TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING DECEMBER 31, 2021

PREPARED FOR:

RACHEL MORRIS, EXECUTIVE DIRECTOR THE NEXT DOOR, INC. 402 22ND AVENUE N. NASHVILLE, TN 37203

PREPARED BY:

CROSSLIN, PLLC 3803 BEDFORD AVE, SUITE 103 NASHVILLE, TN 37215

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

	000
Form	330

** PUBLIC DISCLOSURE COPY **

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

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2021 calendar year, or tax year beginning and	ending		
	heck if oplicab	e: C Name of organization		D Employer identified	cation number
	Addre	THE NEXT DOOR, INC.			
	Name Chang			43-20017	74
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
]Final return			615-251-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,163,873.
	Amen return	NASHVILLE, IN 37203		H(a) Is this a group re	
	Applio tion pendi	F Name and address of principal officer: RACHEL MORKIS		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3)$ $501(c)()$ $4947(a)(1)$	or 527		list. See instructions
		te: WWW.THENEXTDOOR.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2003	A State of legal domicile: TN
Pa		Summary			7 3
e	1	Briefly describe the organization's mission or most significant activities:			
Governance	•	CONTINUUM OF EVIDENCE-BASED SERVICES FOR			
ern	2	Check this box			sets. 22
3oV				22	
		Number of independent voting members of the governing body (Part VI, line 1b)			210
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			350
tivi		Total number of volunteers (estimate if necessary)		0.	
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,135,774.	4,645,911.
Revenue	9	Program service revenue (Part VIII, line 2g)		5,954,225.	4,431,276.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,125.	387.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,091,124.	9,077,574.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,415,333.	6,229,541.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25) 546, 1			
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,011,138.	3,554,918.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,426,471.	9,784,459.
	19	Revenue less expenses. Subtract line 18 from line 12		664,653.	-706,885.
s or nces			Be	eginning of Current Year	End of Year
sset 3alaı	20	Total assets (Part X, line 16)		9,790,699.	9,029,636.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		5,319,329.	5,265,151.
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		4,471,370.	3,764,485.
			o ond ctoto	anto and to the best of an	(knowledge and balled it '-
		alties of perjury, I declare that I have examined this return, including accompanying schedule			r knowledge and bellet, it is
uue,	COLLE	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	men preparer	nas any knowledge.	

Sign	Signature of officer		Date					
Here	RACHEL MORRIS, EXECUTI	VE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	STEVEN D. WARREN	STEVEN D. WARREN	09/13/22	self-employed P00921930				
Preparer	Firm's name 🕨 CROSSLIN, PLLC		Firm'	s EIN ▶ 27-5360847				
Use Only	Firm's address 🔈 3803 BEDFORD AVE	C, SUITE 103						
	NASHVILLE, TN 37	215	Phon	e no.859-254-4428				
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) THE NEXT DOOR, INC.	43-20017	74 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: <u>THE NEXT DOOR PROVIDES A CONTINUUM OF EVIDENCE-BASED SE</u>		
	WOMEN AND THEIR FAMILIES IMPACTED BY ADDICTION, MENTAL		RAUMA
	AND/OR INCARCERATION WITH CHRIST-CENTERED COMPASSIONATE	CARE.	
	Did the examination undertake any significant program convises during the year which were not listed on the		
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
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	2	Yes X No
U	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	nses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.		
4a			31,276.)
	PROVIDED DRUG AND ALCOHOL REHABILITATION SERVICES TO WO	MEN.	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
			, ,
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
-0		venue \$)
4.1	Othey program convices (Describe on Cohoth $d = O$)		
4d	Other program services (Describe on Schedule O.)	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 7,717,381.)	
70			QQA (0001)

Form	000	(2021)
Form	990	(2021)

Form 990 (2021) THE NEXT DOOR, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
10	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	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		<u> </u>
	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	110		<u> </u>
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		X
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?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u>-</u> -
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	- 23	
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x

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THE NEXT DOOR, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			x
29	Did the organization receive more than \$25,000 in non-cash 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			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 42			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		

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

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 210		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		0.		v
		~	3a 3b		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
h	If "Yes," enter the name of the foreign country				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		<u>X</u>
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				<u>X</u>
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
-					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8		
•	sponsoring organization have excess business holdings at any time during the year?				
	9 Sponsoring organizations maintaining donor advised funds.				
a b	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		50		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
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.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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	44-		X
		- 0	14a		<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		
15	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		~>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				_
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17		
	If "Yes," complete Form 6069.				

Form	990	(2021)

THE NEXT DOOR, INC.

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe		37	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
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 approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				77	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen			40		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40		
	exempt status with respect to such arrangements?			16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TN

18	Section 6104 requires	an organization to make its Fo	orms 1023 (1024 or 1024-/	A, if applicable), 990, and 990-T (section 501(c)(3)	s only) available				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website	Another's website	X Upon request	Other (explain on Schedule O)					

			•			(onprain on concatic c)	
19	Describe on Schedule O whether (and if so, how)	the organiz	zation	i made its go	verning doc	uments, conflict of interest polic	y, and financial
	statements available to the public during the tax	/ear.					

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	MARK SMITH - 615-244-7775	

402	22ND	AVENUE	Ν.,	NASHVILLE,	\mathbf{TN}	37203
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Form 990 (2	2021) THE	NEXT DOOR,	INC.		43-2001774	Page 7
Part VII	Compensation of Of	ficers, Directors,	Trustees, Key	Employees, Highest Compen	isated	
	Employees, and Inde	ependent Contra	ctors			
	Check if Schedule O conta	ins a response or note	to any line in this I	Part VII		
Section A.	Officers, Directors, Trus	tees, Key Employees	, and Highest Con	pensated Employees		
1a Comple	te this table for all persons	required to be listed. F	Report compensation	n for the calendar year ending with or	within the organization's	s tax year.
 List a 	Il of the organization's curre	ent officers, directors,	trustees (whether i	ndividuals or organizations), regardless	of amount of compensations	ation.

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RAY BROCATO	40.00		_	0	-	1 0				
CEO		х		х				143,306.	0.	6,000.
(2) EMILY KOHAL	40.00									
FAMILY NURSE PRACTITIONER						X		104,345.	0.	6,000.
(3) ANNA THORNTON	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) JACK POLSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) GRANT STARRETT	1.00									
BOARD MEMBER		х						0.	0.	0.
(6) HEATHER STAFFORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ANDREA OVERBY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PATRICIA OLENICK	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) LAURA MCFADDEN	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) LUCY KOZAK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) TREVOR HOWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) STEVE SHELTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SAM SELLS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KATHRYN PHILLIPS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(15) JOHNNA WATSON	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) ELIZABETH HAWKINS	1.00									-
SECRETARY	1 00	X		Х				0.	0.	0.
(17) DR. CONNIE GRAVES	1.00								•	•
BOARD MEMBER		Х						0.	0.	0.

Part VII	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)				l than c s both	one an	(D) Reportable an compensation e) from	(E) Reportable compensation from related		Est 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)	*	frc orga and	ensation om the nization related nizations
(18) DR. BOARD MEM	LLOYDA WILLIAMSON	1.00	x						0.		ο.		0.
	ITE GOODHUE	1.00	Δ						0.		<u> </u>		0.
EX-OFFICI		1.00	x		х				0.		٥.		0.
(20) JENA	SIMMONS	1.00									-		
BOARD MEM	IBER		х						0.		0.		0.
(21) DR.	CHRIS SMELTZER	1.00											
BOARD MEM	IBER		Х						0.		0.		0.
(22) CATH		1.00									_		
BOARD MEM		1 0 0	Х						0.		0.		0.
BOARD MEM	Y DICKENS	1.00	x						0.		٥.		0.
(24) ROB		1.00							0.				0.
BOARD MEM			x						0.		٥.١		0.
(25) KEVI	IN RODDEY	1.00											
BOARD MEM	IBER		Х						0.		0.		0.
1b Subto	ntal								247,651.		0.	12	,000.
	from continuation sheets to Part VII								0.		0.		0.
	(add lines 1b and 1c)								247,651.		0.	12	,000.
	number of individuals (including but no) wh	o re	eceived more than \$100,	000 of reportable			
comp	ensation from the organization												2
											ſ		Yes No
	ne organization list any former officer,												X
	a? If "Yes," complete Schedule J for sun ny individual listed on line 1a, is the sun											3	
	elated organizations greater than \$150											4	x
	ny person listed on line 1a receive or a	,		•									
	ered to the organization? If "Yes." com								•			5	X
	Independent Contractors												
1 Comp	plete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compe	nsat	ion froi	n
the or	rganization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.			
	(A) Name and business	address							(B) Description of s	ervices	C	(C) ompen	
мтснае	L FERRI, MD							_	Description of s			ompen	541011
	UAIL HOLLOW CIR, FR	ANKLIN.	т	N	37	06	7		MEDICAL SERV	ICES		242	,838.
<u></u>				_	<u> </u>			Ī					,
								_					
2 Total	number of independent contractors (in	cluding but p	ot lin	nitor	1 to 1	thor		tad	above) who received me	ore than			

Total number of independent contractors (including but not limited to those listed above) who received more than 1 \$100,000 of compensation from the organization

Form	1 990) (2	2021) THE	I NEXT I	DOOR	, INC.			43-2001	774 Page 9
	rt V									
			Check if Schedule O o	contains a res	ponse	or note to any lir	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f <u>g</u> h c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f PROGRAM FEES OTHER INCOME	ibutions) 14 ibutions) 14 grants, and above 11 lines 1a-1f 15	2 , 1 , 2 , 1 , 3 \$ ITA	Business Code	4,645,911. 4,379,312. 51,964.	4,379,312. 51,964.		
Proę		e f	All other program service	rovopuo						
-			Total. Add lines 2a-2f				4,431,276.			
	3 4	3	Investment income (includ other similar amounts) Income from investment o	ding dividends	, intere	est, and	387.			387.
	5 6	а	Royalties	(i) R		(ii) Personal	-			
			Less: rental expenses Rental income or (loss)	6b 6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secu	irities	(ii) Other	-			
evenue			assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c			-			
Reve			Net gain or (loss)							
Other I	8	а	Gross income from fundraisii including \$ 587 contributions reported on Part IV, line 18	ng events (not / <u>, 605 .</u> of line 1c). See		86,299.				
			Less: direct expenses		··	86,299.	0			
			Net income or (loss) from Gross income from gamin Part IV, line 19	g activities. S	ee		0.			
			Less: direct expenses		-					
	10	а	Net income or (loss) from Gross sales of inventory, I and allowances	ess returns	<u>10a</u>					
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of inven	tory	Business Code				
sno	11	а				Business Code				
Miscellaneous Revenue		b								
cellé teve		с								
Mis			All other revenue							
			Total. Add lines 11a-11d Total revenue. See instruction			>	9,077,574.	4 431 276	0.	387.
	1		TOTAL LEVELUE SEE USUIICH	1115			U,U,I,J/=•	II , IJ I , 4 / V .	U •	

THE NEXT DOOR, INC.

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	143,306.	110,346.	25,795.	7,165
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	6,086,235.	4,686,401.	1,095,522.	304,312
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	399,035.	390,775.	8,260.	
12	Advertising and promotion	115,385.			115,385
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	209,854.	188,869.	20,985.	
17	Travel	17,040.	15,336.	1,193.	511.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	405 050	204 505	40 505	
22	Depreciation, depletion, and amortization	427,250.	384,525.	42,725.	
23	Insurance	62,793.	55,567.	7,226.	
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), expense iter list line 24e expenses on Sebedule 0.)				
~	amount, list line 24e expenses on Schedule 0.) MAINTENANCE	721,225.	649,102.	72,123.	
	OTHER PROGRAM EXPENSES	617,527.	494,021.	104,980.	18,526
ы С	RESIDENT MEALS	344,668.	344,668.	1011,000	10,520
d d	PROFESSIONAL	326,281.	117,461.	123,987.	84,833
	All other expenses	313,860.	280,310.	18,083.	15,467
е 25	Total functional expenses. Add lines 1 through 24e	9,784,459.	7,717,381.	1,520,879.	546,199
25 26	Joint costs. Complete this line only if the organization	5770174554	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		510,199
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and the second secon				

Form 990 (2021)

THE NEXT DOOR, INC. Part IX Statement of Functional Expenses

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

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132010 12-09-21

THE NEXT DOOR, IN	с.
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1 0		Bulance check					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			983,779.	1	724,300.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			274,860.	3	159,163.
	4	Accounts receivable, net			368,201.	4	301,956.
	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	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,334,744. 4,490,527.			
	b	Less: accumulated depreciation	8,163,859.	10c	7,844,217.		
	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			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	9,790,699.	16	9,029,636.
	17	Accounts payable and accrued expenses	186,660.	17	408,848.		
	18	Grants payable		18			
	19	Deferred revenue		····· -		19	
	20	Tax-exempt bond liabilities		······ -		20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
iab		controlled entity or family member of any of thes			E 100 CC0	22	4 056 000
	23	Secured mortgages and notes payable to unrela			5,132,669.	23	4,856,303.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		····· -	F 210 200	25	
	26			► ▼	5,319,329.	26	5,265,151.
s		Organizations that follow FASB ASC 958, che	ck here				
ЭСe		and complete lines 27, 28, 32, and 33.			1 251 001		2 252 707
alaı	27				<u>4,354,984</u> . 116,386.	27	<u>3,253,787.</u> 510,698.
ğ	28			·····	110,300.	28	510,090.
ŝ		Organizations that do not follow FASB ASC 9	58, cneo	ck nere 🕨 🛄			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or eq				<u>30</u> 31	
et A	31	Retained earnings, endowment, accumulated inc			4,471,370.	31 32	3,764,485.
ž	32	Total net assets or fund balances			9,790,699.	32	9,029,636.
	33	Total liabilities and net assets/fund balances			• • • • • • • • • • • • • • • • • • • •	აა	-9,029,030

Form **990** (2021)

Part X | Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 9,077 1 Total revenue (must equal Part VIII, column (A), line 12) 1 9,077 2 Total expenses (must equal Part IX, column (A), line 25) 2 9,784 3 Revenue less expenses. Subtract line 2 from line 1 3 -706 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,471 5 5 5	,45 ,88	
1Total revenue (must equal Part VIII, column (A), line 12)19,0772Total expenses (must equal Part IX, column (A), line 25)29,7843Revenue less expenses. Subtract line 2 from line 13-7064Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))44,471	,45 ,88	
2Total expenses (must equal Part IX, column (A), line 25)29,7843Revenue less expenses. Subtract line 2 from line 13-7064Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))44,471	,45 ,88	
2Total expenses (must equal Part IX, column (A), line 25)29,7843Revenue less expenses. Subtract line 2 from line 13-7064Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))44,471	,45 ,88	
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	, 88	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 4 4 7		
5 Net unrealized gains (losses) on investments 5	, 3'	70.
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))	,48	<u>35.</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	/es	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 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?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	_	
review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133? 3a		<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of th	e organization
------------	----------------

Nam						identification number				
De		THE Dessen for Dublic (NEXT DOOR,	INC.				4	3-2001774	
Pa		Reason for Public (ee instruction	S.		
	organ	ization is not a private found			•					
1		A church, convention of chu				n 170(b)(1	I)(A)(i).			
2		A school described in section		-						
3		A hospital or a cooperative								
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	public 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	anization 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 I	name, city	, and state of	the college	or	
		university:								
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to car	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 5	5 09(a)(3) . (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting	
		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 its	s supporte	d organizatior	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	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 functional	y integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		requirement (see instructi		-						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.				
f		er the number of supported o	•							
g		vide the following information i) Name of supported			(iv) is the oroa	anization listed	() A man unit of		(ui) Amount of other	
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota	1									

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If the	e organization
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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 5	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,						
6	Column (f) Public support. Subtract line 5 from line 4.						<u> </u>
	ction B. Total Support	I	1	4	•	1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	-			
50	organization, check this box and stop ction C. Computation of Publi						
				column (f))		14	
14 15	Public support percentage for 2021 (Public support percentage from 2020					15	<u>%</u> %
	a 33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	•					
t	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	•				•	
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the fact meets the facts-and-circumstances te			-		-	
ł	10% -facts-and-circumstances test	-				17a. and line 15 is	
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
18	organization meets the facts-and-circl Private foundation. If the organization		e .				

 Schedule A (Form 990) 2021
 THE NEXT DOOR, INC.
 43-2001

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

Schedule A (Form 990) 2021

43-2001774 Page 2

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4645911.22245973. 4363280. 4519125. 4581883. 4135774. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4854937. 4649452. 4379312.22236768. 3379295. 4973772. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 9374062. 9555655. 8785226. 9025223.44482741. 7742575 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 149,749. 157,609. 80,650. 95,650. 179,702. 663,360. 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 0. c Add lines 7a and 7b 149,749. 157,609. 80,650. 95,650. 179,702. 663 360 43819381. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (e) 2021 (c) 2019 (f) Total 9 Amounts from line 6 7742575 9374062. 9555655. 8785226. 9025223.44482741. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 176. 273. 266. 1,125. 387. 2,227. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 176. 273. 266. 1,125. 387. 2,227. c Add lines 10a and 10b 11 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 4,324. 1304773. 51,964. 4,574. 2,467. 1368102. assets (Explain in Part VI.) 7747325. 9376802. 9560245.10091124. 9077574.45853070. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 95.56 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) % 15 15 95.74 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % .01 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes No

			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				
	detail in Part VI.	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.				
2	Did the organization operate for the benefit of any supported organization other than the supported				

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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 method that the organization used to satisfy the Integral Part Test during 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.*

с		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.*

No

Yes

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		,	Part VI). See instructions.
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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		
	emergency temporary reduction (see instructions).	0		

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

Schedule A (Form 990) 2021

A (Form 990) 2021	THE	NEXT	D

(Form 990) 2021 THE NEXT DOOR, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Schedule Part V

. ... _

Schedule A (Form 990) 2021		THE			
Part V	Type III Non-Fu	unctionally l			
Section D - Distributions					

Section D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

THE NEXT DOOR, INC. nally Integrated 509(a)(3) Supporting Organizations (continued)

<u>Schedule</u> A	(Form 990) 2021 T	HE NEXT DO	OR, INC.		43-2001774	<u>Page 8</u>
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; an (See instructions.)	s 2 and 3; Part IV, S	Section E, lines 1c	c, 2a, 2b, 3a, and 3b; Part 1	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Sectio V, line 1; Part V, Section B, line 1e; P	n C.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

43-2001774

e of the organizatio	n		
	THE	NEXT	DOOR

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

INC.

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

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

Special Rules

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

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

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

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).

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

Schedule B (Form 990) (2021)

(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of con	
_2 		\$150,000. Person Payroll Noncash (Complete Part noncash contri	
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of con	
<u>3</u>		\$100,000. (Complete Parl noncash contri	X L L t II for
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of con	
		* 75,000. Person * 75,000. Payroll Noncash (Complete Parl noncash contri	
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of con	
<u>5</u>		Subscription Person \$	X L L t II for
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of con	
<u> 6 </u>		\$54,671. Complete Part	X

THE NEXT DOOR, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 220,000. Noncash \$ (Complete Part II for noncash contributions.) ibution Х for utions.) ibution Х for utions.) ribution Х for

noncash contributions.)

Name of organization

Employer identification number

43 - 2001774

Part I

(a)

No.

		\$()	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
8_		\$ <u>40,000.</u>	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
9		\$35,265.	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
10		\$35,000 .	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
11		\$ <u>20,000.</u>	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
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2021) Name of organization

(c)

Total contributions

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(d)

Type of contribution

Schedule B (Form 990) (2021)

Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u> </u>	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
14_		\$ <u>30,000.</u>	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
15		\$ <u>25,000.</u>	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
16		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>25,000.</u>	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
18		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$ <u>15,703.</u>	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
20		\$ <u>15,000.</u>	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>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u> </u>	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
24_		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>15,000.</u>	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
26		\$ <u>15,000.</u>	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
27_		\$ <u>15,000.</u>	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
28		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$11,000.	Type of contribution Person X Payroll
(a) No	(b)	(c) Total contributions	(d)
<u> </u>	Name, address, and ZIP + 4	\$ <u>10,000.</u>	Type of contribution Person X Payroll

Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>10,000.</u>	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
32		\$ <u>10,000.</u>	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
33		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u> </u>	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
36		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

THE NEXT DOOR, INC.

Employer identification number

43-2001774

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	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
38_		\$ <u>10,000.</u>	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> 39</u>		\$10,000.	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
40		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	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
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990)	(2021)	
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Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
43		\$8,093.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44		\$8,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
45		\$7,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46		\$6,500.	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		
47		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No	(b)	(c) Total contributions	(d) Type of contribution		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$5,740. \$	Type of contribution Person X Payroll		

Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u>5,289.</u>	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
50		\$5,240.	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
		\$5,031.	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
52		\$5,000.	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
53		\$ <u>5,000.</u>	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
54		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

43-2001774

THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 55 </u>		\$ <u> </u>	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> 56 </u>		\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>5,000.</u>	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
58_		\$ <u>5,000.</u>	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
59_		\$ <u>5,000.</u>	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
60		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2 Employer identification number

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THE NEXT DOOR, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$ <u>5,000.</u>	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
62		\$ <u> </u>	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
63		\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	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
65		\$5,000.	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
66		\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE NEXT DOOR, INC.

43-2001774

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 67 </u>		\$ <u>5,000.</u>	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
68_		\$ <u>5,000.</u>	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> 69 </u>		\$ <u> </u>	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
		\$5,000.	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> </u>	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
72		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

THE NEXT DOOR, INC.

Employer identification number

43-2001774

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,000.	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
74_		\$5,000.	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>75</u>		\$ <u>5,000.</u>	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
76		\$5,000.	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
		\$	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.)

from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No. from	(b)	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	
		\$	·
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No.	(1.)	(c)	(-1)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	<i>(</i> ,)	(c)	(1)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)	<u> </u>	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		(c	
23453 11-11-21		\$	Schedule B (Form 990) (2021

THE NEXT DOOR, INC.

Schedule B (Form 990) (2021)

Name of organization

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

(a)

No.

from

Employer identification number

(d)

Date received

43 - 2001774

(c)

FMV (or estimate)

THE NE Part III	EXT DOOR, INC. Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	43-2001774 501(c)(7), (8), or (10) that total more than \$1,000 for the y organizations the year. (Enter this info. once.) \blacktriangleright \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of rift	1

ransferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
, ,		· · · ·
o) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
ransferee's name, address, a	nd $7IP \pm 4$	Relationship of transferor to transferee

-	Transferee's name, address, a	nd ZIP + 4	Re	elationship 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	Re	elationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transf	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee

Employer identification number

(a) No. from Part I

_

50	HEDULE D	Supplement	al Financial Statements	5		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,			2021
•		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.		Open to Public	
	ment of the Treasury I Revenue Service		90 for instructions and the latest information		Inspection	
Nam	e of the organizati					identification number
Der		THE NEXT DOOR, INC	• d Funds or Other Similar Funds	<u> </u>		3-2001774
Par		n answered "Yes" on Form 990, Part IV, lir		or AC	counts.	Complete if the
	organizatio		(a) Donor advised funds	(1) Funds an	d other accounts
1	Total number at er	nd of year		(.		
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advise	ed fund	s	
	-		exclusive legal control?			Yes No
6			idvisors in writing that grant funds can be u			
	for charitable purp	oses and not for the benefit of the donor c	r donor advisor, or for any other purpose o	conferrir	ng	
	impermissible priv					Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV,	line 7.	
1		servation easements held by the organizati				
		n of land for public use (for example, recrea	, <u> </u>			
		f natural habitat	Preservation of	a certif	ied historic	structure
•		n of open space				
2	day of the tax year		fied conservation contribution in the form o	of a con		asement on the last at the End of the Tax Year
-				-		
-					2a 2b	
b	•		ucture included in (a)		20 2c	
c d			after 7/25/06, and not on a historic structu		20	
u		nal Register			2d	
3			leased, extinguished, or terminated by the	organiz		the tax
-	vear ►	·				,
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements in	t holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatior	n easements	s during the year
	▶					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion eas	ements duri	ng the year
	▶\$					
8			ve satisfy the requirements of section 170(h			
						Yes No
9		÷ .	on easements in its revenue and expenses			
			note to the organization's financial stateme	ents tha	t describes	the
Par	t III Organization's acc	ounting for conservation easements.	f Art, Historical Treasures, or Ot	her Si	milar Ass	sets
		f the organization answered "Yes" on Form				
19			68, not to report in its revenue statement a	nd hala	nce sheet w	orks
ia	•		blic exhibition, education, or research in fu			0113
			ncial statements that describes these items			
b	· •		68, to report in its revenue statement and b		sheet works	s of
	-		c exhibition, education, or research in furth			
		ng amounts relating to these items:	. ,			
					▶ \$	
					▶ \$	
2	.,		asures, or other similar assets for financial			
		unts required to be reported under FASB A				
а	Revenue included	on Form 990, Part VIII, line 1	-		▶ \$	
b						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

	dule D (Form 990) 2021 THE NEX	T DOOR, IN	с.			43-	-2001	774	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or C	Other Si	imilar As	sets _{(c}	<u>ontinuec</u>	1)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	e following that ma	ake signif	ficant use c	of its		
	collection items (check all that apply):								
а	Public exhibition	c	Loan or ex	kchange program					
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explai	n how they further	the organization's	s exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or other s	imilar ass	sets		_	
	to be sold to raise funds rather than to be ma						Ye		No
Par	t IV Escrow and Custodial Arrang		ete if the organizat	ion answered "Ye	es" on For	rm 990, Pa	rt IV, line 9	∋, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi							_	
	on Form 990, Part X?						. 🛄 Ye	∋s _	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Am	ount	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
t	Ending balance					1f			
	Did the organization include an amount on Fo						🕒 Ye	⊁S [□	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>	
1 41		(a) Current year	(b) Prior year	(c) Two years b		Three years	hack (a)	Four yea	rs hack
4.0	Designing of year balance	(a) Ourient year				Thice years		Tour yea	13 Dack
1a ⊾	Beginning of year balance								
b	Contributions								
с d	Net investment earnings, gains, and losses								
	Grants or scholarships Other expenditures for facilities								
e									
f	Administrative expenses								
g									
2	End of year balance Provide the estimated percentage of the curr	ent year end balanc	e (line 1a, column	(a)) held as:					
a	Board designated or quasi-endowment	•	%						
b	Permanent endowment								
		^%							
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	ation that are held	and administered	for the o	rganization			
	by:	Ũ				•		Yes	s No
	(i) Unrelated organizations						3	a(i)	
	(ii) Related organizations							a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Pa	art X, line	910.			
	Description of property	(a) Cost or o basis (investr	• •	st or other s (other)	(c) Accu depreo		(d)	Book va	lue
1a	Land		,	32,450.				132,4	450.
	Buildings			49,853.	2,70	7,737.		542,3	
	Leasehold improvements			35,065.		622.			443.
	Equipment		1,2	40,026.	1,11	8,150.		121,8	876.
	Other			77,350.		4,018.		13,	332.
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B). line	10c.)		►	7,	844,2	217.

Schedule D (Form 990) 2021

Dart VII	Investments - (Other Se	curitias			
Schedule D (F	Form 990) 2021	THE	NEXT	DOOR,	INC.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► art VIII Investments - Program Related.	n Form 000 Dort IV line	11. See Form 000 Part V line 12	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	
	() DOOK VAIUE		is orycar market value
(1)			
(2)		+	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c		e 11d. See Form 990, Part X, line 15.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [n Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2)		9 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6)		9 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" complete if the organization answered "Yes" complete (1) (a) [(2) (a) (3) (b) [(4) (c) (5) (c) (6) (c) (7) (a) (8) (c) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" complete if the organization answered "Yes" complete (1) (a) [1] (2) (a) [2] (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		· · · · · · · · · · · · · · · · · · ·
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" c	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" complete if the organization answered "Yes" complete (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		· · · · · · · · · · · · · · · · · · ·
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" co (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" co	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" or (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" c (a) Description of liability (1) Federal income taxes (2)	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" c (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" c (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" c (a) Complete if the organization answered "Yes" c (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description		5.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" c (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		5.
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (a) (2) (a) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		5.

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

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

Sche	dule D (Form 990) 2021 THE NEXT DOOR, INC.		43-2	2001774 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	9,077,574.
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			
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	9,077,574.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			9,077,574.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	9,784,459.
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				
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			9,784,459.
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 18.)			9,784,459.
Pa	t 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:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, NO PROVISION FOR
INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS.
THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS
BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX
POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION
UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION
OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE
UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY
ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN
TAX POSITIONS. TAX POSITIONS FOR THE ORGANIZATION INCLUDE, BUT ARE NOT
132054 10-28-21 Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE NEXT DOOR, INC.	43-2001774 Page 5
Part XIII Supplemental Information (continued)	
LIMITED TO, THE TAX-EXEMPT STATUS AND DETERMINATION OF	WHETHER CERTAIN
INCOME IS SUBJECT TO UNRELATED BUSINESS INCOME TAX; HO	WEVER, THE
ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITIONS DO	NOT RESULT IN AN
UNCERTAINTY REQUIRING RECOGNITION.	

SCHEDULE G	Suppleme	ntal Information	Regarding	Func	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 154	5-0047
(Form 990)			organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if ganization entered more than \$15,000 on Form 990-EZ, line 6a.							1
Department of the Treasury Internal Revenue Service	•		h to Form 990						Open to Po Inspection	
Name of the organization		to www.irs.gov/For	m990 for instr	uction	s and	the latest information	on.	Employer i	dentification	
	THE NEX	T DOOR, INC	•					43-200		
	complete this part	Complete if the orga	nization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990	EZ filers are n	ot
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and addres or entity (func		(ii) Activ	ity	have c	ntrol of	(iv) Gross receipts from activity	tò (c	Amount pair r retained b fundraiser red in col. (i)	(VI) Amou to (or reta	ined by)
				Yes	No					
Total										
3 List all states in whi or licensing.	ich the organizatio	n is registered or lice	nsed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration	

132082 10-21-21

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-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

			ross income on Form 990 (a) Event #1	(b) Event #2	(c) Other events	
				SONGWRITERS		(d) Total events
					1	(add col. (a) through
			FALL BENEFIT		1 (total avvalues)	col. (c))
el			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	569,745.	52,801.	51,358.	673,904
	2	Less: Contributions	516,024.	40,028.	31,553.	587,605
4	3	Gross income (line 1 minus line 2)	53,721.	12,773.	19,805.	86,299
	4	Cash prizes				
	5	Noncash prizes				
Sense	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses		12,773.	19,805.	86,299
	10	Direct expense summary. Add lines 4 throug	gh 9 in column (d)		►	86,299
	11	Net income summary. Subtract line 10 from				0
a	rt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
a			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (a
Hevenue				billgo/progressive billgo		
+	1	Gross revenue				
	~	Cook prizes				
2 2 2 2 2	2	Cash prizes				
	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	-	· · · · · · · · · · · · · · · · · · ·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		•	
- 1	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
\Box						
а	ls t	er the state(s) in which the organization conc he organization licensed to conduct gaming a No," explain:	activities in each of these			Yes N
а	ls t	he organization licensed to conduct gaming a	activities in each of these			Yes N
a b a	ls t If "I We	he organization licensed to conduct gaming a	activities in each of these s	rminated during the tax y		

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	THE NEXT	DOOR,	INC.		43-20	017	74 Pa	age 3
11	Does the organization conduct ga						<u> </u>	'es	No
12	Is the organization a grantor, ben	eficiary or trustee o	of a trust, or	a membe	r of a partnership or other entity formed				_
							Y	'es	No
	Indicate the percentage of gamin					1			
							13a		%
							13b		%
14	Enter the name and address of th	e person who prep	pares the org	ganizatior	's gaming/special events books and reco	rds:			
	Name ►								
	Address ►								
15a	Does the organization have a con	itract with a third p	arty from wl	hom the c	rganization receives gaming revenue?		Y	'es	No
k	If "Yes," enter the amount of gam	ning revenue receiv	ed by the o	rganizatio	n \blacktriangleright \$ and the arr	nount			
	of gaming revenue retained by the	e third party 🕨 \$							
c	If "Yes," enter name and address	of the third party:							
	м к								
	Name								
	Address 🕨								
16	Gaming manager information:								
10	Gaming manager mormation.								
	Name 🕨								
	Gaming manager compensation	► \$							
	Description of services provided								
	Director/officer	Employee	[Indep	pendent contractor				
17	Mandatory distributions:								
a	Is the organization required under	r state law to make	e charitable (distributio	ns from the gaming proceeds to				_
	retain the state gaming license?						Y	es 📃	No
k	Enter the amount of distributions	required under sta	te law to be	e distribute	ed to other exempt organizations or spent	in the			
	organization's own exempt activit								
Ра					uired by Part I, line 2b, columns (iii) and (v); and Part	III, line	s 9, 9b, 1	0b,
	15D, 15C, 16, and 17D, as	s applicable. Also p	provide any	additional	information. See instructions.				

Supplemental information (continued)	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 43-2001774

OMB No. 1545-0047

Open to Public

Inspection

THE NEXT DOOR, INC.

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

IMPACTED BY ADDICTION, MENTAL ILLNESS, TRAUMA AND/OR INCARCERATION WITH

CHRIST-CENTERED COMPASSIONATE CARE.

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

THE FORM 990 IS PREPARED BY A CPA FIRM AND REVIEWED BY THE BOARD OF

DIRECTORS (THE CHAIRMAN AND THE TREASURER) AND THE EXECUTIVE DIRECTOR OF

THE ORGANIZATION.

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

ALL EMPLOYEES ANNUALLY MUST SIGN A CONFLICT OF INTEREST STATEMENT. ΤN

ADDITION, AS THIS IS A RELATIVELY SMALL ORGANIZATION, MANAGEMENT, MORE THAN

LIKELY, WOULD PERCEIVE ANY POTENTIAL CONFLICTS OF INTEREST.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE EXECUTIVE DIRECTOR'S

COMPENSATION AND SETS THE COMPENSATION BASED ON COMPARATIVE MARKET

RESEARCH.

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

THE ORGANIZATION IS AWARE OF THE REOUIREMENTS OF IRC 6104 TO MAKE FORM 990

AVAILABLE TO THE PUBLIC UPON REQUEST.