan en	b						
Miscellaneous Revenue	С						
i§ ⊩	d	All other revenue					
_		Total. Add lines 11a-11d)	2,127.			
	12	Total revenue. See instructions		1,057,776.	151,340.	0.	0.

Part IX | Statement of Functional Expenses

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

Do ,	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 401	27 600	25 200	60 701
	trustees, and key employees	125,401.	37,620.	25,080.	62,701
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	425 002	222 006		00 502
7	Other salaries and wages	437,223.	333,206.	74,514.	29,503
8	Pension plan accruals and contributions (include	c coo		704	
	section 401(k) and 403(b) employer contributions)	6,622. 34,708.	5,828.	794.	0 000
9	Other employee benefits	34,708.	24,227.	7,645.	2,836 7,785
0	Payroll taxes	49,332.	32,835.	8,712.	7,785
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	45,495.		45,495.	
12	Advertising and promotion	35,770.		3,084.	32,686
13	Office expenses	9,503.	22.	5,809.	3,672
14	Information technology	67,634.	37,381.	30,253.	
15	Royalties				
16	Occupancy	37,363.	24,869.	6,598.	5,896
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	634.	422.	112.	100
3	Insurance	4,043.	2,691.	714.	638
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	EDITORIAL - CONTRACTED	146,709.	146,709.		
b	ORGANIZATIONAL LEADERSH	30,000.		30,000.	
С	EVENTS - TRAVEL AND ACC	21,735.	21,735.		
d	EVENTS - CONTRACTED SER	19,539.	16,139.		3,400
	All other expenses	48,767.	32,230.	9,544.	6,993
5	Total functional expenses. Add lines 1 through 24e	1,120,478.	715,914.	248,354.	156,210
:6	Joint costs. Complete this line only if the organization		, -	,	, , , , ,
	reported in column (B) joint costs from a combined		1	l l	
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check if Schedule O contains a response 1	urrent or former offer, substantial control of these persons disqualified person escribed in section other 10a 10b	icer, director, tributor, or 35% as (as defined a 4958(c)(3)(B) 53,992. 53,398.	(A) Beginning of year 83,638. 49. 195,850. 59,598.	1 2 3 4 4 5 5 6 7 8 9 9	(B) End of year 96,164. 150,000. 40,554.
 Savings and temporary cash investment Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any of trustee, key employee, creator or found controlled entity or family member of an entire under section 4958(f)(1)), and persons of the number of section 4958(f)(1)), and persons of the number of section 4958(f)(1)), and persons of the number of section 4958(f)(1)). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	urrent or former offer, substantial con- y of these persons disqualified persor escribed in section other 10a 10b	icer, director, rributor, or 35% as (as defined a 4958(c)(3)(B) 53,992. 53,398.	83,638. 49. 195,850. 59,598.	2 3 4 5 6 7 8 9	96,164. 150,000. 40,554.
 Savings and temporary cash investment Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any of trustee, key employee, creator or found controlled entity or family member of an entire under section 4958(f)(1)), and persons of the number of section 4958(f)(1)), and persons of the number of section 4958(f)(1)), and persons of the number of section 4958(f)(1)). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	urrent or former offer, substantial con- y of these persons disqualified persor escribed in section other 10a 10b	icer, director, rributor, or 35% as (as defined a 4958(c)(3)(B) 53,992. 53,398.	49. 195,850. 59,598. 21,645.	2 3 4 5 6 7 8 9	150,000. 40,554.
 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any of trustee, key employee, creator or found controlled entity or family member of an Loans and other receivables from other under section 4958(f)(1)), and persons of Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	orrent or former offer, substantial control of these persons disqualified person escribed in section other 10a 10b	icer, director, cributor, or 35% as (as defined a 4958(c)(3)(B)	195,850. 59,598. 21,645.	3 4 5 6 7 8 9	40,554.
 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any of trustee, key employee, creator or found controlled entity or family member of an Loans and other receivables from other under section 4958(f)(1)), and persons of Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	orrent or former offer, substantial control of these persons disqualified person escribed in section other 10a 10b	icer, director, cributor, or 35% as (as defined a 4958(c)(3)(B)	21,645.	5 6 7 8 9	40,554.
 Accounts receivable, net Loans and other receivables from any of trustee, key employee, creator or found controlled entity or family member of an Loans and other receivables from other under section 4958(f)(1)), and persons of Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	urrent or former offer, substantial constantial consta	icer, director, cributor, or 35% as (as defined a 4958(c)(3)(B) 53,992. 53,398.	21,645.	5 6 7 8 9	
trustee, key employee, creator or found controlled entity or family member of an Loans and other receivables from other under section 4958(f)(1)), and persons of Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part	urrent or former offer, substantial control of these persons disqualified person escribed in section other 10a 10b	icer, director, cributor, or 35%		6 7 8 9	18,725.
controlled entity or family member of an Loans and other receivables from other under section 4958(f)(1)), and persons of Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part	y of these persons disqualified persor escribed in section other 10a 10b	53,992. 53,398.		6 7 8 9	18,725.
 Loans and other receivables from other under section 4958(f)(1)), and persons of Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	other 10a 10b	53,992. 53,398.		6 7 8 9	18,725.
under section 4958(f)(1)), and persons of Notes and loans receivable, net	other 10a	53,992. 53,398.		7 8 9	18,725.
 Notes and loans receivable, net	other 10a 10b	53,992. 53,398.		7 8 9	18,725.
 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	other 10a 10b	53,992. 53,398.		8 9	18,725.
 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D b Less: accumulated depreciation	other 10a 10b	53,992. 53,398.		9	18,725.
 Land, buildings, and equipment: cost of basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	other 10a 10b	53,992. 53,398.			18,725.
 basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	10a 10b	53,398.	1,228.	10	
 b Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 	10b	53,398.	1,228.	40	
 Investments - publicly traded securities Investments - other securities. See Part Investments - program-related. See Part 			1,228.	40	
Investments - other securities. See PartInvestments - program-related. See Part				10c	594.
13 Investments - program-related. See Part	IV, line 11			11	
				12	
			13		
14 Intangible assets			14		
15 Other assets. See Part IV, line 11			260 000	15	206 025
					306,037.
			50,347.		57,079.
				21	
. ,					
		Г			
				24	
•					
, ,	on lines 17-24). Co	omplete Part X		25	
	 =		50 347.		57,079.
			30,31,0	20	3770730
			97.811.	27	98,958.
•••					150,000.
	71.00 000, 0110011				
	nt funds			29	
			311,661.		248,958.
					306,037.
177 118 119 220 23 24 24 25 26 27 27 28 29 30 31 31 32 33 32 44 33 34 34 34 34 34 34 34 34 34 34 34	Total assets. Add lines 1 through 15 (m. Accounts payable and accrued expense Grants payable	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of States and other payables to any current or former officer, trustee, key employee, creator or founder, substantial confunction controlled entity or family member of any of these persons secured mortgages and notes payable to unrelated third part of Unsecured notes and loans payable to unrelated third part of Schedule D Total liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Confunction of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment funds Paid-in or capital surplus, or land, building, or equipment funds Paid-in or capital surplus, or land, building, or equipment funds Paid-in or sasets or fund balances	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	362,008. Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 311,661.	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,05	7,7	76.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12	0,4	78.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31	1,6	<u>61.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24	8,9	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NEXT CITY, INC. 22-3886361 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	663,278.	665,283.	727,660.	931,516.	906,436.	3894173.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	660 000	665 000		004 546	205 425	2004452
4	Total. Add lines 1 through 3	663,278.	665,283.	727,660.	931,516.	906,436.	3894173.
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)						1903806.
	Public support. Subtract line 5 from line 4.						1990367.
	ction B. Total Support				T	r	
	ndar year (or fiscal year beginning in)	(a) 2017 663, 278.	(b) 2018 665, 283.	(c) 2019 727,660.	(d) 2020 931,516.	(e) 2021 906, 436.	(f) Total 3894173.
	Amounts from line 4	003,270.	000,203.	121,000.	931,510.	900,430.	36941/3.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	420	108.	3.	3.		E 4 4
	and income from similar sources	430.	108.	3.	3.		544.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		200.		329.	2 127	2 656
	assets (Explain in Part VI.)		200.		349.	2,127.	2,656. 3897373.
	Total support. Add lines 7 through 10	-1- /!	\			40	590,793.
12	Gross receipts from related activities,	· ·				12	330,733.
13	First 5 years. If the Form 990 is for the organization, check this box and stop						ightharpoonup
Sec	ction C. Computation of Publi		rcentage				·····
	Public support percentage for 2021 (I			column (f))		14	51.07 %
	Public support percentage from 2020					15	41.82 %
	33 1/3% support test - 2021. If the o					L L	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=	•		
b	10% -facts-and-circumstances test	-	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				P
						Laci	0.4
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10a		
de el c	10b	n 000	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion 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		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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 on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2021 NEXT CITY, INC.		2	22-3886361 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5

6

Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING REVENUE
2018 AMOUNT: \$ 200.
2020 AMOUNT: \$ 329.
OTHER REVENUE
2021 AMOUNT: \$ 2,127.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CITIGROUP	600,000.	522,053.
FORD FOUNDATION	600,000.	522,053.
SURDNA FOUNDATION, INC.	486,542.	408,595.
NATIONAL RECREATION AND PARKS ASSN	121,999.	44,052.
KRESGE FOUNDATION	485,000.	407,053.
Total Excess Contributions to Schedule A, Part II, Line 5	,	1,903,806

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

OMB No. 1545-0047

Name of the organization

Employer identification number

NEXT CITY, INC. 22-3886361

Organization type (check one):		
Filers of: Section:		
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 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
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
:	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
,	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
answer "I	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).

 $\ \, \textbf{LHA} \ \, \textbf{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization Employer identification number

NEXT CITY, INC.

22-3886361

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITIGROUP, INC. ONE COURT SQUARE, 43RD FL LONG ISLAND CITY, NY 11120	\$ 240,000.	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
2	U.S. SMALL BUSINESS ADMINISTRATION 409 3RD ST, SW WASHINGTON, DC 20416	\$ 93,800.	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	LOCAL INITIATIVES SUPPORT CORPORATION 28 LIBERTY ST., 34TH FLOOR NEW YORK, NY 10005	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PARTNERS FOR COMMON GOOD 1444 EYE ST. NW, SUITE 201 WASHINGTON, DC 20005	\$ 30,000.	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	KRESGE FOUNDATION 3215 W. BIG BEAVER ROAD TROY, MI 48084	\$\$	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	FACEBOOK JOURNALISM PROJECT 1 HACKER WAY MENLO PARK, CA 94025	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

3839___1

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

NEXT CITY, INC.

22-3886361

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HERON FOUNDATION PO BOX 996 NEW MILFORD, CT 06776	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ACTION GREENSBORO 122 NORTH ELM STREET SUITE 110 GREENSBORO, NC 27401	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

NEXT CITY, INC.

22-3886361

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
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of organization Employer identification number NEXT CITY, 22-3886361 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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 ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 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 ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

NEXT CITY, INC.

Employer identification number 22-3886361

Par	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	writing that the assets hel	d in donor advised fun	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any	y other purpose confer	ring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) 🔲	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or to	erminated by the orgar	nization during the tax
	year			
4	Number of states where property subject to conservation eas		 _	
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, an	a enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violetions, and onf	araina aanaanyatian aa	an amonto during the year
7	S S	alling of violations, and em	ording conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirement	s of section 170(b)(4)(F	3)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
Ŭ	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.	ioto to the organization o	manda datomonto ti	iat describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	•	•	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	cribes these items.	·
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB A		- ·	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	reasures, c	or Other	Similar As	sets(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following tha	t make sigr	nificant use of	its	
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	the organization	on's exemp	ot purpose in F	Part XIII.	
5	During the year, did the organization solicit o	· ·		-	_	-			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		-					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.					-			
Pai									
	·	(a) Current year		rior year			Three years ba	ck (e) Four	ears back
1 a	Beginning of year balance	,	<u> </u>		,,,,			1,,,,,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
-	-								
	and programs								
	Administrative expenses								
_	End of year balance		/!: 1						
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a)) neid as:				
	Board designated or quasi-endowment	0/	%						
	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for the	organization	L.	res No
	by:								res No
	(i) Unrelated organizations								
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization				·			3b	
4	Describe in Part XIII the intended uses of the		owment :	funds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\						
	Description of property	(a) Cost or o			t or other		umulated	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation		
1a	Land								
	Buildings								
С	Leasehold improvements			_	1,482.	_	1,482.		0.
d	Equipment				22,579.		1,985.		594.
	Other				29,931.	2	29,931.		0.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colun	nn (B), line	10c.)				594.

Schedule D (Form 990) 2021

	(Form 990) 2021 NEXT CITY ,	INC.	22	-3886361 _{Page}
Part VII				
	Complete if the organization answered "Yes"		-	
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)		, ,	. ,	,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (I	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	upp (b) parest agreed Farm 000 Part V and (D) lie			
Part X	ımn (b) must equal Form 990, Part X, col. (B) lir. Other Liabilities.	le 15.)		
Fail	Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Soo Form 000 Bort V line 25	:
	(a) Description of liability	on Form 990, Part IV, line	The or Thi. See Form 990, Part A, line 25	(b) Book value
(1) Fool	• • • • • • • • • • • • • • • • • • • •			(b) Book value
. ,	deral income taxes			
(2)				
(3)				
(5)				
(6)				

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... X

Schedule D (Form 990) 2021

(7) (8)

132054 10-28-21 Schedule D (Form 990) 2021

HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

22-3886361 NEXT CITY, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE WORLD. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LEADERSHIP CONFERENCE, VANGUARD. FORM 990, PART VI, SECTION B, LINE 11B: GOVERNING BOARD REVIEW OF FORM 990 PRIOR TO ITS FILING, A COPY OF FINAL FORM 990 IS PROVIDED TO EACH VOTING MEMBER OF GOVERNING BOARD FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF CONFLICTS POLICY NO MEMBER OF NEXT CITY BOARD OF DIRECTORS OR STAFF SHALL DERIVE ANY PERSONAL PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, BY REASON OF HIS OR HER THIS SHALL ALSO INCLUDE THE MEMBER'S PARTICIPATION WITH NEXT CITY. BUSINESS OR OTHER NONPROFIT AFFILIATIONS, FAMILY AND/OR SIGNIFICANT OTHER, EMPLOYER, OR CLOSE ASSOCIATES WHO MAY STAND TO RECEIVE A BENEFIT OR GAIN. EACH INDIVIDUAL SHALL DISCLOSE TO THE BOARD CHAIR ANY PERSONAL INTERESTS WHICH HE OR SHE MAY HAVE IN ANY MATTER PENDING BEFORE THE ORGANIZATION AND SHALL REFRAIN FROM PARTICIPATION IN ANY DISCUSSION OR DECISION ON SUCH

FORM 990, PART VI, SECTION B, LINE 15A:

PROCESS FOR DETERMINING OFFICER'S COMPENSATION

THE BOARD OF DIRECTORS HAS DETERMINED THE PRESIDENT, CEO & PUBLISHER'S LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

MATTER.

Name of the organization NEXT CITY, INC.	Employer identification number 22-3886361
COMPENSATION BY COMPARING COMPENSATION PACKAGES FOR LEADE	RS OF OTHER
NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE, AS WELL AS OTHE	R SIMILAR
EXECUTIVE DIRECTOR'S COMPENSATION WITH SIMILAR EXPERIENCE	AND BACKGROUND.
THE BOARD OF DIRECTORS ALSO TAKES INTO ACCOUNT THE EXECUT	IVE DIRECTOR'S
ESTIMATE FOR ANNUAL REVENUE EXPECTED TO BE GENERATED WHEN	CONSIDERING THE
EXECUTIVE DIRECTOR'S COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
PUBLIC AVAILABILITY OF OTHER DOCUMENTS	
COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCI	AL STATEMENTS AND
FORM 990 WILL BE PROVIDED ON REQUEST, AND THEY ARE ALSO A	VAILABLE FOR
INSPECTION AT THE ORGANIZATION'S BUSINESS OFFICE LOCATED	IN PHILADELPHIA,
PENNSYLVANIA.	

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	NEXT CITY, INC. PO BOX 22449 PHILADELPHIA, PA 19110
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	BALANCE DUE OF \$75.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

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

2021

Open to Public Inspection

1.General I	nformation
-------------	------------

1.General Informati										
For Fiscal Year Beginning	ı (mm/dd/yyyy) 01/01	1/2021 and Ending (mm/dd/yyyy) 12/31/	2021						
Check if Applicable: Address Change	Name of Organization: Employer Identification Number (EIN): 22-3886361									
Name Change Initial Filing	Mailing Address: PO BOX 22449 NY Registration Number: 20-72-79									
Final Filing Amended Filing	City / State / ZIP: PHILADELPHIA,	Telephone: 267 639-9419								
Reg ID Pending	Website: NEXTCITY.ORG			Email: INFO@NEXTCITY.ORG						
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.										
2. Certification										
See instructions for certifitwo signatories.	cation requirements. Impro	per certification is a violation	of law that may be subject	t to penalties. The certification requires						
We certify under p	enalties of perjury that we r	eviewed this report, including	g all attachments, and to th	e best of our knowledge and belief,						
they are	e true, correct and complete	e in accordance with the laws	s of the State of New York a	applicable to this report.						
President or Authorized (Officer:		LUCAS GRIN EXECUTIVE							
	Signature			e and Title Date						
	_		CASIUS PEA							
Chief Financial Officer or			VICE CHAIR							
	Signature		Print Nam	e and Title Date						
3. Annual Reporting	Exemption									
Check the exemption(s) the	nat apply to your filing. If yo	ur organization is claiming ar	n exemption under one cat	egory (7A or EPTL only filers) or both						
categories (DUAL filers) th	at apply to your registration	n, complete only parts 1, 2, a	and 3, and submit the certif	fied Char500. No fee, schedules, or						
additional attachments ar	e required. If you cannot cla	aim an exemption or are a Dl	JAL filer that claims only or	ne exemption, you must file applicable						
schedules and attachmen	its and pay applicable fees.									
			-	povernment agencies, etc. did not I raising counsel (FRC) to solicit						
	ns during the fiscal year.	did flot efigage a profession	ariana raiser (i i ri) or iana	raising courise (Fro) to solicit						
	-									
3b. EPTL f	ilina exemption: Gross rece	ipts did not exceed \$25.000	and the market value of as	ssets did not exceed \$25,000 at any time						
	fiscal year.	. ,		. , ,						
4. Schedules and A	ttachments									
See the following page										
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer										
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.										
attachments to complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.										
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.										
5. Fee										
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single shook or manay and an						
next page to calculate you	ur			Make a single check or money order payable to:						
fee(s). Indicate fee(s) you	1 25			"Department of Law"						
are submitting here: \$ 25. \$ 50. \$ 75.										

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

168451 01-10-22 1019

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

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reversiting year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$1,000,0 If the fiscal year begins before that date, an Audit Report is required if total r No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report	000 and up to \$1,000,000 000 and the fiscal year begins on or after July 1, 2021. evenue and support is greater than \$750,000 oport is less than \$250,000
Calculate Your Fee	le sur Periotratica Cote service 7A EDTI DUAL es EVENDTO
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street New York, NY 10005	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
NEXT CITY, INC.	20-72-79

2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. SMALL BUSINESS ADMINISTRATION	1. 93,800.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 93,800.

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	NEXT CITY, INC. PO BOX 22449 PHILADELPHIA, PA 19110
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	NOVEMBER 15, 2022
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certifi	cate number: 39361 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at
Fiscal	year ended: 12/31/2021 MM DD YYYY	least one of the following must apply: Organization is exempt from registration because
FEIN:	22-3886361	Organization does not solicit contributions in Pennsylvania
1.	Legal name of organization: NEXT CITY, INC.	
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
	NONE	
	Contact person: LUCAS GRINDLEY, EXECUTION Principal address of organization:	VE Contact's E-mail: INFO@NEXTCITY.ORG Mailing address: (if different than principal address):
	100 S BROAD STREET, SUITE 730	PO BOX 22449
	PHILADELPHIA	PHILADELPHIA
	PA 19110	PA 19110
	County: PHILADELPHIA	Phone number: 267-239-0762
	800 number:	Fax number:
	Email (if different than Contact's email): INFO@NEXTC	ITY.ORG
	Website: NEXTCITY.ORG	
5.	Type of organization (e.g. non-profit corporation, unincorpor CORPORATION	rated association, etc.):
	Where established: NEW YORK	Date established:* 12/02/2002

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

Page 1 of 6 175801 07-06-22 Form BCO-10 (rev. 2/2022)

NEXT CITY, INC.

6.	Penns	and addi sylvania, v if necess	whic	ch sh																			
	SEE	LINE	4																				
	, _																						
7.	file a s	form regi short form on that de ration, ch	n reg escri	gistra ibes t	ition, v	which ganizat	perm tion.	nits the	e org	janizat	tion to	o regis	ter wit	hout fi	iling	a fina	anc	ial re	port.	Che	ck the)	
	al	162.7(a)(1 Il of the coi nd provide	ntrib	oution	s collec	cted ar	e turn	ed ove	er to t	the nan	ned be	eneficia								ns			
	th up no by	162.7(a)(2 ne organiza pon making onprofit co ylaws or ot rganization onferred or	ationing a corpore	n. The contribration instruch	term "I bution , or oth Iments the rigl	member as the per organ creation ont to vo	ership result anizati ng its to ote, to	" shall t of soli ion, in form a elect	not ir licitation accor and org	nclude ion. "M rdance ganiza	those lembe with tion a	e persor r" mear the pro nd havi	ns who ns a pe visions ng bon	are gra rson ha of its a a fide ri	anted aving article ights	a memes of it	emb nbers inco privi	ership ship ii rporat ileges	solely n a tion, in the	У			
	fu	162.7(a)(3 undraising a ermanent e	activ	vities	are car	ried on	only	by vol	untee	ers, me	mbers	s, office	rs or pe							e			
	ar	162.7(a)(4 mbulance a egistration,	asso	ociatio	ns, res	scue sc	quad a	associa	ations	s and tl	heir au	uxiliarie	s or aff	iliates, v	which	n are	not	exem					
	X N	lot Applic	able	е																			
	a finar must s	table orga ncial repo <u>submit fir</u> ctions.	ort w	with th	nis reg	istratio	on. I <u>f</u>	"Not	Appl	licable	e" is c	hecke	d, the	charita	able	orga	aniza	ation	_				
					tems	8 and	9 ard	e requ	uired	l to be	e con	nplete	d by ir	nitial re	egist	trant	ts o	nly					
8.	Date o	organizati	ion 1	first s	olicite	d con	tribut	tions f	from	Penns	sylvar	nia res	dents		ЛM	DD	Y	YYY	_				
	Other																						
9.	\$25,0	anization : 00 in any \$25,000.				-					-	-		eived o	cont	ribut	tion	s tota		more)		
	Other													M	ИМ	DD	Y	YYY					
		*Includes											nsylva	nia bef	fore	any (ded	luctic	ns or	exp	enses	3.	

Page 2 of 6 175802 03-01-22 Form BCO-10 (rev. 2/2022)

	NEXT CITY, INC.
10.	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable
	schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	GRANT PROPOSALS AND INDIVIDUAL DONOR SOLICITATIONS
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	SEE STATEMENT 2
14.	Is the organization registered to solicit contributions in any other state or municipality?
	X Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
	NY
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	"Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) Yes X No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents: Month Day Year
16	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
10.	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1
	DEC STUTEMENT I

Page 3 of 6 175803 07-06-22 Form BCO-10 (rev. 2/2022)

NEXT CITY, INC.

	to use to provide services with respect to the solicitation of contri- include the beginning and ending dates of all contracts and dates soliciting contributions from Pennsylvania residents: (Attach a sep	services began, or will begin, with respect to				
	SEE STATEMENT 3					
	Names, addresses, and telephone numbers of any commercial co (Attach a separate sheet if necessary) N/A	oventurers under contract with the organization:				
	If the registering charity is a parent organization located in Pennsy registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No	ylvania, does the organization elect to file a combined X Not Applicable				
	If "Yes," give all names and certificate numbers of the affiliate org (Each affiliate whose parent organization files an IRS 990 group return mu return and file a public disclosure form (BCO-23) for each affiliate.)					
Ī	Is the registering charity a Pennsylvania affiliate of a parent organ on the registering charity's behalf? (See note "Affiliate and Parent Or Yes X No Not Applicable					
•	If "Yes," provide the name and, if available, certificate number of (Each affiliate whose parent organization files an IRS 990 group return mu and file a public disclosure form (BCO-23) for each affiliate.)	· ·				
	Legal name of parent organization Per	nnsylvania certificate number				
	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.) SEE STATEMENT 4					
	DEE GIATEMENT 4					

22.	NEXT CITY, INC. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)								
	A. Are in charge of solicitation activities:								
	LUCAS GRINDLEY, EXECUTIVE DIRECTOR								
	C/O THE ORGANIZATION'S ADDRESS, PHILADELPHIA, PA 19130								
	B. Have final responsibility for the custody of contributions:								
	LUCAS GRINDLEY, EXECUTIVE DIRECTOR								
	C/O THE ORGANIZATION'S ADDRESS, PHILADELPHIA, PA 19130								
	C. Have final responsibility for final distribution of contributions:								
	LUCAS GRINDLEY, EXECUTIVE DIRECTOR								
	C/O THE ORGANIZATION'S ADDRESS, PHILADELPHIA, PA 19130								
	D. Are responsible for custody of financial records:								
	LUCAS GRINDLEY, EXECUTIVE DIRECTOR								
	C/O THE ORGANIZATION'S ADDRESS, PHILADELPHIA, PA 19130								
23.	Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: A. Any other officer, director, trustee, or employee? Yes X No								
	B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No								
	C. Any officers, agents or employees of any supplier or vendor providing goods or services? **								
	Yes X No **(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)								
	If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.								
24.	Has the organization or any of its present officers, directors, executive personnel or trustees ever:								
	A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No								
	B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No								
	C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes X No								
	(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)								

Form BCO-10 (rev. 2/2022) Page 5 of 6 175812 03-01-22 5

NEXT CITY, INC.

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date							
LUCAS GRINDLEY, EXECUTIVE DIRECTOR								
Type or print name and title of Chief Fiscal Officer								
Signature of Other Authorized Officer	Date							
CASIUS PEALER, VICE CHAIR								
Type or print name and title of Other Authorized Officer								
Checklist for registration:								
Completed registration statement properly signed and dated.								
X A copy of the IRS 990/990EZ/990PF/990N Return and required	I schedules,							
signed and dated by an authorized officer								
Public Disclosure Form BCO-23 (if required)	Public Disclosure Form BCO-23 (if required)							
X Applicable Financial Statements (audited, reviewed, compiled of	X Applicable Financial Statements (audited, reviewed, compiled or internally prepared)							
X Registration fee and any late filing fees	Registration fee and any late filing fees							
Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.								
See Instructions for more information on completing this form and att	achments.							

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DA	TE

BCO-10 P3,4 STATEMENT

NEXT CITY, INC. IS A NON-PROFIT ORGANIZATION WITH A MISSION TO INSPIRE SOCIAL, ECONOMIC AND ENVIRONMENTAL CHANGE IN CITIES THROUGH JOURNALISM AND EVENTS AROUND THE WORLD. THE VISION OF THE ORGANIZATION IS FOR A WORLD IN WHICH CITIES ARE NOT IN CRISIS AND ARE, INSTEAD, LEADING THE WAY TOWARDS A MORE SUSTAINABLE, EQUITABLE FUTURE.

THE ORGANIZATION PROVIDES DAILY ONLINE COVERAGE OF THE LEADERS, POLICIES AND INNOVATIONS DRIVING PROGRESS IN METROPOLITAN REGIONS ACROSS THE WORLD. IN AN AGE WHEN ORIGINAL, ON-THE-GROUND REPORTING IS INCREASINGLY RARE, WE SEND OUR WRITERS INTO URBAN COMMUNITIES AROUND THE WORLD TO PRODUCE OUR AWARD-WINNING LONG-FORM CONTENT. IN ADDITION TO OUR ONLINE JOURNALISM, WE PRODUCE EVENTS INCLUDING AN ANNUAL URBAN LEADERSHIP CONFERENCE, VANGUARD. THESE PROGRAMS ARE IN EXISTENCE.

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 3
NAME AND ADDRESS N/A		PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SERVICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	4
NAME AND ADDRESS				TITI	ĿE		
LUCAS GRINDLEY PO BOX 22449 PHILADELPHIA, PA	19110			EXE	— CUTIVE DIRECT	'OR	
NAME AND ADDRESS				TITI	Œ		
ERIC SHAW PO BOX 22449 PHILADELPHIA, PA	19110			CHA	IR		
NAME AND ADDRESS				TITI	LE		
DIANA LIND PO BOX 22449 PHILADELPHIA, PA	19110			TRE	ASURER		
NAME AND ADDRESS				TITI	LE		
TAMAR SHAPIRO PO BOX 22449 PHILADELPHIA, PA	19110			SECI	 RETARY		
NAME AND ADDRESS				TITI	Œ		
CASIUS PEALER PO BOX 22449 PHILADELPHIA, PA	19110			VICI	E CHAIR		
NAME AND ADDRESS				TITI	LE .		
JAMIE ALDERSLADE PO BOX 22449 PHILADELPHIA, PA	19110			BOAI	RD MEMBER		

NAME AND ADDRESS	T1	TLE	
EFREM BYCER			MEMBER
PO BOX 22449		711112	HILHDLIK
PHILADELPHIA, PA	19110		
NAME AND ADDRESS	TI	TLE	
KATE DIDECH	BC	DARD	MEMBER
PO BOX 22449			
PHILADELPHIA, PA	19110		
NAME AND ADDRESS	TI	TLE	
ADAM GIULIANO	BC	DARD	MEMBER
PO BOX 22449			
PHILADELPHIA, PA	19110		
NAME AND ADDRESS	TI	ITLE	
ANDRE PERRY	— ВС	DARD	MEMBER
PO BOX 22449			
PHILADELPHIA, PA	19110		
NAME AND ADDRESS	TI	TLE	
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