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Form	3	J	J

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

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

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

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



AI	For the	2020 calendar year, or tax year beginning and	ending	_							
B	Check if applicabl	c Name of organization		D Employer identifie	cation number						
	Addre:	NEXT CITY, INC.									
	Name chang	Doing business as 22-3886361									
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number									
	Final	PO BOX 22449		267-239-							
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,058,886.						
	Ameno return	FRILADELFRIA, FA 19110		H(a) Is this a group re							
	Applic tion pendir	F Name and address of principal officer: DOCAS GREEDEL		for subordinates							
		SAME AS C ABOVE		H(b) Are all subordinates in							
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	-	list. See instructions						
		e: NEXTCITY.ORG		H(c) Group exemption							
_		organization: X Corporation Trust Association Other	L Year	of formation: ZUUZ	State of legal domicile: NY						
Pa	art I	Summary	NODTOT		ONOME OF AND						
e	1	Briefly describe the organization's mission or most significant activities: TO I ENVIRONMENTAL CHANGE IN CITIES THROUGH J	NSPIRE	SUCIAL, EC							
Governance											
veri	1	Check this box			isets. 13						
ĝ					13						
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			10						
tie		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13						
itivi		Total number of volunteers (estimate if necessary)			0.						
Ao		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	<u>a</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		727,660.	931,516.						
anc	1			131,594.	124,010.						
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	3.						
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		361.	3,357.						
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		859,618.	1,058,886.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
Ś	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		521,231.	563,119.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ge	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨171, 9	07.								
ŵ	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		575,758.	423,487.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,096,989.	986,606.						
	19	Revenue less expenses. Subtract line 18 from line 12		-237,371.	72,280.						
Net Assets or Fund Balances				ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		287,665.	362,008.						
t As: d B;	21	Total liabilities (Part X, line 26)		41,785.	50,347.						
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		245,880.	311,661.						

Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	- Two 2	08/13/2021									
Sign	Signature of officer	Date									
Here	LUCAS GRINDLEY, EXECUTIVE DIRECTOR										
	Type or print name and title										
		Ate Check PTIN									
Paid	JENNIFER SOLOT Juny blat. CAL	8/6/21 if performance provide									
Preparer	Firm's name BBD, LLP	Firm's EIN ▶ 23-2896692									
Use Only	Firm's address 1835 MARKET STREET, 3RD FLOOR										
	PHILADELPHIA, PA 19103	Phone no.215-567-7770									
May the II	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🛛 🛛 🗛 🛄 No										
032001 12-2	23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)									
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION										

# "Vest" describe the organization's program services accompliatments for each of its three largest program services, as measured by expenses. Section 5010(28) and 5010(40) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 127,038 (Gene:		990 (2020) NEXT CITY, INC.	22-3886361 Pag
1 Bitley describe the signalization mission: 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990 E2? If "Yes, "describe these new services on Schedule O. 2 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section to complete the services are sequed to report the amount organization services in services are required to report the amount organization is program service accompletioners to reach of its three largest program services, as measured by expenses. 3 Section the organization's program service accompletioners to reach of its three largest program services. 127, 035 4 (text), its conduction to the mount organization to othere, the total senses, and revenue, if any feed and program service accompletioners are required to report the amount organization is provide userness. 127, 035 MEXT CITY, INC: TS A NON-PROPIT ORGANIZATION WITH A MISSION TO INSPIRE SOCIAL, ECONOMIC AND ENVIRONMENTAL CHANGE IN CITIES THROUGH JOURNALISK NND EVENTS'S AROUND THE WORLD. THE VIGION OF THE ORGANIZATION IS FOR A WORLD IN WHATES AR UND THE WORLD. THE VIGION OF THE UREALTION TO INSPIRE SOCIAL RES USTAINABLE, EQUITABLE PUTURE. THE ORGANIZATION PROVIDES DAILY ONLINE COVERAGE OF THE LEADERS, FOLICIES AND INNOVATIONS DRIVING PROGRESS IN METROPOLITAN REPORTING IS INCREASINGLY RARE, WE SEND OUR WRITERS INTO URBAN COMMUNITIES AROUND THE WORLD TO PRODUCE OUR WRITERS INTO URBAN COMMUNITIES AROUND THE WORLD TO PRODUCE OUR WRITERS INTO URBAN COMMUNITIES AROUND THE WORLD CONCOLLINE GOOR CONTINUATION (S)	Pai		Г
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prior Form 390 or 990 cr2?			
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3			Form 990 (2)
	32002		I(S)
	10	806 793760 3839 2020.04010 NEXT CITY, INC.	3839

Form	990	(2020)

 Form 990 (2020)
 NEXT CITY, INC.

 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)?		v	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	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		Х
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		X
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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 11
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ _
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
000000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	A (2020)
032003	3 12-23-20	Form	330	(2020)

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 Form 990 (2020)
 NEXT CITY, INC.

 Part IV
 Checklist of Required Schedules (continued)

raí	t IV Checklist of Required Schedules (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		
4 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		┢
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		
b	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?			┝
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┝
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		┢
~	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		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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% controlle entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		┢
20	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		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		┝
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┢
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			F
	Schedule N, Part II	32		
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		
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		┢
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			┢
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dor	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Г
			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	31	103	F
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2020) NEXT CITY, INC. 22-3886	361	Р	age 5				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
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		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v				
	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 $170(c)$.	-		x				
a	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		_ <u>^</u>				
	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	7-		x				
h	to file Form 8282?	7c						
	·····	70		x				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
t a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/					
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	N/					
U	sponsoring organization have excess business holdings at any time during the year? N/A	8						
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>						
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a						
	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							
	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							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.) 11b							
12a	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 yearN/A 12b							
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 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.			37				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

032005 12-23-20

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		-	8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
ec [.]	tion B. Policies (This Section B requests information about policies not required by the Internal F					
			,		Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay 8010				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.0	+	
Ŭ	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14		X
5	Did the process for determining compensation of the following persons include a review and approv					
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		lacpendent			
2	The organization's CEO, Executive Director, or top management official			15a	x	
				15a		x
b	Other officers or key employees of the organization			130		
6-		mont	uth a			
υd	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable optity during the year?			16-		x
F	taxable entity during the year?			16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is ising working arrangements under applicable foderal tax law, and take store to approximate the organization follow.	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n′s			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (Section 501(c)(3)s only	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explained)		,			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	of interest policy, a	nd fina	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 b	ooks an	id records 🕨			
	THE ORGANIZATION - 267-239-0762	<u> </u>				
	100 S BROAD ST, SUITE 730, PHILADELPHIA, PA 1911	J				
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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.

NEXT CITY, INC.

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

Form 990 (2020)

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Χ

Part VII	Compensation of Officers, D	Directors, Trustees,	Key Employees,	Highest Compe	nsated
	Employees, and Independent	t Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

т

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per hours of the and a stretchmaker weak (list ary ine) Description observed at a stretchmaker (list ary ine) Reportable compensation from organization (W-2/1099-MISC) Estimated compensation from (lated organization (W-2/1099-MISC) (1) LUCAS ORINDLEY 40.00 X X 0.00.00.97.00.00.00.00.00.00.00.00.00.00.00.00.00	(A)	(B)	(C)		(D)	(E)	(F)				
hours per veek (itst any pour and a decidance of an origination organizations compensation from the organizations compensation from the organizations compensation from the organizations amount of other compensation from the organizations (1) LUCAS GRINDLEY 40.000 x 125,000. 0. 9,486. (2) ERIC STAM 2.000 x x 0. 0. 0. (3) EFREM BYCER 2.000 x x 0. 0. 0. (4) TAWAR SHAPTRO 2.000 x x 0. 0. 0. (5) CARTUS FEALER 2.000 x x 0. 0. 0. (6) JAGN SCHUPBACH 2.000 x x 0. 0. 0. (7) JESE TIMBARKE 2.000 x x 0. 0. 0. (6) JAGN SCHUPBACH 2.000 x x 0. 0. 0. (6) JAGN SCHUPBACH 2.000 x x 0. 0. 0. (10) DIANA LIND 2.000 x 0. 0. 0. 0. (11) ANDRE FERY 2.000 x 0. 0. 0. 0. (11) ANDRE FERY 2.000 x 0. 0. 0. 0. (11)	Name and title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
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											Farm 990 (0000)

032007 12-23-20

Form 990 (2020)

	orm 990 (2020) NEXT CITY, INC. 22-3886361 Page 8													
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	age Posit (do not check m box, unless pers			ition more than one rson is both an		h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Subtotal								125,000.		0.		9,4	86.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 125,000.		0.	0. 9,486.		
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	e		N	1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•	-		Ŭ		-		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot		the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-			-			5		х
	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	dene	ende	ent c	onti	racto	ors t	that received more than	\$100 000 of corr	nens	ation	from	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	C) ompe		n
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis)	stec	d above) who received m	nore than		Form	900 /	2020/
													ວອບ ()	∠∪∠U)

032008 12-23-20

			Check if Schedule O	conta	ains a respo	onse	or note to any lir	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Aŭ Go			Fundraising events								
ar /			Related organizations								
s, °			Government grants (contr								
rsi			All other contributions, gifts,								
the			similar amounts not included	-			931,516.				
ă Ģ		a	Noncash contributions included in				-				
aŭ		h	Total. Add lines 1a-1f					931,516.			
_							Business Code				
ø	2	a	ADVERTISING				541800	106,289.	106,289.		
Program Service Revenue	-	b PARTICIPATION FEES				900099	10,221.	10,221.			
Sei		с	CONSULTING SE	RV	ICES		900099	7,500.	7,500.		
e e e		d									
ŝč		e									
Pro		f	All other program service	reve	nue						
		a	Total. Add lines 2a-2f					124,010.			
	3	<u> </u>	Investment income (includ								
			other similar amounts)	•				3.			3.
	4		Income from investment of tax-exempt bond proce								
	5		Royalties			•	-	329.			329.
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		c	Rental income or (loss)	6c							
		d	Net rental income or (loss								
	-		Gross amount from sales of	/	(i) Securi	ties	(ii) Other				
	·		assets other than inventory	7a							
		b	Less: cost or other basis								
е		~	and sales expenses	7b							
ther Revenue		с		7c							
Re		d	Net gain or (loss)								
er	8	a	Gross income from fundraisi								
ŧ	⁻		including \$	0	of						
			contributions reported on	line	1c). See						
			Part IV, line 18		,	8a					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from				►				
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			-	►				
<i>6</i>			· / -···				Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				900099	3,028.	3,028.		
ane		b									
eve eve		с									
Alisc R		d	All other revenue								
2			Total. Add lines 11a-11d				▶	3,028.			
	12		Total revenue. See instruction				►	1,058,886.	127,038.	0.	332.
03200								-	-	-	Form 990 (2020

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10 2020.04010 NEXT CITY, INC.

NEXT CITY, INC.

Form 990 (2020) Part VIII

Statement of Revenue

NEXT CITY, INC.

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 not include amounts reported on lines 6b,	a response or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organ				
and domestic governments. See Part IV, line 2				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign	foreign			
organizations, foreign governments, and individuals. See Part IV, lines 15 and 16	-			
4 Benefits paid to or for members5 Compensation of current officers, director				
trustees, and key employees	124 400	40,346.	26,897.	67,243
6 Compensation not included above to disqualifi		10,0100	2070570	077210
persons (as defined under section 4958(f)(1))				
nerve and described in section $40\Gamma0(a)(0)(D)$				
7 Other salaries and wages		263,028.	68,004.	22,136
8 Pension plan accruals and contributions (inclu				,,
section 401(k) and 403(b) employer contribut		4,254.	1,849.	1,683
9 Other employee benefits		18,197.	1,849. 5,360.	<u>1,683</u> 698
10 Payroll taxes		27,292.	8,446.	7,686
11 Fees for services (nonemployees):		, -		,
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV,				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of lin				
column (A) amount, list line 11g expenses on			46,572.	
12 Advertising and promotion		36.	4,498.	48,634
13 Office expenses	14 000	322.	10,609.	3,275
14 Information technology		180.	31,625.	
15 Royalties				
16 Occupancy		22,950.	7,102.	6,463
17 Travel				
18 Payments of travel or entertainment expe				
for any federal, state, or local public offic				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	916.	576.	178.	162
23 Insurance	1 068	2,557.	791.	720
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24 line 24e amount exceeds 10% of line 25, colur	le. If mn (Δ)			
amount, list line 24e expenses on Schedule O.)			
a EDITORIAL - CONTRACT		183,497.		2,000
b EVENTS - CONTRACTED		11,427.		4,300
c EVENTS - TRAVEL AND 1	ACC 11,266.	11,266.		
d ART AND DESIGN	6,694.	4,544.		2,150
e All other expenses	17,053.	7,278.	5,018.	4,757
25 Total functional expenses. Add lines 1 throug	jh 24e 986,606.	597,750.	216,949.	171,907
26 Joint costs. Complete this line only if the orga				
reported in column (B) joint costs from a com				
educational campaign and fundraising solicitat				
Check here				

032010 12-23-20

: pr cipal, 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

Total liabilities and net assets/fund balances

NEXT CITY, INC.

	Check if Schedule O contains a response or not	te to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			76,591.	1	83,638.
2	Savings and temporary cash investments			5,005.	2	49.
3	Pledges and grants receivable, net			100,999.	3	195,850.
4	Accounts receivable, net			84,965.	4	59,598.
5	Loans and other receivables from any current o					
	trustee, key employee, creator or founder, subs	tantial conti	ributor, or 35%			
	controlled entity or family member of any of the	se persons			5	
6	Loans and other receivables from other disquali	fied person	s (as defined			
	under section 4958(f)(1)), and persons describe	d in section	4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			17,961.	9	21,645.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	53,992.			
b	Less: accumulated depreciation	10b	52,764.	2,144.	10c	1,228.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ			287,665.	16	362,008.
17	Accounts payable and accrued expenses			41,785.	17	50,347.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV of Se	chedule D		21	
22	Loans and other payables to any current or form	ner officer, o	director,			
	trustee, key employee, creator or founder, subs	tantial conti	ributor, or 35%			
	controlled entity or family member of any of the	se persons			22	
23	Secured mortgages and notes payable to unrela	-			23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa	yables to re	elated third			
	parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X			
	of Schedule D		····· _	44 505	25	
26	Total liabilities. Add lines 17 through 25			41,785.	26	50,347.
	Organizations that follow FASB ASC 958, che	eck here 🕨	X			
	and complete lines 27, 28, 32, and 33.					00.011
27			····· _	56,679.	27	97,811.
28	Net assets with donor restrictions			189,201.	28	213,850.
	Organizations that do not follow FASB ASC 9	58, check l	here 🕨 🛄			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	

311,661.

362,008.

Form 990 (2020)

30

31

32

33

245,880.

287,665.

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Form 990 (2020) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

Form	NEXT CITY, INC.	22-	3886361	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,058		
2	Total expenses (must equal Part IX, column (A), line 25)	2	986	,6	06.
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245	, 8	80.
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	- 6	, 4	99.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	311	.,6	61.
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 in Schedule	О.			
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 reviewed	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 th	,		v	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud			v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047							
2020							
Open to Public Inspection							
 u islambili a abiana mumahan							

Nan	lame of the organization Employer identification number								
		NEXT	CITY, INC	•				2	2-3886361
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructior	าร.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	oed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Χ	An organization that norma						the general	public described in
		section 170(b)(1)(A)(vi). (C			5			5	Ĩ
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:	, and contrage of agric				,,		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hin fees a	nd aross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Cor				.0000 4040		gamzation	
11		An organization organized a		ively to test for public sa	afety See	section 50)9(a)(4)		
12	\square	An organization organized a	-		•			arry out the	e purposes of one or
		more publicly supported or	-	-				•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga	• •			-		-	aivina
u	L	the supported organization		-	•				
		organization. You must c			amajonty				dpporting
b		Type II. A supporting org	-		tion with it	ts sunnort	ed organizatio	n(s) hy ha	wina
Ň	L	control or management o	-				-		-
		organization(s). You mus			ame perso			age the sup	ported
с		Type III functionally inte			in connec	tion with	and functions	lly integrat	ed with
U.	L	its supported organization	•					iny integration	eu with,
d		Type III non-functionally					-	rtod organi	zation(c)
u	L	that is not functionally int						-	
		requirement (see instruct			-		-	u an allem	IVEI IESS
		Check this box if the orga							
е		functionally integrated, or					а турет, туре	п, туре ш	
f	Ente	er the number of supported of		, , ,	0 0	zation.			
		vide the following information							
g		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	ing document? No	support (see ir		support (see instructions)
				above (see instructions))	100				
T-*									
Tota		onorwork Deduction Act	lation and the last	untions for Form 000	× 000 F7	000007 5			m 000 or 000 EZ) 0000
LHA	L OL H	Paperwork Reduction Act N	iouce, see the instr	uctions for Form 990 C	n 990-EZ.	032021 01-	20-21 SCNC	uule A (F0)	m 990 or 990-EZ) 2020

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2020.04010 NEXT CITY, INC.

Schedule A (Form 990 or 990-EZ) 2020 NEXT CITY, INC.

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1629981.	663,278.	665,283.	727,660.	931,516.	4617718.
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						
4	Total. Add lines 1 through 3	1629981.	663,278.	665,283.	727,660.	931,516.	4617718.
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)						2685581.
6	······································						1932137.
	Public support. Subtract line 5 from line 4.						1952157.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
		(a)2016 1629981.	663,278.	665,283.	727,660.	(e)2020 931,516.	(f) Total 4617718.
-	Amounts from line 4	10299011	005,270.	005,205.	727,000.	551,510.	<u> 401//10.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,693.	430.	108.	3.	3.	2,237.
	and income from similar sources	1,095.	430.	100.	5.	з.	2,237.
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		220	F 2 0
	assets (Explain in Part VI.)			200.		329.	529.
	Total support. Add lines 7 through 10						4620484.
	Gross receipts from related activities,					12	478,178.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publ						41 00
	Public support percentage for 2020 (•			14	41.82 %
	Public support percentage from 2019					15	43.04 %
1 6a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported of	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►
					<u> </u>	dula A (Earm 000	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 $ \mathrm{NEXT} $ C I	ITY,	INC
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

22-3886361 Page 3

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
Ū	furnished by a governmental unit to						
	the organization without charge					-	
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ				-	
C	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	nization,
	check this box and stop here	<u></u>		<u></u>)
Se	ction C. Computation of Public	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 01-25-21		,				990 or 990-EZ) 2020
				16			

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2020.04010 NEXT CITY, INC.

3839___1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **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.)

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17 2020.04010 NEXT CITY, INC. _____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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 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.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D). All	Туре	III Supporting	Organizations
-----------	--------	------	----------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a 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.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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18 2020.04010 NEXT CITY, INC. Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

Yes No

Schedule A	(Form 990 or 990-EZ) 2020	NEXT C	ITY, INC.	
Part V	Type III Non-Function	onally Integ	grated 509(a)	(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	-
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 9	990-EZ) 2020	\mathbf{NEXT}	CITY,	INC.
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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.	•
32028 01-25-21	Schedule A (Form 990 or 990-EZ)
40806 793760 3839	21 2020.04010 NEXT CITY, INC. 3839

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

2	2	_	3	8	8	6	3	6	1	
2	4		J	U	U	U	9	U	ж.	

NEXT	CITY.	INC.

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

NEXT CITY, INC.

22-3886361

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$120,000.	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		\$23,250.	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		\$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
4		\$\$\$	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		\$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
6	5-20	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
	23		200,000 22,01 000-11/(2020)

2020.04010 NEXT CITY, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020	J)
------------------------------------------------	----

Name of organization

Employer identification number

NEXT CITY, INC.

22-3886361

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 023453 11-25-20 24 08140806 793760 3839 2020.04010 NEXT CITY, INC. 3839___1

Page 4

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	rough (e) and the following line entry ritable, etc., contributions of \$1,000 or le	/ For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	jift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to trans	feree
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to trans	feree
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	jift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to trans	feree
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	jift is held
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to trans	feree

SCHEDULE D

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



	Department of the Treasury Attach to Form 990. Open to Public Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							
Nam	Name of the organization Employer i							
		NEXT CITY, INC.			2-3886361			
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization	n answered "Yes" on Form 990, Part IV, lir						
			(a) Donor advised funds	(b) Funds an	d other accounts			
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	Did the organizatio	on inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organizatio		Yes No					
6		on inform all grantees, donors, and donor a						
	for charitable purp	oses and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring				
Dec	impermissible priva				Yes No			
Par		ation Easements. Complete if the or	-	Part IV, line 7.				
1		servation easements held by the organizat						
		n of land for public use (for example, recrea		a historically impo				
		f natural habitat	Preservation of	a certified historic	structure			
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year				at the End of the Tax Year			
а		onservation easements						
b								
		vation easements on a certified historic sti						
d	Number of conserv							
		nal Register						
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization durir	ng the tax			
	year ►							
4		where property subject to conservation ea	·					
5	•	tion have a written policy regarding the pe						
-		orcement of the conservation easements						
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easemen	ts during the year			
-		<u> </u>						
7		es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements du	ring the year			
	►\$							
8		vation easement reported on line 2(d) abo	•					
•)(4)(B)(ii)?			Yes No			
9		be how the organization reports conservat	•					
		d include, if applicable, the text of the foot	note to the organization's financial statem	ients that describes	sthe			
Par		ounting for conservation easements. ations Maintaining Collections o	f Art Historical Treasures or O	ther Similar A	seate			
1 41		the organization answered "Yes" on Form			55015.			
10		elected, as permitted under FASB ASC 95		and balance about	worko			
Id	•	elected, as permitted under FASB ASC st easures, or other similar assets held for pu	· ·					
		Part XIII the text of the footnote to its fina		•	<u>,</u>			
h	· •	elected, as permitted under FASB ASC 95			vs of			
b	-	sures, or other similar assets held for public						
			exilibrition, education, or research in furt	nerance of public s				
	-	ng amounts relating to these items:		► ¢				
		ded on Form 990, Part VIII, line 1						
0		ed in Form 990, Part X		······································				
2	•	received or held works of art, historical tre		a gain, provide				
~	-	unts required to be reported under FASB A	-	► ¢				
		on Form 990, Part VIII, line 1						
		Form 990, Part X			dule D (Form 990) 2020			
				Sche				

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Sche	dule D (Form 990) 2020 NEXT CI	TY, INC.						22-38	8636	1 _{Pa}	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
a		C			hange progr						
b	Scholarly research	e		Other							
c	Preservation for future generations	- U		6							
4	Provide a description of the organization's co	-		-	-			ose in Par	t XIII.		
5	During the year, did the organization solicit o								Yes] No
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran										No
1 41	reported an amount on Form 990, Pal			organizatio	in answered	165 01	11 0111 990	, raitiv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custod		diary for	contributior	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	table:							
		·	5						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
									_		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or c	ustodial acco	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	-			1						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
f	and programsAdministrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	:e (line 1	a column (;	I a)) held as:						
	Board designated or quasi-endowment	one your one balance	%	9, 00101111 (<i>a,,</i> 11010 00.						
	Permanent endowment	%									
		<u> </u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)		ccumulate preciation	d	(d) Boo	k value	;
1a	Land										
	Buildings				1 400						
	Leasehold improvements			~	1,482.		$\frac{1,48}{21,21}$			1 01	$\frac{0}{20}$
	Equipment				2,579.		21,3			1,22	
	Other		N a f		9,931.		29,93	<u>, , , , , , , , , , , , , , , , , , , </u>		1,22	$\frac{0}{28}$
Tota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	X, COlun	nn (B), line i	IUC.)					1,44	40.

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Saa Form 000 Dart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) ((1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) ((1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) 1. (a) Description of liability	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) 1. (a) Description of liability (1) Federal income taxes (2)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3) (3)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) for the organization answered "Yes" (b) for the organization answered "Yes" (c)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) for the organization answered "Yes" (b) for the organization answered "Yes" (c)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) for	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	11e or 11f. See Form 990, Part X, line 25.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 NEXT CITY, INC.			22-	3886361 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,184,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	125,719.		
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	125,719.
3	Subtract line 2e from line 1			3	1,058,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,058,886.
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit			
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents Wit a.	h Expenses per		rn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	n ents Wit a.	h Expenses per		
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per	Retu	rn.
1	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	rn.
1 2	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a	h Expenses per	Retu	rn.
1 2 a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wit a. 2a 2b 2c	h Expenses per 125,719.	Retu	rn.
1 2 a b	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 125,719. 6,499.	Retu	rn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 125,719. 6,499.	Retu	rn. <u>1,118,824</u> . 132,218.
1 2 b c d	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 125,719. 6,499.	1	rn.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 125,719. 6,499.	1 2e	rn. <u>1,118,824</u> . 132,218.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit	h Expenses per 125,719. 6,499.	1 2e	rn. <u>1,118,824</u> . 132,218.
1 2 3 4	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	nents Wit	h Expenses per 125,719. 6,499.	1 2e	rn. <u>1,118,824</u> . 132,218.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	h Expenses per 125,719. 6,499.	Retu 1 2e 3 4c	rn. <u>1,118,824</u> . <u>132,218</u> . <u>986,606</u> . 0.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 125,719. 6,499.	Retu	rn. <u>1,118,824</u> . 132,218.

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS UNDER ASC 740

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY

UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES

A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE

RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT IT

HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE

6,499.

032054 12-01-20

Supplemental Information (continued)		
		Schedule D (Form 990) 2020
032055 12-01-20	30	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2020
Open to Public
Inspection
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

PARTICIPATION WITH NEXT CITY. THIS SHALL ALSO INCLUDE THE MEMBER'S

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

MATTER.

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 or 990-EZ) 2020

 032211
 11-20-20
 Schedule O (Form 990 or 990-EZ)

08140806 793760 3839

31 2020.04010 NEXT CITY, INC.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
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.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	

BAD DEBT EXPENSE

-6,499.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020