Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service

14

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.

2019
Open to Public Inspection

Church Speciment Church		A F	or the 20	019 calendar year, or tax year beginning ${\sf SEP}1,2019$ and end	ding J	UN 30, 2020	
Don'th business as P.D. box if mail is not delivered to street address) Room/Sutte Telephone number 20.3 = 871 - 2887		Bca	heck if	C Name of organization		D Employer identific	eation number
Manufaction of steel (of PD, bourt mail is not delivered to street address) Room/suite Telephone number 1,026,249.		Г	Address change	NXTHVN, INC.			
Nounber and affeet (or %), box in mal is not delivered to street address) 169 HBNRY STREET 1,026,249			Name			83-060174	17
Interceive Processes Pro]initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite		
Secretary Comparison Comp			_Ireturn/	169 HENRY STREET		203-871-3	
No SAME AS C ABOVE Yes No No SAME AS C ABOVE Yes No No Yes SAME AS C ABOVE Yes No No Yes SAME AS C ABOVE Yes No No Yes SAME AS C ABOVE Yes Yes SAM			ated			G Gross receipts \$	1,026,249.
Tax-exempt status Z is 501c(s) Solic(s)			_ return			=	
Trave-sempt status		L	_ition .				
Mebalite: MWN. NXTHVN. COM			ov ovom		153		
Part I Summary Part I Summary S					<u> </u>	Ĭ	
Part Summary 1 Benefy describe the organization's mission or most significant activities DEVELOPMENT OF A SUSTATNABLE ART COMMUNITY IN NEW HAVEN, CONNECTICUT.					L Year		
COMMINITY IN NEW HAVEN CONNECTICUT.					1 E 1 Out		otate of logal dofficion, — —
Number of independent voting members of the governing body 3 3 3 3 3 3 3 3 3		ice		· · · · · · · · · · · · · · · · · · ·	PMEN'	T OF A SUSTA	INABLE ART
Number of independent voting members of the governing body 3 3 3 3 3 3 3 3 3	2	'nar			of mete	than 25% of its net ass	ets
Number of independent voting members of the governing body 3 3 3 3 3 4 7 7 7 7 7 7 7 7 7	Ŕ	ove	3 Nu	imber of voting members of the governing body (Part VI, line		=IVED [3]	
To Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 39 8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, line 1th) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, lounn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 1-9) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 1-9) 16 Professional fundraising expenses (Part IX, column (A), line 1-19) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses Subtract line 18 from line 12 19 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total lassets (Part X, line 16) 22 Part X I India part X III Signature Block 23 Total assets (Part X, line 26) 24 Total assets (Part X, line 26) 25 Total assets (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total assets (Part X, line 26) 28 Signature of diffuse 29 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 21 Signature Block 22 Net assets or fund balances Subtract line 18 from line 20 23 Part X, line 26) 24 Signature Block 25 Part X, line 26 26 Total assets (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total labilities (Part X, line 26) 28 Signature of diffuse 29 Part X, line 26 20 Total assets (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Part X, line 26 23 Part X, line 26 24 Signature Block 25 Part X, line 26 26 Total assets (Part X, line 26) 27 Total labilities (Part X, line 26) 28 Signature of diffuse 29 Part X, line 26 20 Total assets (Part X, line 26) 20 Signature Block 21 Preparer 21 Preparer 22 Part N, line 26 23 Preparer	83	Q	4 Nu	mber of independent voting members of the governing body	0.00	_ IV/II—	
b Net unrelated business taxable income from Form 990.T, line 39 Prior Year Current Year Current Year Current Year Surface				tal number of individuals employed in calendar year 2019 (Part V, line 2a) 🛜 🕠	JUL Z		
b Net unrelated business taxable income from Form 990 T, line 39 Prior Year Current Year	PR	iviti		tal number of volunteers (estimate if necessary)	000	S 6	
Secont Prior Year Current Year 2,519,507.	A	Act		tal unrelated business revenue from Part VIII, column (C), line 12	GDE	:N. UT -11/21	
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Here		_					
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 20 23 Part II Signature Block 24 Inder penalties of perpury, I decise that have examined the return, including accompanying schedules and statements, and to the beat of may knowledge and boliof, it is true, correct, and copplete Recitation of peparer (other/than officer) is based on all information of which preparer has any knowledge Part II Signature of diffice JASON PRICE, NATRMAN OF THE BOARD Preparer Signature Paid Paid Preparer Signature Paid Preparer Signature Paid Paid Paid Paid Paid Preparer Signature Paid Paid Paid Paid Paid Paid Paid P					-		
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Beginning of Current Year						358,861.	753,914.
Part II Signature Block Inder penalties of perjury, I declare that have examined the return, including accompanying schedules and statements, and to the best of my knowledge and bouef, it is true, correct, and complète Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Print/Type or print name and high Preparer's signature Paid DAVID A. SCARAMOZZA Preparer Firm's name CARTER, HAYES + ASSOCIATES P.C. Firm's address 1970 WHITNEY AVENUE BLDG # 2 HAMDEN, CT 06517 Phone no. 203-287-3990			19 Rev	venue less expenses Subtract line 18 from line 12		2,146,935.	191,606.
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Sign Here JASON PRICE, CHAIRMAN OF THE BOARD Type or print name and high preparer's name Print/Type preparer's name DAVID A. SCARAMOZZA Preparer Use Only Type or print and by CARTER, HAYES + ASSOCIATES P.C. Firm's address 1970 WHITNEY AVENUE, BLDG # 2 Phone no. 203-287-3990					d stateme	nts and to the heat of my	knowledge and belief it is
Sign Here JASON PRICE, CHAIRMAN OF THE BOARD Type or print name and Ne Print/Type preparer's name DAVID A. SCARAMOZZA Preparer Use Only Date Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print's name CARTER, HAYES + ASSOCIATES P.C. Firm's address 1970 WHITNEY AVENUE, BLDG # 2 Phone no. 203-287-3990							1 1
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Use Only Firm's address 1970 WHITNEY AVENUE, BLDG # 2 HAMDEN, CT 06517 Phone no. 203-287-3990			_		<u> </u>	July 1 July 6 Hiproyo	
HAMDEN, CT 06517 Phone no. 203-287-3990						FILLISCIN	70 1244730
			, ' "			Phone no 201	3-287-3990
		May	the IRS				X Yes No

Form	1 990 (2019) NXTHVN, INC.	83-0601747	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•		NG 331D	
	NXTHVN'S MISSION IS TO PLAY A CENTRAL ROLE IN THE TRAINII		
	DEVELOPMENT OF THE NEXT GENERATION OF PROFESSIONAL ARTIST		<u> </u>
	RETENTION OF HIGHLY SKILLED PROFESSIONAL ART TALENT, AND	ULTIMATELY	
	SERVE AS A CATALYST IN HELPING NEW HAVEN BECOME A WORLD (CLASS	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			₹
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	mageured by expenses	
7			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	ına
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 589,333. including grants of \$ 203,659.) (Revenue	ле \$ <u>1,</u>	670 .)
	IN DECEMBER 2019, NXTHVN WELCOMED ITS SECOND COHORT OF FI	ELLOWS,	
	INCLUDING 7 STUDIO FELLOWS AND 2 CURATORIAL FELLOWS. STU	UDIO FELLOWS	
	ENGAGED IN A COMPREHENSIVE YEAR-LONG FELLOWSHIP DESIGNED		
			1115
	THEIR CAREER BY PROVIDING DEDICATED STUDIO SPACE, STIPENI		
	PROFESSIONAL LEARNING SESSIONS, AND AN EXPANDED NETWORK (RS,
	GALLERIES, AND INSTITUTIONS. THROUGHOUT THE YEAR, STUDIO	FELLOWS	
	PARTICIPATED IN WORKSHOPS AND SEMINARS THAT FOCUS ON PRAC	CTICAL	
	COMPONENTS OF SETTING UP AND MANAGING A SUSTAINABLE ART I		
	CURATORIAL FELLOWS RECEIVE CO-WORKING SPACE AND A STIPENI		
	THE FELLOWSHIP YEAR. IN ADDITION TO CO-CURATING AN EXHIB		
	CURATORIAL FELLOWS DEVELOPED ADVANCED SKILLS IN THE LOGIS	STICS AND	
	CONCEPTS OF EXHIBITION-MAKING, ENHANCED PROFESSIONAL DEVI	SLOPMENT AND)
4b	(Code) (Expenses \$) (Revenue)	\$)
			
		· ·	
4c	(Code) (Expenses \$	re \$)
		_	
			•
4d	Other program services (Describe on Schedule O)		
		1	
45	500 000		
	Total program service expenses 589,333.		

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Form 990 (2019) NXTHVN, INC. Part V, Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, IX, or X		1, 1	:
	as applicable	·	3.	
а	The state of the s		3,7	
	Part VI	11a	Х	
b	• • • • • • • • • • • • • • • • • • • •			37
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b		40h	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{x}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	i	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		$\frac{\pi}{x}$
b	name and a second secon	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 12 if "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2019) 83-0601747 NXTHVN INC Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 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 Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 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% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 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 X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I 33

- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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
- 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
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number	reported in	Box 3 of Form 1096	Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

С	Did the organization comply with backup withholding rules for reportable pa	ayments to vendors and reportable gaming
	(gambling) winnings to prize winners?	

_			Yes	No
1a	16			
1b	0			
portat	ole gamıng			
		1c		

34

35a

35b

36

37

38

Х

X

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 3 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 1<u>1a</u> b 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 year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 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 Х If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

Form 990 (2019)

Form 990 (2019)

NXTHVN, INC.

83-0601747

Pag
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					
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management		I			
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8	·				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
	Enter the number of voting members included on line 1a, above, who are independent 1b 7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	L				
_	officer, director, trustee, or key employee?	2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			7.5		
_	of officers, directors, trustees, or key employees to a management company or other person?	3		<u> </u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X		
6	Did the organization have members or stockholders?	6	X			
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		.,			
	more members of the governing body?	7a	Х			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		•		
_	persons other than the governing body?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v			
	The governing body?	8a	X			
ь	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v		
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		<u> </u>		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		, I			
100	Did the examination have level charters, hypnobes, or efficience?	40-	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?	10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b				
112	and branches to ensure their operations are consistent with the organization's exempt purposes?					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Х			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>x</u>		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120				
Ŭ	in Schedule O how this was done	12c		Х		
13	Did the organization have a written whistleblower policy?	13	х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	х			
	Other officers or key employees of the organization	15b		<u>x</u>		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1		
	taxable entity during the year?	16a		$\overline{\mathbf{x}}$		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			- 1		
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılat	ole		
	for public inspection. Indicate how you made these available. Check all that apply	- ,,				
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial			
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	THE ORGANIZATION - 203-871-3287					
	169 HENRY STREET, NEW HAVEN, CT 06511					

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)		T	ııı∠d			inhei	isal!	·		(F)	
	(B)	Dankan					(D)	(E)	(F)		
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable	Estimated	
	wook	offi	cer ar			s both		from	compensation from related organizations	amount of other	
	(list any	į						the		compensation	
	hours for	die				8		organization	(W-2/1099-MISC)	from the	
	related	stee o	nstee		l	ensat		(W-2/1099-MISC)		organization	
	organizations	al fruit	onal tr		loyee	l comb				and related	
	(list any hours for related organizations below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	ije.			organizations	
(1) TITUS KAPHAR	2.00	<u> </u>	Ë	8	*	± 5	F.	_			
PRESIDENT	2.00	X		x				0.	0.	0.	
(2) JASON PRICE	2.00	^	\vdash	Ĥ	┢	┢	\vdash	0.	U•	0.	
CHAIRMAN OF THE BOARD	2.00	x		х				0.	0.	0.	
(3) PAMELA FRANKS	1.00	 	\vdash		\vdash	\vdash	\vdash			0.	
DIRECTOR		\mathbf{x}				ĺ		0.	0.	0.	
(4) JOCK REYNOLDS	1.00		\vdash						0.		
DIRECTOR		x						0.	0.	0.	
(5) ALEXANDRA SHOR	1.00										
DIRECTOR		X						0.	0.	0.	
(6) BENNET H. GRUTMAN	1.00										
DIRECTOR		X						0.	0.	0.	
(7) PAMELA L. GRUTMAN	1.00										
DIRECTOR		X	L					5,300.	0.	0.	
(8) ELLEN SUSMAN	1.00										
DIRECTOR		X	Щ		<u> </u>			0.	0.	0.	
(9) NICO WHEADON	40.00								_		
EXECUTIVE DIRECTOR	_	_		X	_			60,978.	0.	0.	
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Par	VII Section A. Officers, Directors, Trust	ees. Kev Emp	love	ees.	and	Hie	ahes	t C	ompensated Employee	S (continued)				
	(A)	(B)		,		C)			(D)	(E)			(F)	
	Name and title	Average			Pos	ition			Reportable Reporta		ole Es		Estimated	
		hours per	box,	unles	s per	rson ı	than o	an	compensation	compensation		amount of		
		week	_	er an	dad	recto	r/trus	(00)	from	from related			other	
		(list any hours for	lirecto				_		the organization	organization: (W-2/1099-MIS			pensa	
		related	e or 0	stee			sated		(W-2/1099-MISC)	(44-27 1099-14113	,°,		om the anızatı	
		organizations	truste	al tru:),ee	эш		(17 2, 1000 111100)			_	relate	
		below	Individual trustee or director	Institutional trustee	je.	Key employee	Highest compensated employee	je				orga	nızatı	ons
		line)	in di	Inst	Officer	ê	돌	Former						
						<u> </u>	_							
			_	\dashv			H	_			\dashv			
				\vdash		┝	\vdash	_			\dashv			
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											\dashv			
										•				
									66.050					
	Subtotal							>	66,278.		0.			0.
	Total from continuation sheets to Part VII	, Section A							0.		0.			0.
	Total (add lines 1b and 1c)						. .	<u> </u>	66,278.					0.
	Total number of individuals (including but no	ot limited to the	ose	uste	a ab	ove) Wn	o re	ceived more than \$100,0	JUU of reportable				0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director truste	e k	ev e	mnl	ove	e or	bia	hest compensated empl	ovee on	ſ		-	
	line 1a? If "Yes," complete Schedule J for su		, o, n	., .		0,00	o, o.	· ···g	neot compondated cimpi	0,00 0,1	ľ	3		X
	For any individual listed on line 1a, is the sui		e co	mpe	nsat	tion	and	oth	er compensation from the	ne organization	Ì			
	and related organizations greater than \$150										Ì	4		х
	Did any person listed on line 1a receive or a	-		•						ual for services	Ī			
	rendered to the organization? If "Yes." comi	olete Schedule	J fc	or su	ch c	ers	on					5		Х
Sect	on B. Independent Contractors													
1	Complete this table for your five highest con	npensated inde	eper	nden	t co	ntra	actor	s th	at received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization Report compensation for t	he calendar ye	ar e	ndın	g w	th c	r wit	hin	the organization's tax ye	ear				
	(A)	- d dro							(B)		_	(C		
	Name and business	address	NC	NE	<u> </u>			4	Description of s	ervices		omper	isatioi	<u>' </u>
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	Total number of independent contractors (in	محاديقا حصاميات	A 1		4-4		نما م	ــــــــــــــــــــــــــــــــــــــ		45				

0

\$100,000 of compensation from the organization

Form 990 (2019) NXTHVN, INC. 83-0601747 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,000,893. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1,000,893. h Total. Add lines 1a-1f **Business Code** 711190 1,670. 1,670. 2 a APPLICATION FEES Program Service Revenue f All other program service revenue 1,670. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 23,686. 6 a Gross rents 77,923. b Less rental expenses 6c - 54,237. c Rental income or (loss) -54,237. -54,237. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis and sales expenses 2,806 Cther Revenue 7b -2,806. c Gain or (loss) -2,806. -2,806. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory

Business Code

945,520.

1,670

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX | Statement of Functional Expenses

Ь—	otatement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A)	च्च
	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	203,659.	203,659.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 061	62 672	12 644	12 (44
•	trustees, and key employees	90,961.	63,673.	13,644.	13,644.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	85,722.	38,381.	42,495.	4,846.
7 8	Other salaries and wages Pension plan accruals and contributions (include	05,722.	30,361.	42,493.	4,040.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,660.	10,201.	5,611.	1,848.
10	Payroll taxes	16,094.	9,296.	5,114.	1,684.
11	Fees for services (nonemployees)	10,054.	5,250.	3,114.	1,004.
''	Management	18,895.	16,119.	2,776.	
b	Legal	9,840.	10,113.	9,840.	
	Accounting	13,889.		13,889.	
	Lobbying			23,0031	
	Professional fundraising services. See Part IV, line 17	10,000.		·	10,000.
f	Investment management fees				
a	Other (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	155,656.	150,926.	4,730.	
12	Advertising and promotion			,	
13	Office expenses	45,049.	25,579.	18,022.	1,448.
14	Information technology	8,892.	6,263.	2,002.	627.
15	Royalties				
16	Occupancy	64,680.	54,978.	6,468.	3,234.
17	Travel				
18	Payments of travel or entertainment expenses		I		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,917.	10,258.	1,278.	1,381.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24e	753,914.	589,333.	125,869.	38,712.
26	Joint costs Complete this line only if the organization		ł		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part X		7	
	,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		7,365.	1	523,974
	2	Savings and temporary cash investments		<u> </u>	2	
	3	Pledges and grants receivable, net		1,704,048.	3	1,519,378
	4	Accounts receivable, net	į	3,513.	4	3,513
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualit	fied persons (as defined			
		under section 4958(f)(1)), and persons described		6		
ţ	7	Notes and loans receivable, net	ļ		7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	,				
		basis Complete Part VI of Schedule D	10a 723,316.			
	b	Less accumulated depreciation	10b 24,292.	718,025.	10c	699,024
	11	Investments - publicly traded securities			11	
	12	Investments · other securities See Part IV, line 1		<u> </u>	12	
	13	Investments - program-related See Part IV, line	11	<u> </u>	13	
	14	Intangible assets	-		14	
	15	Other assets See Part IV, line 11	-	53,387.	15	77,749.
_	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	2,486,338.	16	2,823,638
	17	Accounts payable and accrued expenses	10,049.	17	91,506.	
	18	Grants payable	100 154	18	116 050	
	19	Deferred revenue	-	102,174.	19	116,853.
	20	Tax-exempt bond liabilities	 		20	
	21	Escrow or custodial account liability Complete F	The state of the s		21	
es	22	Loans and other payables to any current or form				
≣		trustee, key employee, creator or founder, subst	<u> </u>	77 002		00.006
Liabilities		controlled entity or family member of any of thes	·	77,093.	22	98,006.
_	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	20 707
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	28,797.
	25	Other liabilities (including federal income tax, pay	′ I		Ī	
		parties, and other liabilities not included on lines	17-24) Complete Part X	1,252.		1 100
	00	of Schedule D	<u> </u>	190,568.	25	1,100.
	26	Total liabilities. Add lines 17 through 25	-t. b \	190,300.	26	336,262.
ဖ္အ		Organizations that follow FASB ASC 958, che	CK nere 🕨 🔼		Ì	
ဦ	07	and complete lines 27, 28, 32, and 33.	ŀ	2,180,770.		2 272 276
ala	27	Net assets without donor restrictions	<u> </u>	115,000.	27	2,372,376. 115,000.
9 8	28	Net assets with donor restrictions	50 ahaalahana b 🖂 🗼	115,000.	28	115,000.
두		Organizations that do not follow FASB ASC 95	bs, check here			
ò	20	and complete lines 29 through 33.	-			
ets	29	Capital stock or trust principal, or current funds	- Unmont fund		29	
issi	30	Paid-in or capital surplus, or land, building, or eq	_ ·		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, or other tunds	2 295 770	31	2 127 276
ž	32	Total net assets or fund balances	ŀ	2,295,770. 2,486,338.	32	2,487,376. 2,823,638.
لـــ	33	Total liabilities and net assets/fund balances		4,400,330.	33	Eorm 990 (2019

	990 (2019)NXTHVN, INC.	<u>83-060</u>	1747	Pa	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			20.
2	Total expenses (must equal Part IX, column (A), line 25)	2			14.
3	Revenue less expenses Subtract line 2 from line 1	_3		_	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,29!	5,7	<u>70.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,48	7,3	<u>76.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()			
2a	,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ш
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			
	consolidated basis, or both		1 1		
	Separate basis X Consolidated basis Both consolidated and separate basis		\vdash		igsquare
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				igspace
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or guidita, availab why on Cahadula O and dagarba any atana talean to underse accel accels.		1 0-1		4

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Nan	ne of t	the organization						Employe	r identification number
-		NXTH		MANAGE TO THE PARTY OF THE PART			White the State of	8	33-0601747
Pa	πı	Reason for Public	Charity Status	(All organizations must c	omplete th	ns part) S	ee instructions	<u> </u>	
The	organ	ization is not a private found			-	•			
1	닏	A church, convention of ch	iurches, or association	on of churches described	d in section	on 170(b)(1)(A)(i).	/	ก9
2	\sqsubseteq	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ))		(/ /
3	\sqsubseteq	A hospital or a cooperative					-		
4	\Box	A medical research organiz	ation operated in co	njunction with a hospital	described	in section	on 170(b)(1)(A)(iiı). Enter	the hospital's name,
	_	city, and state							
5	ш	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental u	nıt describ	ed in
	_	section 170(b)(1)(A)(iv). (0							
6	\sqsubseteq	A federal, state, or local go							
7		An organization that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8	닏	A community trust describe							
9	Ш	An agricultural research org	-					•	•
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, city	, and state of	the college	e or
	TT-	university							
10	X	An organization that norma							-
		activities related to its exer							*
		income and unrelated busin		(less section 511 tax) fro	om busine:	sses acqui	red by the org	janization a	after June 30, 1975
44		See section 509(a)(2). (Co	•		<i>(</i> 0				
11	님	An organization organized							
12		An organization organized a						-	
		more publicly supported or							Sheck the box in
•		lines 12a through 12d that						_	
а		Type I. A supporting orgatine supported organization							
		organization You must o			i majority (n the direc	tors or truster	25 OI IIIE SI	арроппід
b		Type II. A supporting org			tion with it	e eupporte	nd organizatio	n(e) by bay	una
~		control or management of							
		organization(s) You mus			anie perso	ins that co	illoi oi manaç	ge trie supp	borted
С		Type III functionally inte			in connec	tion with a	and functional	ly integrate	ed with
·		its supported organization						iy iiilogialo	od Withi,
đ		Type III non-functionally						ted organi:	zation(s)
		that is not functionally int							
		requirement (see instructi	-	• •	•		•	a a	
е		Check this box if the orga		•	-			II. Type III	
		functionally integrated, or					. 7 - 4 - 7 - 7	, . , , ,	
f	Ente	r the number of supported of	organizations						
g	Prov	ride the following information	about the supporte	ed organization(s)					
	()) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the org	anization listed ing document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
		, <u> </u>							
					Ì				
					ļ	ļ		- <u>-</u>	

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)

Se	ction A. Public Support		_	·			
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						/
	membership fees received (Do not					,	/
	ınclude any "unusual grants ")	<u></u>				/	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				
	or expended on its behalf	\					
3	The value of services or facilities						
	furnished by a governmental unit to		<u> </u>				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				/		
	supported organization) included			/	1		ı
	on line 1 that exceeds 2% of the						•
	amount shown on line 11,		\				
	column (f)						
	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support			$\angle \setminus$			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016 /	(c) ∖2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			\			ļ
	dividends, payments received on			\			
	securities loans, rents, royalties,			\			
	and income from similar sources						
9	Net income from unrelated business		ľ	`	`\		
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	/			\		
	Total support. Add lines 7 through 10	/			1	,	
	Gross receipts from related activities,				/	12	·
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	ax year as a section	1 501(c)(3)	. —
80	organization, check this box and stop		centage		\		
	Bublic support percentage for 2010 (l			aluma (A)		144	
	Public support percentage for 2019 (li		,	olumn (1))		\14 \delta =	<u>%</u>
	Public support percentage from 2018			line 13 and line	14 is 22 1/20/ a	15	<u>%</u>
ıva	33 1/3% support test - 2019. If the or stop here. The organization qualifies a	•		rinie 13, and line	17 10 00 1/070 UT M	ore, check (fils bo)	∧ allu ▶☐
	33 1/3% support test - 2018. If the o		•	ne 13 or 16a and	line 15 ie 33 1/20/	or more check th	ue hov
	and stop here. The organization quali	•			mie 15 is 35 1/370	or more, check th	▶ □
17~	10% -facts-and-circumstances test				13 160 or 16h o	and line 14 is 100/	or more
.,,	and if the organization meets the "fact						
				•	•	t viriow the organ	IIZAUUII
h	meets the "facts-and-circumstances" t 10%_facts-and-circumstances test	-		*	-	7a and line 15 to	10% or
	more, and if the organization meets the	-					-
	organization meets the "facts-and-circ				•		`
12	Private foundation. If the organization		•	•			
10	r i vate roundation. Il the organizatio	n did not check a l	DUX UN IIINE 13, 168	i, 100, 1/a, 0f 1/b	o, check this box a	iu see instructions	

Schedule A (Form 990 or 990-EZ) 2019 NXTHVN, INC. [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	quality under the tests listed b	elow, please comp	olete Part II)		· -	·	
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2010	(6) 2017	(0) 2010	(e) 2019	(I) TOTAL
•	membership fees received (Do not						
	include any "unusual grants ")			213,823.	2519507.	1000893.	3734223.
2	Gross receipts from admissions,			1223,0231	23233074	1000033.	37312231
_	merchandise sold or services per-				ļ		
	formed, or facilities furnished in						
	any activity that is related to the organization's tax exempt purpose			4,484.	6,355.	1,670.	12,509.
3	Gross receipts from activities that			1,101.	0,333.	1,070.	12,303.
•	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						
6	Total. Add lines 1 through 5			218,307.	2525862.	1002563.	3746732.
	Amounts included on lines 1, 2, and			,			
	3 received from disqualified persons				733,405.	178,295.	911,700.
b	Amounts included on lines 2 and 3 received				,		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b				733,405.	178,295.	911,700.
8	Public support. (Subtract line 7c from line 6)					•	2835032.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			218,307.	2525862.	1002563.	3746732.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources				25,531.	23,686.	49,217.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b			1	25,531.	23,686.	49,217.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)					1	
13	Total support (Add lines 9, 10c, 11, and 12)			218,307.	2551393.	1026249.	3795949.
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth ta	x year as a section	501(c)(3) organiza	
0	check this box and stop here	- O					▶ X
	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (f))		15	<u>%</u>
	Public support percentage from 2018					16	<u>%</u>
	tion D. Computation of Inves		_	40 1 (0)		4-1	
	Investment income percentage for 20	•	•	ine 13, column (f))		17	<u>%</u>
	Investment income percentage from 2				45 " 00	18	<u>%</u>
198	33 1/3% support tests - 2019. If the	•					r is not
	more than 33 1/3%, check this box an	· ·	-		• •		
O	33 1/3% support tests - 2018. If the	-				•	na 🛌 🦳
00	line 18 is not more than 33 1/3%, chec			•		•	
20	Private foundation. If the organizatio	n did not check a	oox on line 14, 19	a, or 190, check th	is box and see inst	ructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
<u> </u>		
2		
3a		
3b		
35		
3c		
4a		
4b		
70		
4c		
5a		
5b		
5c		
6		
 		
7		
8		
<u> </u>		
9a		
9b		
9c		
10a		
10b		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi		53-0601/4/ Page 6
7	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions A
•	other Type III non-functionally integrated supporting organizations must o			art vij Oce instructions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	.,	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		•
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
. 7	Check here if the current year is the organization's first as a non-functional	illy integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

.... Schedule A (Form 990 or 990-EZ) 2019

and 4b from line 1 For result greater than zero, explain in

7 Excess distributions carryover to 2020. Add lines 3₁

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Schedule A (Form 990 or 990 EZ) 2019 NXTHVN, INC.	83-0601747 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2, Part IV, Section C, /, Section B, line 1e, Part V,
PART III AMOUNTS	
NXTHVN'S INITIAL YEAR WAS A SHORT TAX YEAR FROM 5/10/18-8/31	/18.
AMOUNTS FOR THIS PERIOD HAVE BEEN PRESENTED IN THE 2017 COLU	MN ON PART
III.	
THE 2018 COLUMN REPRESENTS THE ACTIVITY FOR THE FIRST FULL F	ISCAL YEAR
9/1/18-8/31/19.	
THE 2019 COLUMN REPRESENTS THE ACTIVITY FOR THE PERIOD 9/1/1	9-6/30/20.
NXTHVN IS FILING THIS SHORT YEAR RETURN TO CHANGE IT'S YEAR	END FROM
AGUST 31 TO JUNE 30.	
2000000	
	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 Inspection

Employer identification number Name of the organization 83-0601747 NXTHVN, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Ves are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

<u> </u>	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.

the following amounts required to be reported under FASB ASC 958 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

	dule D (Form 990) 2019 NXTHVN,							<u>0601747</u>		ıge 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, or Oth	<u>er Si</u>	milar Ass	ets _{(contini}	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the fe	ollowing that make	sıgnıf	icant use of	ıts		
	collection items (check all that apply)									
а	Public exhibition	•	d <u> </u> Loar	or excl	nange program					
b	Scholarly research	•	Othe	er			_			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they fu	irther th	e organızatıon's ex	empt	purpose in F	Part XIII		
5	During the year, did the organization solicit of	r receive donations	of art, historic	cal treas	ures, or other sımıl	ar ass	ets			
	to be sold to raise funds rather than to be ma							Yes		No
Pai	Escrow and Custodial Arran		ete if the orga	anızatıor	n answered "Yes" o	n For	m 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa						_			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contr	ibutions	or other assets no	t inclu	ıded			1
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			Г				
	_							Amount		
	Beginning balance					ŀ	1c			
	Additions during the year					ŀ	1d			
_	Distributions during the year					ŀ	_1e			
f	Ending balance	arra 000 Dark V Ivaa	01 for soon			ا مستند	1f	Yes		NI-
	Did the organization include an amount on Fe					•		res	\vdash	No
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior		(c) Two years back		Three years b	ack (e) Four	veare h	ack
1a	Beginning of year balance	(a) Ourient year	(b) r nor	yeai	(C) Two years back	10	illiee years b	ack (e) tout	ycais t	<u>ack</u>
b	Contributions					+				
c	Net investment earnings, gains, and losses					Ì				
	Grants or scholarships					Ì			-	
	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, col	umn (a))	held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held an	d administered for	the or	ganızatıon	_		
	by								Yes	No
	(i) Unrelated organizations							3a(ı)		
	(ii) Related organizations							3a(ii)	_	
b	If "Yes" on line 3a(ii), are the related organiza	•						3b		
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm		.	44.0		, ,	40			
	Complete if the organization answered	i						(85 :		
	Description of property	(a) Cost or of basis (investr	,	b) Cost basis (1 '		mulated lation	(d) Book	value	
	Land		522.	Dasis (outer) C	ebi ec	ialion	75	,52	-
	Land	647,				2.	1,292.		,50	
	Buildings	047,	, , , , ,			۷,	1 4 7 4 4	043	, 50	<u>~·</u>
	Leasehold improvements Equipment							· · · · · · · · · · · · · · · · · · ·		
	Other									
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Port	X column /P	line 10)c)			699	,02	4.
	IGGIGGIG IG IG/ I/IGGI E						· · · · · · · · · · · · · · · · · · ·			$\overline{}$

Schedule D (Form 990) 2019 NXTHVN, INC	•	8	3-0601747 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			· ····································
(A)	, <u>.</u>		
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(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"		11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1)		-	
(2)			
(3)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	ļ.	I	
Complete if the organization answered "Yes"	on Form 990. Bort IV. line	11d Soc Form 900 Port V line 15	
	Description	Tid See Form 990, Falt A, line 13	(b) Book value
	Description		(b) Book Value
	 		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	25
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			-
(2) TENANT SECURITY DEPOSIT PA	AYABLE		1,100
(3)			
(4)			
(5)			
(6)			
- GE (7)			
(8)			

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

1,100.

(9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

932054 10-02-19

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2019	Open to Public Inspection
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► Go to www.irs.gov/Form990 for the latest information.

	=			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	wirsigovicormago for the fatest information.	ration.			
Name o	Name of the organization NXTHVN, I.	INC.						Employer ide	Employer identification number 83-0601747
Part I	General Inform	and Assistance	!						
1 D	Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or assi-	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Б	
ס כ	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Hated States	istance?	torno to eau et ponto	ferral Lotter	Ctotos] yes ⊠ No
<u>_</u>	Cratte in a critical Other Accidence to Democific Security and Other Accidence to Democific Security Security and Other Accidence to Democific Security Secu	Demostio Organi	colling the use of grant	James III the Office	orales of the orac	Va 1000000000000000000000000000000000000	1-0 000	W. 150.04 400	
	٦	\$5,000 Part II can	zations and Domestit be duplicated if additi-	onal space is need	Joinpiete II the org: ed.	anization answered	Domestic Governments. Complete it the organization answered. Tes: on Form 990, Part IV, line 21, for any ed if additional space is needed.	. IV, line 21, Tor	any
1 (a	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Pur or &	(h) Purpose of grant or assistance
		:			,				
2 Er	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 table				A	
S F	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					•	
H¥ F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule	Schedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019)

Part III | Grants and Other

(Form 990) (2019) NXTHVN, INC. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Part III can be duplicated it additional space is needed					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CURATORIAL FELLOWSHIP INCLUDES A STIPEND FOR TRAVEL AND RESEARCH, PROFESSIONAL WORKSPACE, THE OPPORTUNITY TO CO-CURATE TWO EXHIBITIONS IN THE NXTHVN GALLERY AND DEVELOP THE ASSOCIATED PUBLIC	5	54,325.	.0		
STUDIO FELLOWSHIP INCLUDES A GENEROUS STIPEND TO GO TOWARDS PRODUCING ORIGINAL WORK FOR THE CULMINATING EXHIBITION, DEDICATED 24/7 ACCESS STUDIO SPACE WITHIN A STATE-OF-THE-ART FACILITY	7	137,100.	.0		
APPRENTICESHIP ARE PROVIDED STIPENDS FOR WORKING DIRECTLY WITH THE STUDIO AND CURATORIAL FELLOWS AND ALSO SPEND TWO HOURS EACH WEEK DEDICATED TO GROUP PROJECTS AND ACTIVITIES THAT ARE SCAFFOLDED	80	12,234.	.0		
Part IV Supplemental Information. Provide the information required in Pa	uired in Part I, lin	e 2; Part III, column	art I, line 2; Part III, column (b), and any other additional information	ditional information.	
PART III, COLUMN (A):		į			
(A) TYPE OF GRANT OR ASSISTANCE: CURATORIAL FELLOWSHIP	URATORIAL	FELLOWSHI	P INCLUDES	A	
STIPEND FOR TRAVEL AND RESEARCH, PR	ROFESSION	PROFESSIONAL WORKSPACE,	THE	OPPORTUNITY	
TO CO-CURATE TWO EXHIBITIONS IN THE	THE NXTHVN	GALLERY AND	DEVELOP	THE	
ASSOCIATED PUBLIC PROGRAMMING, A FU	FULLY-FUNDED	ED EXHIBITION	ION PRODUCTION	LION	
BUDGET, THE OPPORTUNITY TO RESEARCH,	H, DESIGN,	, CONTRIBUTE	TO AND	COPY EDIT	
THE ACCOMPANYING EXHIBITION CATALOGUE,		ESSIONAL D	PROFESSIONAL DEVELOPMENT WORKSHOPS	WORKSHOPS	
TWICE PER MONTH, SUPPORT FROM A DEDICATED NXTHVN	DICATED N		CURATORIAL ADVI	ADVISOR.	

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organ

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

Open To Public Inspection

Name of the organization	NXTHVN,	IN	rC.							-	rident 5017		on nui	mber
				1(c)(3	3), sect	ion 501(c)(4), and sec	ction 501	c)(29) orga	ınızatıc	ns on	ıly)	* /		
Complete if the	organization	answe	ered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	, or Form	990-EZ, P	art V, I	ine 40)b			
1 (a) Name of disqualified p	nerson		lationship betv			ified	a) Docorin	tion of tran	neactio	n		(d)	Corre	cted?
	person		person and or	ganıza	ation		-) Descrip	tion or trai		'''		Y	es	No
<u> </u>	-											_	_	
					_								_	
			 									+		
												+		
2 Enter the amount of tax	incurred by t	he org	anization mana	agers	or disq	ualified persons duri	ng the ye	ar under						
section 4958										▶ \$				
3 Enter the amount of tax,	ıf any, on lın	e 2, ab	oove, reimburse	ed by	the org	ganization				▶ \$				
Part II Loans to and	d/or From	Inter	rested Pers	ons.		·								
						, Part V, line 38a or F	orm 990	Part IV lin	o 26 (or if th	e oraș	nizatio	.	
reported an amo	_					, r art v, inte 30a or r	OIIII 930,	i aitiv, iii	ie 20, t	J1 11 (11	e orga	inzanc	,,,	
(a) Name of	(b) Relation	ship	(c) Purpose	(d) Lo	an to or	(e) Original) In	(h) App	proved	roved (i) Written	
interested person	with organiza	ation	of loan		zation?	principal amount			defa	ult?	comm	uttee?	agree	ment?
160 45554 65555	V 0 0 0 0				From			006	Yes	No	Yes	No	Yes	No
169 HENRY STREE	SEE PT	VS	EE PT V	X		77,093.	98	,006.	-	X	X			Х
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	 	-+							-	<u> </u>	├ -			
Total					<u> </u>	▶ \$	98	,006.		i	╁──			<u> </u>
Part III Grants or As	sistance	Bene	fiting Intere	este	Per	sons.		,						
Complete if the	organization	answe	red "Yes" on F	orm 9	90, Pa	urt IV, line 27								
(a) Name of interested p	person) Relationship t			(c) Amount of		(d) Type		- }	• •		ose of	:
		"	nterested perse the organiza		d	assistance	assistan				•	assistance		
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LHA For Paperwork Reduc	tion Act Noti	ice, se	e the Instruct	ions f	or For	m 990 or 990-EZ.		Sch	edule	L (Foi	rm 990	or 99	0-EZ)	2019

Schedule L (Form 990 or 990-EZ) 2019 NXTHV Part IV Business Transactions Invol	N, INC. ving Interested Persons.		83-0601	747	Page 2
L	d "Yes" on Form 990, Part IV, line 28a, 2	8h or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
-			-	_	ļ .
					+
					†
			 	ļ	
	· 			<u> </u>	┼
				ļ	
Part V Supplemental Information.				J	<u></u>
	onses to questions on Schedule L (see i	nstructions)			
					
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	<u>:</u>		
(A) NAME OF PERSON: 169 HE	ENRY STREET, LLC				
(B) RELATIONSHIP WITH ORGA	NIZATION: SEE EXPAND	ED EXPLANA	TION BELOW		
(C) PURPOSE OF LOAN: SEE H	EXPANDED EXPLANATION	BELOW			
(D) 101V TO 0D TOW 0DG1V					
(D) LOAN TO OR FROM ORGANI	ZATION? = TO				
(E) ORIGINAL PRINCIPAL AMO	OUNT \$ 77,093. (F) B	ALANCE DUE	\$ 98,006.		
(G) LOAN IN DEFAULT? = NO					
(H) APPROVED BY BOARD OR (COMMITTEE? = YES				
(I) WRITTEN AGREEMENT? = N	IO				
PART II, COLUMN B				-	
TITUS KAPHAR (CHARIPERSON)	PRESIDENT OF NXTHVN,	INC.) HAS	A 66.7% MEM	IBER	
INTEREST IN 169 HENRY STRE	ET, LLC. JASON PRIC	E (CHAIRMAN	N OF THE		
BOARD/TREASURER OF NXTHVN,	INC.) HAS A 11.1% M	EMBER INTER	REST IN 169		
HENRY STREET, LLC.					
PART II, COLUMN_C					
169 HENRY STREET, LLC IS F	EHABILITATING THE BU	ILDING LOCA	TED AT 169		
HENRY STREET NEW HAVEN, CT				ID E	

PROFESSIONAL STUDIO SPACE, EXHIBITION/GALLARY SPACE AND THE OFFICES OF

Schedule L (Form 990 or 990-EZ) NXTHVN, INC. 83-0601/4/ Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)
NXTHVN, INC.
AS OF AUGUST 31, 2019, 169 HENRY STREET, LLC HAD ADVANCED \$77,093 TO
NXTHVN, INC. TO PROVIDE OPERATING FUNDS.
AS OF JUNE 30, 2020, 169 HENRY STREET, LLC HAD ADVANCED \$98,006 TO
NXTHVN, INC. TO PROVIDE OPERATING FUNDS.

932461 04-01-19

Schedule L (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

NXTHVN, INC.

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

932211 09-06-19

Employer identification number 83-0601747

Schedule O (Form 990 or 990-EZ) (2019)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUSTAINABLE ARTS COMMUNITY. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MENTORSHIP SKILLS, AND FORMED NEW CREATIVE PARTNERSHIPS WITHIN THE ART COMMUNITIES AT YALE UNIVERSITY, AS WELL AS, IN NEW HAVEN AND NEW YORK CITY AT LARGE. CURATORIAL FELLOWS CONDUCTED RESEARCH AND WORKED CLOSELY WITH THE CURATORIAL ADVISOR AND ENGAGED IN A SERIES OF GROUP CRITIQUES, STUDIO VISITS AND WORKSHOPS WITH ART WORLD PROFESSIONALS. IN RESPONSE TO THE COVID PANDEMIC, THE FELLOWSHIP FOR COHORT WAS EXTENDED THROUGH MAY 2021. THROUGH NXTHVN'S CREATIVE YOUTH DEVELOPMENT INITIATIVE THE APPRENTICESHIP PROGRAM, ALL FELLOWS ENGAGED IN INTER-GENERATIONAL MENTORSHIP WITH NINE LOCAL, TALENTED HIGH SCHOOL STUDENTS. FORM 990, PART VI, SECTION A, LINE 2: PAMELA GRUTMAN IS THE DAUGHTER OF BENNET GRUTMAN. FORM 990, PART VI, SECTION A, LINE 6: SOLE MEMBER - THE MEMBERSHIP OF THIS CORPORATION SHALL CONSIST OF ONLY ONE (1) MEMBER, TITUS KAPHAR (THE "MEMBER"), AND THE MEMBER'S MEMBERSHIP IN THIS CORPORATION SHALL BE NON-TRANSFERABLE. FOLLOWING THE DEATH OF TITUS KAPHAR, THE MEMBER'S MEMBERSHIP IN THIS CORPORATION SHALL TERMINATE, AND THIS CORPORATION SHALL HAVE NO FURTHER MEMBERS. THE ANNUAL MEETING OF THE MEMBER OF THE CORPORATION SHALL BE HELD ON SUCH DATE, AT SUCH TIME AND AT SUCH PLACE WITHIN OR WITHOUT THE STATE OF DELAWARE AS SHALL BE DESIGNATED

Name of the organization $\label{eq:NXTHVN} \textbf{NXTHVN}\,,\quad \textbf{INC}\,.$

Employer identification number 83-0601747

FROM TIME TO TIME BY THE BOARD. THE ONLY MATTER ON WHICH THE MEMBER MAY

VOTE AT THE ANNUAL MEETING SHALL BE THE ELECTION OF THE DIRECTORS OF THE

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

SOLE MEMBER - THE MEMBERSHIP OF THIS CORPORATION SHALL CONSIST OF ONLY ONE

(1) MEMBER, TITUS KAPHAR (THE "MEMBER"), AND THE MEMBER'S MEMBERSHIP IN

THIS CORPORATION SHALL BE NON-TRANSFERABLE. FOLLOWING THE DEATH OF TITUS

KAPHAR, THE MEMBER'S MEMBERSHIP IN THIS CORPORATION SHALL TERMINATE, AND

THIS CORPORATION SHALL HAVE NO FURTHER MEMBERS. THE ANNUAL MEETING OF THE

MEMBER OF THE CORPORATION SHALL BE HELD ON SUCH DATE, AT SUCH TIME AND AT

SUCH PLACE WITHIN OR WITHOUT THE STATE OF DELAWARE AS SHALL BE DESIGNATED

FROM TIME TO TIME BY THE BOARD. THE ONLY MATTER ON WHICH THE MEMBER MAY

VOTE AT THE ANNUAL MEETING SHALL BE THE ELECTION OF THE DIRECTORS OF THE

CORPORATION.

DIRECTORS - THE BUSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY

ITS BOARD OF DIRECTORS, WHICH MAY EXERCISE ALL SUCH POWERS OF THE

CORPORATION AND DO ALL SUCH LAWFUL ACTS AND THINGS AS ARE PERMITTED BY LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS PREPARED BY A CPA FIRM WITH THE ASSISTANCE OF NXTHVN'S MANAGEMENT. THE DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FINALIZING AND FILING.

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

THE BOARD OF DIRECTORS PERFORMED AN EXTENSIVE SEARCH AND INTERVIEW PROCESS
BEFORE VOTING TO HIRE THEIR FIRST EXECUTIVE DIRECTOR IN APRIL 2019.

VARIOUS NONPROFIT ORGANIZATIONS AND INDUSTRY PROFESSIONALS WERE CONSULTED

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NXTHVN, INC.	Employer identification number 83-0601747
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,022.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	155,656.
FORM 990, PART XII, LINE 2C:	
A DRAFT OF THE AUDIT IS REVIEWED BY THE BOARD OF DIRECTORS	WITH THE
AUDITOR PRIOR TO ISSUANCE.	**
	_
<u> </u>	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2019

OMB No 1545-0047

Employer identification number 83-0601747Open to Public Inspection $\boldsymbol{\varepsilon}$ **e** € ► Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 <u>ပ</u> <u>@</u> INC. NXTHINN, <u>a</u> Name of the organization Part I

ntrolling 3			±	95 12 7	Yes No			vrm 990) 2019
Direct controlling entity	NXTHVN, INC.	į	related tax-exemp	(f) Direct controlling entity				Schedule R (Form 990) 2019
End-of-year assets	705,035. NXTHVN,		had one or more		((c)(:			-
	-54,237.		because it	Pı	((c)(c))			
Total income	\$-		Part IV, line 34,	(d) Exempt Code section				
Legal domicile (state or foreign country)	DELAWARE		the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	(c) Legal domicile (state or foreign country)				
Primary activity	OWNING AND RENTAL OF RESIDENTIAL PROPERTY			(b) Primary activity				for Form 990.
Name, address, and EIN (if applicable) of disregarded entity	161 HENRY STREET LLC - 83-3628990 169 HENRY STREET NEW HAVEN, CT 06511		Part II Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year	(a) Name, address, and EIN of related organization				For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

INC.

NXTHVN

Schedule R (Form 990) 2019

(a)	(q)	(၁)	(p)	(e)	E	(6)	3	(9)	9	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Shar	Share of end-of-year	nate s?	Code V-UBI	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		g33G13	Yes No	K-1 (Form 1065)	Yes	
							-			
					-					
				•						

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

	mail and the text year							
(e)	(q)	(c)	(p)	(e)	(4)		Œ	(E)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	ge	Section 512(b)(13)
or related organization		(state or foreign	entity	(C corp, S corp	income		ownership	controlled entity?
		country)		C1 (1995)				Yes No
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rm 990, Part IV, line	
iswered "Yes" on For	
if the organization an	
stions. Complete	
h Related Organiza	
Transactions With	
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any entity is listed in Parts II, III, or IV of this schedule	did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
sted in F	ization e	
itity is l	e orga	
5	, did th	
e 1 =	c year	
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mplet	ıng th	•
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- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. s Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(b) (c) (d) (d) Transaction Amount involved type (a-s)
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			

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Schedule R (Form 990) 2019 NXTHVN, INC.

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

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

(k) centage nership					
Per		 			
(j) neral o naging rtner?					
Page 6	 	 		<u> </u>	
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 panher (Form 1065)					
(h) Disproportionate allocations?					
(g) Share of [capacity continued of the capacity continued of the capacity					
(f) Share of total income					
(e) Are all partners sec 501(c)(3) orgs?					
(d) Predominant income prelated, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule F	R (Form 990) 2019	NXTHVN,	INC.	83-0601747	Page 5
Part VII	R (Form 990) 2019 Supplemental Info				
	Provide additional inforr	nation for response	es to questions on Schedule R See instructions	<u> </u>	
					
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