			** PUBLIC DISCLOSURE COP Return of Organization Exempt F		ncome Tax	OMB No. 1545-0047					
Forr	_	90	•			2023					
1 011			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form as								
Depa Intern	rtment c al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and th	-		Open to Public Inspection					
			ar year, or tax year beginning $JUL 1, 2023$ and e	ending J	UN 30, 2024						
B C a	heck if pplicabl	le: C Name o	forganization		D Employer identific	ation number					
X	Addre chang	ess NEXT	UP RVA								
	Name chang	e Doing b	usiness as		47-493309)3					
	Initial return Final return	Number		Room/suite L 1 0	E Telephone number 804-409-5						
	termin)	own, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	3,811,202.					
	Amen		MOND, VA 23227		H(a) Is this a group re	turn					
	Applic tion	^{ca-} F Name a	nd address of principal officer: TRAYMANESHA LAMY		for subordinates?	? Yes X No					
	pendir	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No					
<u>I</u> T	ax-ex	empt status:		r 📃 527	If "No," attach a I	ist. See instructions					
	Vebsi		UPRVA.ORG		H(c) Group exemption						
			X Corporation Trust Association Other	L Year	of formation: 2015 M	State of legal domicile: VA					
Ра	art I	Summary									
e	1	Briefly describ	e the organization's mission or most significant activities: TO PR	ROVIDE	ALL RICHMON	D YOUTH					
anc			CESS TO COORDINATED, HIGH-QUALITY I								
Governance		Check this bo		ed of more	I	ets. 19					
Ň											
			lependent voting members of the governing body (Part VI, line 1b)			19					
Activities &			of individuals employed in calendar year 2023 (Part V, line 2a)			<u>15</u> 35					
tivit			of volunteers (estimate if necessary)			0.					
Ac						0.					
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year					
	8	Contributions	and grants (Part VIII, line 1h)		3,483,076.	3,673,261.					
Iue			and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		0.	0.					
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		22,747.	137,941.					
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,505,823.	3,811,202.					
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
			to or for members (Part IX, column (A), line 4)		0.	0.					
	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		884,796.	910,130.					
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		161,214.	178,655.					
ben	b		ing expenses (Part IX, column (D), line 25) 462,54	0.		,					
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,362,616.	3,167,092.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,408,626.	4,255,877.					
			expenses. Subtract line 18 from line 12		97,197.	-444,675.					
or				Be	ginning of Current Year	End of Year					
t Assets or d Balances	20	Total assets (F	Part X, line 16)		3,838,098.	3,447,491.					
AS: d Ba	21	Total liabilities	(Part X, line 26)		761,422.	815,490.					
Func		Net assets or	fund balances. Subtract line 21 from line 20		3,076,676.	2,632,001.					
	art II	Signature									
Unde	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is					
true,	correc	ct, and complete	. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.						

Sign	Signature of officer		Date								
-	TRAYMANESHA LAMY, PRESIDEI	NT AND CEO									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	VIRGINIA R. BELCHER			self-employed P00421964							
Preparer	Firm's name KEITER , STEPHENS ,	HURST, GARY & SHREAV	'ES	Firm's EIN 54-1631262							
Use Only	Firm's address 4401 DOMINION BLV	D									
	GLEN ALLEN, VA 23	060		Phone no. (804) 747-0000							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										
-											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	m 990 (2023) NEXTUP RVA 47-49330	93	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO PROVIDE ALL RICHMOND YOUTH WITH ACCESS TO COORDINATED, HIGH-QU.	אד.דיד	v
	LEARNING EXPERIENCES BEYOND THE CLASSROOM. WE BELIEVE THAT WHEN		<u> </u>
	STUDENTS PARTICIPATE IN HIGH-QUALITY OUT-OF-SCHOOL TIME (OST)		
	PROGRAMS, THEY BENEFIT ACADEMICALLY, PHYSICALLY AND SOCIALLY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	X 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 measured by expe	enses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	ses, and	t
	revenue, if any, for each program service reported.		
4a			02.)
	AT ITS CORE, NEXTUP INCREASES SCHOOLS AND STUDENTS ACCESS TO ENRI		
	ACTIVITIES SO THAT YOUTH CAN CONTINUE TO GROW BEYOND THE SCHOOL D.	AY.	WE
	WANT TO MAKE SURE YOUNG PEOPLE ARE LEARNING-BUT ALSO THAT THEY'RE	DIZG	
	PRODUCTIVE, ENGAGED AND HAVING FUN! TO ACCOMPLISH THIS, NEXTUP WO		
	TIRELESSLY ON ALL FRONTS. WE COORDINATE LOCAL AFTERSCHOOL ENRICH OPPORTUNITIES, PROMOTE AWARENESS THROUGH PUBLIC EDUCATION, SPONSO		
	DEVELOPMENT OF OUR PROVIDERS, AND STRENGTHEN THE POLICIES THAT SU		
	OUT-OF-SCHOOL TIME. MUCH LIKE THE KIDS WE HELP, WE NEVER STOP	1101	. ±
	LEARNING. NEXTUP CONTINUALLY MEASURES THE EFFECT OF OUR EFFORTS	AND	
	USES WHAT WE LEARN TO REFINE AND IMPROVE OUR SYSTEM.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)		
4e	2 572 200		
		orm 99	0 (2023)
332002	02 12-21-23		

Par	t IV Checklist of Required Schedules			ugo
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	gan	X (2023)
332003	12-21-23	⊢orm	330	2023)

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Form 990 (2023)

NEXTUP RVA

Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
U				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		x
00	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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>_</u>
04		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3 58		<u> </u>
D		054		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	~~		v
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2023)

NEXTUP RVA

Form 990 (2023)

	990 (2023) NEXTUP RVA 47-4933	093	P	_{age} 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
0-			Yes	No						
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b		<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v						
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e								
-										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X X						
-										
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
U	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:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b	-								
	Enter the amount of reserves on hand 13c	14a		x						
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b								
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
15	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
332005	12-21-23	Form	990	(2023)						

Form	1 990 (2023) NEXTUP RVA	47-4933		Р	age			
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2		a "No" i	respor	ise			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (
200	Check if Schedule O contains a response or note to any line in this Part VI				X			
sec	tion A. Governing Body and Management							
10	Enter the number of voting members of the governing body at the and of the tay year	1a 19	a 📃	Yes	N			
Id	Enter the number of voting members of the governing body at the end of the tax year		4					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b 19	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		4					
2			2		X			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th	e direct supervision	-					
U			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		4		2			
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		2			
6	Did the organization have members or stockholders?		6		2			
о 7а					-			
74	more members of the governing body?		7a		X			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		14		<u> </u>			
5	persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				-			
a	The governing body?		8a	х				
b	Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)	1.0		-			
				Yes	N			
10a	Did the organization have local chapters, branches, or affiliates?		10a		Z			
	If "Yes," did the organization have written policies and procedures governing the activities of such c							
		· · · ·	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х				
12a			12a	Х				
b			12b	Х				
с								
	on 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 approv	al 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				
b			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
	taxable entity during the year?		16a		Σ			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's						
	exempt status with respect to such arrangements?		16b					
sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(3)	s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explai	n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, an	d finan	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							
	BRYAN PEERY - 804-409-5652							
	2108 W. LABURNUM AVE., RICHMOND, VA 23227							
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Form 990 (2	2023) NEXTUP	RVA	47-4933093	Page 7
Part VII	Compensation of Officer	s, Directors, Trustees, Ke	y Employees, Highest Compensated	
	Employees, and Indepen	dent Contractors		
	Check if Schedule O contains a r	esponse or note to any line in this	Part VII	
Section A.	Officers, Directors, Trustees, I	Key Employees, and Highest Co	mpensated Employees	
1a Comple	ete this table for all persons require	ed to be listed. Report compensa	ion for the calendar year ending with or within the organization's	tax year.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		T	mza			ipen	Juic			
(A)	(B)			(Pos	C)			(D)	(E)	(F)
Name and title	Average	(do				I than c	one	Reportable	Reportable	Estimated
	hours per					s both r/trus		compensation	compensation	amount of
	week					1/1/1/1/1/1/1)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	ordi	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		ploy	t con		1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELLY CHOPUS - THUR 11/5/23	40.00	<u>_</u>	<u> </u>	ò	¥	<u> </u>	F			
PRESIDENT & CEO	10000	x		x				150,000.	0.	0.
(2) CANDACE BENN	40.00									
EXECUTIVE VP						x		101,819.	0.	7,161.
(3) TRAYMANESHA LAMY- BEG. 11/6/23	40.00									
PRESIDENT & CEO		Х		Х				19,269.	0.	907.
(4) HEIDI ABBOTT	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) FRANK ATKINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TIM BICHA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CARLOS BROWN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TROY DYE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PALMER GARSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KRISSY M. GATHRIGHT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MONROE HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SUPERINTENDENT JASON KAMRAS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JOHN MCCURLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) COLETTE MCEACHIN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MORENIKE MILES	1.00									
DIRECTOR		Х						0.	0.	0.
(16) TAYLOE NEGUS	1.00									
DIRECTOR		Х						0.	0.	0.
(17) LINDA SCHREINER	1.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

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Form 990 (2023) NEXTUP RVA 47-4933093 Page 8											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	vensation om the nization related nizations
(18) KEVIN SMITH DIRECTOR	1.00	x						0.	0.		0.
(19) MAYOR LEVAR STONEY DIRECTOR	1.00	x						0.	0.		0.
(20) VERA THOMAS DIRECTOR	1.00	x						0.	0.		0.
(21) WILLIAM H. GOODWIN, JR. DIRECTOR EMERITI	0.50	x						0.	0.		0.
(22) THURSTON R. MOORE DIRECTOR EMERITI	0.50	x						0.	0.		0.
(23) MARTY BARRINGTON DIRECTOR EMERITI	0.50	x						0.	0.		0.
(24) MOSES W. FOSTER, JR. DIRECTOR EMERITI	0.50	x						0.	0.		0.
(25) STEVEN A. ROGERS CHAIR	2.00	x		x				0.	0.		0.
(26) JOHN LUKE SECRETARY	1.00	x		x				0.	0.		0.
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							271,088. 0. 271,088.	0. 0. 0. 0.		0. 0. 0. 0. 0.
Total number of individuals (including but n compensation from the organization) wh	o re	· · ·			2
3 Did the organization list any former officer,	-		•	•	-		Ŭ	· · ·			Yes No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization	3	X
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> 	ccrue compen	nsati	on fr	om	any	unre	elate	ed organization or indivic	lual for services	4	X
Section B. Independent Contractors											·
 Complete this table for your five highest control the organization. Report compensation for the organization. 	•	•							•		11
(A) Name and business	address							(B) Description of s	ervices	(C) Compen	
YMCA GREATER RICHMOND 207 WEST 7TH ST., RICHMON	D, VA 2	32	24					CHILD ENRICH SERVICES	MENT	578	,975.
THE MEN OF BARTON HEIGHTS P.O. BOX 26545, RICHMOND,			RG.	AN	IZ.	AT:		CHILD ENRICH SERVICES	MENT		,650.
THE MONUMENT GROUP, INC. 2839 HATHAWAY RD, STE A, RICHMON								FUNDRAISING CONSULTING		148,626.	
2 Total number of independent contractors (in \$100,000 of compensation from the organic	zation				3	3			ore than		
SEE PART VII, SECTION 332008 12-21-23	I A CONT	ΊN	UA	ΤΊ	ON	S	ΗE	ETS		Form S	90 (2023)

Form 990 NEXTUP RV									47-493	3093
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (
(A) Name and title	(B) (C) Average Position hours (check all that app							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) NICOLE JONES	1.00	v						0.	0.	0
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c	<u> </u>		L	I	L	I	L			

332201 04-01-23

Form	1 990	(2023) NEXTUP RVA				47-4933	093 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
, G Mo	c	Fundraising events					
àifts ar A	c	Related organizations 11					
s, G	e	e Government grants (contributions) 1e 2,	157,210.				
tion sr S	f	All other contributions, gifts, grants, and					
ibu Othe			516,051.				
onti od C	ç	Noncash contributions included in lines 1a-1f	7,821.	2 672 261			
<u>a</u> C	ł	Total. Add lines 1a-1f	Business Code	3,673,261.			
	0.0		Business Code				
Program Service Revenue	2 a k						
Ser							
am							
ogr B	e						
Pr	f	All other program service revenue					
	ç						
	3	Investment income (including dividends, intere other similar amounts)		137,941.			137,941.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	-		(ii) Personal				
		a Gross rents 6a					
	k						
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis	ſ				
an		and sales expenses 7b					
venue		Gain or (loss) 7c					
, Re		I Net gain or (loss)					
Other Re	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See	ſ				
	L	Part IV, line 18					
	k	Less: direct expenses 8b Net income or (loss) from fundraising events					
	9 =	a Gross income from gaming activities. See					
		Part IV, line 19	,				
	k	D Less: direct expenses 9b					
	c	Net to serve a description of the server server as the later					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		D Less: cost of goods sold					
		Net income or (loss) from sales of inventory	Business Code				
sn	11 -		Dusiliess Coue				
neo	11 a k						
ella							
Miscellaneous Revenue		All other revenue					
2		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,811,202.	0.	0.	137,941.
33200	9 12-2	1-23					Form 990 (2023

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			· · · ·	
	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	780,746.	486,292.	98,132.	196,322.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		·- · · ·		
9	Other employee benefits	72,611.	45,226.	9,127.	18,258.
10	Payroll taxes	56,773.	35,361.	7,136.	14,276.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,	100 000			100 000
е	Professional fundraising services. See Part IV, line 17	178,655.			178,655.
f	Investment management fees				
g		140 500	64 66 0		
	column (A), amount, list line 11g expenses on Sch 0.)	149,708.	71,772.	77,936.	
12	Advertising and promotion	110 010	B0 E4 0		00 105
13	Office expenses	117,245.	73,519.	14,541.	29,185.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		20 000	1 000	2 000
19	Conferences, conventions, and meetings	36,782.	30,877.	1,927.	3,978.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
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.) YOUTH PROGRAMS	2 606 400	2 606 400		
a L		2,606,490.	2,606,490.		
b	SYSTEM SUPPORT	203,957. 32,165.	203,957.		16 000
C.	COMMUNICATIONS & PUBLIC OTHER ADMINISTRATIVE	20,745.	<u>16,082</u> . 3,732.	11,230.	<u> 16,083.</u> 5,783.
d		40,143.	5,134.	11,430.	5,103.
-	All other expenses	4,255,877.	3,573,308.	220,029.	462,540.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,4JJ,0//•	5,575,500.	440,049.	402,040.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)

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Form 990 (2023)

Form 990 (2023)

NEXTUP RVA Part IX Statement of Functional Expenses

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

33

Total liabilities and net assets/fund balances

		Check if Schedule O contains a response or hot			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,165,285.	1	1,745,247.
	2	Savings and temporary cash investments			495,000.	2	503,835.
	3	Pledges and grants receivable, net			966,529.	3	849,000.
	4	Accounts receivable, net				4	
	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	-				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	_			175,184.	9	163,064.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,895.			
	b			<u>17,895.</u> 2,902.	36,100.	10c	14,993.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line ⁻				13	
	14	Intangible assets				14	56,434.
	15	Other assets. See Part IV, line 11			0.	15	114,918.
	16	Total assets. Add lines 1 through 15 (must equa			3,838,098.	16	3,447,491.
	17	Accounts payable and accrued expenses			254,568.	17	230,289.
	18	Grants payable				18	
	19	Deferred revenue			506,854.	19	464,601.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of So	chedule D		21	
ŝ	22	Loans and other payables to any current or form	ner officer, d	lirector,			
litie		trustee, key employee, creator or founder, subst	antial contri	ibutor, or 35%			
Liabilities		controlled entity or family member of any of thes	se persons	······		22	
-	23	Secured mortgages and notes payable to unrela	ted third pa	urties		23	
	24	Unsecured notes and loans payable to unrelated	d third partie	es		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Coi	mplete Part X	0		100 000
		of Schedule D		····· -	<u> </u>	25	120,600.
	26	Total liabilities. Add lines 17 through 25			/61,422.	26	815,490.
s		Organizations that follow FASB ASC 958, che	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.			1 014 067		1 0 6 0 6 7
alar	27				<u>1,814,067.</u> 1,262,609.	27	<u>1,969,867.</u> 662,134.
Ë	28	Net assets with donor restrictions			1,202,009.	28	002,134.
ň		Organizations that do not follow FASB ASC 9	58, check h	iere			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ets e	29	Capital stock or trust principal, or current funds				29	
SSG	30	Paid-in or capital surplus, or land, building, or ec				30	
∋tA	31	Retained earnings, endowment, accumulated in		Г	3,076,676.	31	2 632 001
ž	32	Total net assets or fund balances			3 838 098.	32	2,632,001.

3,447,491. Form **990** (2023)

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3,838,098.

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NEXTUP RVA Part X Balance Sheet

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

Form 990 (2023)

Form	1 990 (2023) NEXTUP RVA	47-493	3093	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,811		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,255		
3	Revenue less expenses. Subtract line 2 from line 1	3	-444		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,076	5,6'	76.
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	2,632	2,00	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		L

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2023
Open to Public

Internal	nevei	lue Service	Go to www.irs.gov/	Form990 for instruction	ns and the	e latest inf	ormation.		Inspection	
Name	e of t	the organization							identification numb	er
Par	+ 1	Reason for Public (UP RVA Charity Status	(All organizations must a	omploto ti	nia nart) S	oo inotructior		7-4933093	
		ization is not a private found						15.		_
1	-gan	A church, convention of ch			•		()(A)(i)			
2	-	A school described in sect					•,\/~,\')•			
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).			
4		A medical research organiz	· •					(iii). Enter	the hospital's name,	
-		city, and state:	·							
5 [An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [Х	An organization that norma	Ily receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	he general	oublic described in	
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
г		university:								
10 [An organization that norma	•	••				•	•	
		activities related to its exen							-	t
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	mer June 30, 1975.	
11 [See section 509(a)(2). (Con An organization organized a		woly to toot for public or	foty Soo	agation E(O(a)(4)			
12	-	An organization organized a	-	•	•			arry out the	nurnoses of one or	
12		more publicly supported or		•				-		
		lines 12a through 12d that								
а		Type I. A supporting orga	• •			-		-	giving	
		the supported organization	-	-	• • •	-				
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		_ organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	Ily integrate	ed with,	
	_	its supported organization		-						
d		Type III non-functionally						-		
		that is not functionally int			•		-	d an attentiv	/eness	
		requirement (see instructi	-	-				U. T		
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре ш		
f	Ente	er the number of supported of		, , ,	•••					
		vide the following information	•	d organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruction	ns)
										_
Total									1	

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Schedule A (Form 990) 2023

NEXTUP RVA

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1851284.	750,828.	3298557.	3483076.	3673261.	<u>13057006.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1851284.	750,828.	3298557.	3483076.	3673261.	13057006.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1226299.
	Public support. Subtract line 5 from line 4.						11830707.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1851284.	750,828.	3298557.	3483076.	3673261.	13057006.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	60.	24.	41.	22,747.	137,941.	160,813.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		10,529.				10,529.
11	Total support. Add lines 7 through 10						13228348.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	ic Support Per	centage			r - r	
	Public support percentage for 2023 (I		•			14	89.43 %
	Public support percentage from 2022					15	86.87 %
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						0 - I I - I - A	(Form 990) 2023

Schedule A (Form 990) 2023

332022 12-21-23

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

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

Sec	ction A. Public Support	-	-	-	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022		1			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			line 13, column (f))			%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	-					ine 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						tion
	Private foundation. If the organization	n did not check a	1 box on line 14, 19	9a, or 19b, check t	his box and see in		
33202	23 12-21-23			_		Scheo	dule A (Form 990) 2023

16 2023.05000 NEXTUP RVA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV	Supporting Org	anizations (tiousd
Schedule A	(Form 990) 2023	NEXTUP	RVA

Yes No

1

	_	·	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	ction B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			

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

Section D. All Type III Supporting Organizations
--

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the metho	d that the organization used to s	isfy the Integral Part Test durin	g the year (see instructions).
---	---------------------------------	-----------------------------------	-----------------------------------	--------------------------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s)</u>).
------------	--	---	---	----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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Sche	dule A (Form 990) 2023 NEXTUP RVA			47-4933093 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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-function	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

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07461029 759400 701091.002

d Excess from 2022 e Excess from 2023

3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021

(i)

Excess Distributions

NEXTUP RVA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Distributable amount for 2023 from Section C, line 6

2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

10 Line 8 amount divided by line 9 amount

Schedule A (Form 990) 2023

Section D - Distributions

2

3

4

6

7

8

9

1

Current Year

(iii)

Distributable

Amount for 2023

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Pre-2023

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	NEXTUP	RVA	47-4933093 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanations required by Part II, line 10; P c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par ection E, lines 2, 5, and 6. Also complete this par	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
332028 12-21-2	3			Schedule A (Form 990) 2023
			21	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

NEXTUP	RVA

Organization	type	check	one):
organization	upo ,	10011001	0110	<i>.</i>

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

47-4	933	093

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

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

General Rule

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

Special Rules

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

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

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

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

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

	(Form 990) (2023)		Page 2
Name of or	Janization	Emp	oyer identification number
NEXTUP	RVA	4	7-4933093
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,681,672.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$155,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	\$500,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$245,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 12-26-		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

701091.1

	3 (Form 990) (2023)		Page 2
Name of o	rganization	Emple	oyer identification number
NEXTU	P RVA	47	7-4933093
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$230,537.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

Schedule E	3 (Form 990) (2023)		Page 3
Name of or	ganization		Employer identification number
NEXTUE	P RVA		47-4933093
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	I.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

323453 12-26-23

Schedule B (Form 990) (2023)

Name of or	rganization			Employer identification number
IEXTUI	P RVA			47-4933093
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	or (10) that total more than \$1,000 for the year
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of		p of transferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Kelationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
[
		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
23454 12-26-	-23			Schedule B (Form 990) (20

²⁷ 2023.05000 NEXTUP RVA

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.



Name of the organization

Employer identification number

	NEXTUP RVA		47-4933093				
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	ds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir		•				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		funds				
Ŭ	are the organization's property, subject to the organization's	0					
6	Did the organization inform all grantees, donors, and donor a						
Ŭ	for charitable purposes and not for the benefit of the donor of						
Par							
1	Purpose(s) of conservation easements held by the organizati						
•	Preservation of land for public use (for example, recrea		nistorically important land area				
	Protection of natural habitat		certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation essement on the last				
2	day of the tax year.		Held at the End of the Tax Year				
~							
a b							
b		rusture included on line 2a					
ر ام	Number of conservation easements on a certified historic str		20				
d	Number of conservation easements included on line 2c acqu		24				
2	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax				
4	year	compation located					
4	Number of states where property subject to conservation ear						
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
6	Stan and volunteer nours devoted to monitoring, inspecting,	filanding of violations, and emoteing conserv	ation easements during the year				
7	Amount of expenses insurred in monitoring inspecting, have	dling of violations, and enforcing concernation	accompany during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	uning of violations, and emorcing conservation	reasements during the year				
0	Does each conservation easement reported on line 2d above	a action the requirements of eaction $170/b/(4)$					
8	-						
9	In Part XIII, describe how the organization reports conservati	ion accomenta in its revenue and evenues at					
9	balance sheet, and include, if applicable, the text of the foot						
	organization's accounting for conservation easements.	note to the organization's infancial statements	s that describes the				
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or Othe	r Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95		balance sheet works				
14	of art, historical treasures, or other similar assets held for pul						
	service, provide in Part XIII the text of the footnote to its final	, ,					
h	If the organization elected, as permitted under FASB ASC 95		ance sheet works of				
D	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1		*				
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial da					
2	the following amounts required to be reported under FASB A	-					
-	Revenue included on Form 990, Part VIII, line 1		\$				
a b	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction						
<i>.</i> , ,							

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Sche	dule D (Form 990) 2023 NEXTUP							3 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, or	Other S	imilar As	sets _{(cont}	inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that n	nake signi	ificant use o	of its	
	collection items (check all that apply).							
а	Public exhibition	c	1 📃 Loan o	r exchange progran	n			
b	Scholarly research	e	ð 🗌 Other_					
с	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or other	similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered "Ye	es" on For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contrib	utions or other asse	ets not inc	luded		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
							Amou	nt
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1 f		
	Did the organization include an amount on F					?	Ves	
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if			,	,	Three veero		ur vooro book
		(a) Current year	(b) Prior yea	ar (c) Two years	Dack (a)	Three years	Dack (e) FO	ur years back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr			nn (a)) heid as:				
a	Board designated or quasi-endowment		_%					
D	Permanent endowment	%						
С		<u>%</u>						
2-	The percentages on lines 2a, 2b, and 2c sho		ation that are he	ld and administera	d for the			
38	Are there endowment funds not in the posse	ssion of the organiza	ation that are ne	and administered	u for the			Yes No
	organization by:						3a(i)	
	(i) Unrelated organizations?(ii) Related organizations?							
h	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm		which funds.					
	Complete if the organization answere), Part IV, line 1	1a. See Form 990, I	Part X, line	e 10.		
	Description of property	(a) Cost or c		Cost or other		umulated	(d) Bo	ok value
	becomption of property	basis (investr	. ,	asis (other)	• •	ciation		
1 a	Land	· · · · ·						
b	Buildings							
	Leasehold improvements		1	17,895.		2,902.	1	4,993.
	Equipment							
	Other		t i					
	. Add lines 1a through 1e. (Column (d) must e		X line 10c col	umn (B))			1	4,993.

Schedule D (Form 990) 2023

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	vestments - Other Securities omplete if the organization answered "Yes" of	on Form 990, Part IV line	11b. See Form 990. Part X line 12	
	on plete in the organization answered free (of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial de	erivatives			
(2) Closely hel	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII In	nust equal Form 990, Part X, line 12, col. (B))			
	omplete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) m	nust equal Form 990, Part X, line 13, col. (B))			
		n Form 000 Bort IV line	11d Soc Form 000 Port V line 15	
	omplete if the organization answered "Yes" o	Description	The See Form 990, Fait A, life 15.	(b) Book value
(4)	(4)			
(1)				
(2)				
<u>(3)</u> (4)				
(5) (6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, line 15, col.	(B))		
Part X 0	ther Liabilities	, <i>_//</i>		1
Cr	omplete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	l income taxes			
	RATING LEASE OBLIGATION			120,600.
(3)				
(4)				
(5)				
(6)				
(6) (7)				
(7)				120,600.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

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Sche	Schedule D (Form 990) 2023 NEXTUP RVA			47-4933093 Page 4			
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.					
1	Total revenue, gains, and other support per audited financial statements		1	3,811,202.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities	2b					
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e	0.			
3	Subtract line 2e from line 1			3,811,202.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b	4c	0.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		3,811,202.				
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Returr	ו			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.					
1	Total expenses and losses per audited financial statements		1	4,255,877.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d		2e	0.			
3	Subtract line 2e from line 1			4,255,877.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
с	Add lines 4a and 4b		4c	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	4,255,877.			
Pa	rt XIII Supplemental Information						

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF GUIDANCE SURROUNDING UNCERTAIN

INCOME TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS NO

SIGNIFICANT FINANCIAL STATEMENT EXPOSURE TO UNCERTAIN INCOME TAX POSITIONS

AT JUNE 30, 2024 AND 2023. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT

BY ANY TAX JURISDICTION.

07461029 759400 701091.002

332054 09-28-23

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2023					
Department of the Treasury		Attach to Form 990 of		Open to Public				
Internal Revenue Service		to www.irs.gov/Form990 for instruct	ctions	and th	ne latest information			Inspection
NEXTUP RVA 47-49							47-4933	
	complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not
 Indicate whether th X Mail solicitat X Internet and C Phone solici X In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, P	e X Solicita	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
compensated at le	east \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity indraiser from activity isted in col. (i				r retained by) undraiser	(vi) Amount paid to (or retained by) organization			
MONUMENT GROUP - 23 HATHAWAY RD. STE A		DEVELOPMENT SERVICES	Yes	No X	1,730,996.		148,626	. 1,582,370.
	, RICHHOND,				1,730,550.		140,020	. 1,302,370.
					1			1 500 050
		on is registered or licensed to solicit o	ontrib	 utions	1,730,996. or has been notified	it is e	148,626 xempt from r	
or licensing.	5	5					•	
VA								
	ion Act Nation	o the Instructions for Form 000 and	000 -	7			Calcade	a C (Earm 000) 0000
		ee the Instructions for Form 990 or FOR CONTINUATIONS	990-E	۷.			Schedu	e G (Form 990) 2023

NEXTUP RVA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gro	53 Income on Form 530		ventis with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Revenue						
eve	1	Gross receipts				
۳						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
es	-					
	5	Noncash prizes				
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Dir						
	8					
	9	Other direct expenses				
	10					
Pa	11	Net income summary. Subtract line 10 from lin		000 Det N/ Kee 40 er		
FC		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$13,000 0H F0HH 990-EZ, IIIIe 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Ве	1	Gross revenue				
6	2	Cash prizes				
penses						
per	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

4 Rent/facility costs

5 Other direct expenses

6 Volunteer labor

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain: ______

Yes

No

332082 09-13-23

Direct Exp

Schedule G (Form 990) 2023

Yes

Yes

No

%

Yes

No

%

%

No

No

Schedule G (Form 990) 2023 NEXTUP RVA	4	17-4933093 F	Page 3
11 Does the organization conduct gaming activities with not	nmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a t			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:		1 1	
			<u>%</u>
			%
14 Enter the name and address of the person who prepares	the organization's gaming/special events books and records:		
Name			
Address			
15a Does the organization have a contract with a third party	from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by	y the organization \$ and the amou	unt	
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee	Independent contractor		
17 Mandatory distributions:			
a Is the organization required under state law to make cha	ritable distributions from the gaming proceeds to		
retain the state gaming license?		Yes	No
	w to be distributed to other exempt organizations or spent in	the	
organization's own exempt activities during the tax year	\$		
	explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b,	10b,
15b, 15c, 16, and 17b, as applicable. Also provid	le any additional information. See instructions.		
COMEDUME O DADE I ITME 2D II	OF OF MEN HIGHEON DATE FUNDAT		
SCHEDULE G, PART I, LINE 2B, LI	ST OF TEN HIGHEST PAID FUNDRALS	DERD:	
(I) NAME OF FUNDRAISER: MONUMEN	T GROUP		
<u> </u>			
(I) ADDRESS OF FUNDRAISER: 2839	HATHAWAY RD. STE A, RICHMOND,	VA 23225	
332083 09-13-23		Schedule G (Form 990)) 2023
			, _0_0

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

332084 04-01-23

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZJ)
Depar	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection Employer identification numbe		
Nam	e of the organization					nber
Da	rt I Question	NEXTUP RVA s Regarding Compensation	4/-4	93309	3	
Fd		s Regarding Compensation			Mar	
10	Chock the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No
1 a		line 1a. Complete Part III to provide any relevant information regarding these items.	33 0,			
	First-class or c		naluse			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
	,	· · · · · · · · · · · · · · · · · · ·	, ,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
		ompensation consultant				
	Form 990 of o	ther organizations	ommittee			
4	During the year dia	any person listed on Form 000. Dot VII. Costion A line to with respect to the filing				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re			4a		x
a b						X
c						X
U	•	erve payment from an equity-based compensation arrangement?				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. 5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
	Any related organiz					X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2023

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i							
(ii							
(i							
(ii							
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(ii)						

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



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NEXTUP RVA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE CLASSROOM. WE BELIEVE THAT WHEN STUDENTS PARTICIPATE IN

HIGH-QUALITY OUT-OF-SCHOOL TIME (OST) PROGRAMS, THEY BENEFIT

ACADEMICALLY, PHYSICALLY AND SOCIALLY.

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

A COPY OF THE FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF

DIRECTORS FOR REVIEW PRIOR TO FILING.

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

OFFICERS AND DIRECTORS OF NEXTUP RVA ARE ASKED TO SIGN A CONFLICT OF

INTEREST POLICY ANNUALLY. IN THE EVENT OF A CONFLICT, THE BOARD MEMBER

WILL DISCLOSE THE CONFLICT TO THE BOARD AND REFRAIN FROM VOTING ON THE

MATTER.

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

THE BOARD REVIEWED COMPENSATION DATA AVAILABLE FROM INDEPENDENT THIRD

PARTIES INCLUDING THE ORGANIZATION'S JANUARY 2023 COMPENSATION STUDY TO

DETERMINE THE PRESIDENT'S AND CEO'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S ORGANIZATIONAL DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

PART VI, SECTION B, LINE 15

THE BOARD REVIEWS COMPENSATION INFORMATION ANNUALLY FOR COMPARABLE

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

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Name of the organization	Page
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	·
ORGANIZATIONS.	
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