

Form **990**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: NEXTSTAGE
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 8011 34TH AVE 320
 City or town, state or province, country, and ZIP or foreign postal code: BLOOMINGTON, MN 55425

D Employer identification number: 85-0898705
E Telephone number: (952) 921-2381
G Gross receipts \$ 2,737,361

F Name and address of principal officer:
 LEE HALL
 8011 34TH AVE 320
 BLOOMINGTON, MN 55425

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NEXTSTAGEMN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2020 **M** State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO SUPPORT ENTREPRENEURS AT EVERY STAGE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	11
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,484,322	2,429,816
9 Program service revenue (Part VIII, line 2g)	945,971	302,792
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	715	4,753
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,431,008	2,737,361
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,343,358	2,261,139
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	135,346	240,961
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	353,031	377,655
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,831,735	2,879,755
19 Revenue less expenses. Subtract line 18 from line 12	599,273	-142,394

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,654,997	3,055,054
21 Total liabilities (Part X, line 26)	100,341	642,792
22 Net assets or fund balances. Subtract line 21 from line 20	2,554,656	2,412,262

Part II Signature Block

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

Sign Here

 Signature of officer: _____ Date: 2023-11-01
 LEE HALL CEO
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-10-31	Check <input type="checkbox"/> if self-employed	PTIN P00526510
Firm's name ▶ CBIZ MHM LLC	Firm's EIN ▶ 34-1873282			
Firm's address ▶ 222 SOUTH 9TH STREET SUITE 1000 MINNEAPOLIS, MN 55402	Phone no. (612) 339-7811			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE EDUCATION AND TRAINING TO INDIVIDUALS INTERESTED IN PURSUING ENTREPRENEURSHIP; TO ASSIST ENTREPRENEURS IN THE PLANNING, DEVELOPMENT AND START-UP OF A BUSINESS VENTURE; AND TO SUPPORT AND ASSIST SMALL BUSINESS OWNERS WITH GROWTH, AND OPERATIONAL IMPROVEMENT.

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,766,155 including grants of \$ 2,261,139) (Revenue \$ 302,792)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,766,155

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? 4b If "Yes," enter the name of the foreign country: 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12. 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders. 11b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? 13b 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. 13c Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
18 Section 6104 requires an organization to make its Form 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: LEE HALL 8011 34TH AVE SUITE 320 BLOOMINGTON, MN 55425 (952) 921-2381

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DERREK BEEVAS BOARD CHAIR	1.00	X		X				0	0	0
(2) KRIS MARITZ BOARD VICE CHAIR	1.00	X		X				0	0	0
(3) ANDREW SWAMMI BOARD TREASURER	1.00	X		X				0	0	0
(4) CLAY TAYLOR BOARD SECRETARY	1.00	X		X				0	0	0
(5) LEE HALL CEO	40.00	X		X			146,000	0	12,371	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	146,000	0	12,371

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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).

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

Do not include amounts reported on lines 6b, 7b, 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	1,390,000	1,390,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	871,139	871,139		
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	158,371	118,778	39,593	
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	61,500	47,150	14,350	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	4,819	3,042	1,777	
10 Payroll taxes	16,271	12,965	3,306	
11 Fees for services (non-employees):				
a Management				
b Legal	675		675	
c Accounting	29,407	22,776	6,631	
d Lobbying				
e 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 Schedule O)	129,519	103,519	26,000	
12 Advertising and promotion	4,999	3,785	1,214	
13 Office expenses	27,075	17,913	9,162	
14 Information technology	8,700	6,587	2,113	
15 Royalties				
16 Occupancy	26,734	20,241	6,493	
17 Travel	2,818	2,818		
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				
22 Depreciation, depletion, and amortization				
23 Insurance	9,412	7,126	2,286	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR LOAN LOSS	138,316	138,316		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,879,755	2,766,155	113,600	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,429,440	1	243,693
	2 Savings and temporary cash investments	700,394	2	1,305,086
	3 Pledges and grants receivable, net	65,000	3	91,619
	4 Accounts receivable, net	11,050	4	31,399
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	446,913	13	1,260,327
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,200	15	122,930
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,654,997	16	3,055,054	
Liabilities	17 Accounts payable and accrued expenses	15,341	17	37,148
	18 Grants payable	20,000	18	62,900
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	65,000	24	424,537
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	118,207
	26 Total liabilities. Add lines 17 through 25	100,341	26	642,792
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,554,656	27	2,412,262
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,554,656	32	2,412,262	
33 Total liabilities and net assets/fund balances	2,654,997	33	3,055,054	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,737,361
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,879,755
3	Revenue less expenses. Subtract line 2 from line 1	3	-142,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,554,656
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,412,262

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
 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?
 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:
 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 85-0898705

Name: NEXTSTAGE

Form 990 (2022)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NEXTSTAGE

Employer identification number
85-0898705

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .				3,484,322	2,429,816	5,914,138
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3				3,484,322	2,429,816	5,914,138
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						5,914,138

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4. . .				3,484,322	2,429,816	5,914,138
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .			253	715	4,753	5,721
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11	Total support. Add lines 7 through 10						5,919,859
12	Gross receipts from related activities, etc. (see instructions)					12	3,587,486

13 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

14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. 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 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—2021. 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 qualifies 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
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.		
	10a		
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).		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization
NEXTSTAGE

Employer identification number
85-0898705

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM RELATED SMALL BUSINESS LOANS RECEIVABLE	1,260,327	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	1,260,327	

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OPERATING LEASE LIABILITY	118,207
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	118,207

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	2,737,361
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,737,361
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,737,361

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,879,755
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,879,755
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,879,755

Part 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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 85-0898705

Name: NEXTSTAGE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2021.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service
Name of the organization
NEXTSTAGE

Employer identification number
85-0898705

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1**

3 Enter total number of other organizations listed in the line 1 table **123**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MN DEED MAIN STREET GRANT	80	871,139			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (MN DEED) ISSUED THE FOLLOWING GUIDANCE TO DEEM IF THE RECEIVING PARTY QUALIFIED FOR THE DISBURSEMENT OF FUNDS. IN ORDER TO QUALIFY, THE GRANTEE NEEDED TO DEMONSTRATE THAT THEY SUFFERED SIGNIFICANT NEGATIVE IMPACT FROM THE COVID EMERGENCY AND RELATED RESTRICTIONS, AND THAT THEY HAVE HISTORICALLY HAD REVENUE/EXPENSES EQUAL TO OR GREATER THAN THE GRANT AMOUNT. NEXTSTAGE REVIEWED EACH APPLICATION FOR ELIGIBILITY.

Additional Data

Software ID:
Software Version:
EIN: 85-0898705
Name: NEXTSTAGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONG THI INC 9560 NOBLE PARKWAY BROOKLYN PARK, MN 55443	82-2163843		15,000	0			COVID RELIEF GRANT
MPLS MAKE 3757 3RD STREET NE COLUMBIA HEIGHTS, MN 55421	47-5040426		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHBOLD ENTERPRISES LLC 1255 HIGHWAY 36 E ST PAUL, MN 55109	05-0547994		15,000	0			COVID RELIEF GRANT
BEST CASE SOLUTIONS LLC 1695 BAVARIA RD CHASKA, MN 55318	83-1100553		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL-TEX ELECTRIC INC 17001 FISH POINT ROAD SE PRIOR LAKE, MN 55372	20-2705324		20,000	0			COVID RELIEF GRANT
CN'R LAWN CARE INC 7901 FULLER ROAD EDEN PRAIRIE, MN 55344	41-1830413		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAFT AND THEORY LLC 3033 CHAMBERLAIN ST N MAPLEWOOD, MN 55109	46-4115334		10,000	0			COVID RELIEF GRANT
CRAFTAPPED PARTNERS INC 12229 NICOLLET AVENUE S BURNSVILLE, MN 55337	83-2269104		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID J KELLY ATTORNEY AT LAW PA 11900 WAYZATA BLVD MINNETONKA, MN 55305	41-1608443		10,000	0			COVID RELIEF GRANT
ENTHERM INC 500 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337	41-1895397		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSENTIAL TECHNOLOGIES INC 1107 HAZELTINE BLVD SUITE 477 CHASKA, MN 55318	16-1757869		10,000	0			COVID RELIEF GRANT
FETCH THE VET LLC 9475 CO RD 36 COLOGNE, MN 55322	46-7980727		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GBI HOMES INC 112 5TH STREET EAST SUITE 103 CHASKA, MN 55318	41-1840573		10,000	0			COVID RELIEF GRANT
GROVE SALONS INC 6364 BALSAM LN MAPLE GROVE, MN 55369	26-1945231		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JM GROUP INC 1033 OVERLOOK RD MENDOTA HEIGHTS, MN 55118	47-2989276		10,000	0			COVID RELIEF GRANT
LONG 8 INC 5737 EGAN DR SAVAGE, MN 55378	46-2586831		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWERTOWN EVENT CENTER LLC 400 N SIBLEY ST ST PAUL, MN 55101	46-2115201		10,000	0			COVID RELIEF GRANT
MILLENNIUM PROJECTS LLC 2040 13TH AVE NORTH ST PAUL, MN 55109	27-3445581		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREMIER HEALTH OF ROSEVILLE LTD 1601 LARPEN TEUR AVE W ST PAUL, MN 55113	41-1605651		15,000	0			COVID RELIEF GRANT
SARAH BOO DDS PA 4916 HIGHWAY 61 WHITE BEAR LAKE, MN 55110	41-1978792		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT H MILLER 136 10TH STREET E ST PAUL, MN 55101	52-8156547		10,000	0			COVID RELIEF GRANT
WYLD CHYLDZ DREADLOC-NATURAL HAIR ST LLC 880 PAYNE AVE ST PAUL, MN 55130	45-4654409		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A AND J HOSPITALITY 2745 HIGHWAY 55 EAGAN, MN 55121	81-0800260		10,000	0			COVID RELIEF GRANT
ATLETE LLC 263 7TH ST W ST PAUL, MN 55102	83-3419862		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAILEY TRAVEL LLC 9037 CAMBRIDGE ROAD WOODBURY, MN 55125	50-3199295		10,000	0			COVID RELIEF GRANT
DESIGNS BY DHONA LLC 1730 GRAHAM AVENUE ST PAUL, MN 55116	20-8071209		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GERMAN SPECIALTY IMPORTS LLC 19580 BERNARD AVENUE PRIOR LAKE, MN 55372	90-0159970		10,000	0			COVID RELIEF GRANT
HOOK N GO TOW LLC 118 ACKER ST E ST PAUL, MN 55117	83-1838824		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEVEL MOUNTAIN HOME CARE LLC 6385 OLD SHADY OAK RD EDEN PRAIRIE, MN 55344	81-3109538		15,000	0			COVID RELIEF GRANT
ELEVATIONS BARBER SHOP LLC 753 MILTON ST N ST PAUL, MN 55104	46-9442102		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLFRIENDS CLOSET LLC 961 GRAND AVE STE 2 ST PAUL, MN 55105	87-2709513		10,000	0			COVID RELIEF GRANT
MINNESOTA ELECTROLYSIS-LLC 101 W BURNSVILLE PARKWAY BURNSVILLE, MN 55337	82-3975743		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYHAIR STUDIO LLC 9100 HUDSON ROAD WOODBURY, MN 55125	47-1251648		10,000	0			COVID RELIEF GRANT
NORTHLAND TEMPORARIES INC 1895 PLAZA DR EAGAN, MN 55122	41-1851035		25,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDSTROM LAND MANAGEMENT LLC 888 BURKE AVE W ROSEVILLE, MN 55113	77-0602929		15,000	0			COVID RELIEF GRANT
SOUTHERN LASER LLC 2130 CLIFF ROAD EAGAN, MN 55122	26-1127795		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVE ROUCH PHOTOGRAPHY INC 3276 YORK ALCOVE WOODBURY, MN 55125	41-1415609		10,000	0			COVID RELIEF GRANT
THE BIG CORP LLC 1517 80TH STREET VICTORIA, MN 55386	47-2535726		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CREATIVE STUDIO MN LLC 106 WEST WATER STREET 506 ST PAUL, MN 55107	85-2040503		10,000	0			COVID RELIEF GRANT
THE EXCEPTIONAL HOME TEAM INC 1300 WAYZATA BLVD STE 400 MINNETONKA, MN 55305	81-1927347		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINN ADMIN SERVICES LLC 132 3RD AVE NE OSSEO, MN 55369	47-3787112		10,000	0			COVID RELIEF GRANT
ZUNKER PRODUCTION SERVICES LLC 17456 EVENER WAY EDEN PRAIRIE, MN 55346	46-1929438		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHABET JUNCTION CHILDCARE CENTER INC 1661 PARK RIDGE DR CHASKA, MN 55318	20-0857208		15,000	0			COVID RELIEF GRANT
BURGER MOE'S INC 242 7TH STREET WEST ST PAUL, MN 55102	01-0967253		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KABAO XIONG 217 COMO AVE ST PAUL, MN 55103	47-1278385		10,000	0			COVID RELIEF GRANT
GRAND JETE INC 975 GRAND AVENUE ST PAUL, MN 55105	41-1455936		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENCOTRONICS INC 3611 LOWELL STREET DEEPHAVEN, MN 55391	41-1327664		10,000	0			COVID RELIEF GRANT
L STCYNYSKE INC 69 EMPIRE DR ST PAUL, MN 55103	41-1898227		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STABLE PLACE LLC 1550 PARKWOOD DR WOODBURY, MN 55125	46-9111277		10,000	0			COVID RELIEF GRANT
VIPER EXPRESS LLC 12775 GERMANE AVE APPLE VALLEY, MN 55124	83-2556009		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALEN CONTRACTING LLC 2025 4TH STREET WHITE BEAR LAKE, MN 55110	20-0122988		10,000	0			COVID RELIEF GRANT
PATRICK J PAGE ATTORNEY AT LAW LTD 1217 7TH STREET WEST ST PAUL, MN 55102	41-1986174		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE & ANGIE'S FITNESS CORP 10400 XERXES AVE S BLOOMINGTON, MN 554313334	81-3287810		10,000	0			COVID RELIEF GRANT
RICHLAND REFRIGERATED SOLUTIONS LLC 1305 159TH AVE NE HAM LAKE, MN 55304	90-0940096		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEASONS FAMILY CHIROPRACTIC LLC 8425 SEASONS PARKWAY WOODBURY, MN 55125	46-3218545		10,000	0			COVID RELIEF GRANT
ABDIRAHMAN ABDI 778 BERRY STREET ST PAUL, MN 55114	47-5430389		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINNACLE DRYWALL INC 1713 GOTLAND LN SHAKOPEE, MN 55379	26-0497699		10,000	0			COVID RELIEF GRANT
PAPAGO INC 1484 MCCARTYHY RD EAGAN, MN 55121	41-1835033		15,000	0			COVID RELIEF GRANT

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PRIME GENERAL CONTRACTORS LLC 1710 ALEXANDER ROAD EAGAN, MN 55121	20-2848236		15,000	0			COVID RELIEF GRANT
RAPID AUTO SALES LLC 7850 RIVERDALE DR NW RAMSEY, MN 55303	45-3436116		10,000	0			COVID RELIEF GRANT

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RED SEA LOGISTICS LLC 14282 IRVING AVE S SUITE 272 BURNSVILLE, MN 55306	85-0956791		10,000	0			COVID RELIEF GRANT
ADAM BLACK CAR SERVICE LLC 12693 ENSIGN AVE S SAVAGE, MN 55378	47-4024695		10,000	0			COVID RELIEF GRANT

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ALARYS LLC 139 7TH ST E ST PAUL, MN 55101	81-0773041		15,000	0			COVID RELIEF GRANT
BOWL AND BRUSH HAIR STUDIO INC 1720 LIVINGSTON AVE WEST ST PAUL, MN 55119	87-1475913		10,000	0			COVID RELIEF GRANT

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CITYVIEW PROPERTY SERVICES INC 4705 PEBBLE BEACH WAY EAGAN, MN 55123	45-4411471		10,000	0			COVID RELIEF GRANT
JUST SOME APPS LLC 730 SADDLE WOOD DR EAGAN, MN 55123	47-5384482		10,000	0			COVID RELIEF GRANT

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QUEENCO NURSING SERVICES LLC 6337 TAHOE PLACE WOODBURY, MN 55125	83-2039703		10,000	0			COVID RELIEF GRANT
WILD ENTERTAINMENT LTD 15 NE 4TH STREET MINNEAPOLIS, MN 55118	41-1786946		15,000	0			COVID RELIEF GRANT

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AGS TRUCKING LLC 14280 PAULS DRIVE ROGERS, MN 55374	27-5249028		10,000	0			COVID RELIEF GRANT
UNIVERSAL AIRPORT TAXI LLC 1885 UNIVERSITY AVE W STE 325 MINNEAPOLIS, MN 55104	47-0902841		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HIGHLAND PARTNERS LLC 4195 MAIN STREET ST BONIFACIUS, MN 55331	35-2591008		10,000	0			COVID RELIEF GRANT
TISHASQTEES LLC 3001 WHITE BEAR AVE ST PAUL, MN 55109	84-3900035		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EZ MOW MINNESOTA LLC 20 INTERLACHEN LN TONKA BAY, MN 55331	81-5067740		10,000	0			COVID RELIEF GRANT
ACROSS COUNTRY TOURS LLC 2125 DIVISION ST NORTH ST PAUL, MN 55109	46-4122668		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BAMBOO BUFFET INC 8340 CITY CENTRE DRIVE WOODBURY, MN 55125	82-2520202		10,000	0			COVID RELIEF GRANT
NEWBODY AUTO SALES INC 6990 151ST STREET WEST APPLE VALLEY, MN 55124	41-1925101		10,000	0			COVID RELIEF GRANT

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ROYAL ZENO SHOESHINE LLC 756 CENTRAL AVE W ST PAUL, MN 55104	83-3286841		15,000	0			COVID RELIEF GRANT
SEW WHAT STYLE LLC 121 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55402	81-2142466		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG MA'S COOKING & CATERING LLC 1004 W 158TH STREET BURNSVILLE, MN 55306	84-4878213		10,000	0			COVID RELIEF GRANT
TTL LLC 200 WILKIN ST ST PAUL, MN 55102	90-1029674		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DIRE SALON LLC 1564 7TH ST W ST PAUL, MN 55102	84-5065869		10,000	0			COVID RELIEF GRANT
CP INC 13681 GROVE DR MAPLE GROVE, MN 55369	38-3986172		10,000	0			COVID RELIEF GRANT

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GLOBAL MEETINGS & INCENTIVES INC 8468 BRYCE CT INVER GROVE HEIGHTS, MN 55076	41-1940723		10,000	0			COVID RELIEF GRANT
REVITALIFE CENTER PA 8097 HIGHWAY 65 NE SUITE 102 SPRING LAKE PARK, MN 55432	46-1261425		10,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNDERGROUND TRUCKING LLC 1164 ARKWRIGHT STREET ST PAUL, MN 55130	02-0739391		10,000	0			COVID RELIEF GRANT
S HILL AND ASSOCIATES LLC 2038 FORD PARKWAY 257 ST PAUL, MN 55116	82-2579679		10,000	0			COVID RELIEF GRANT

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SILVA SCREEN PRINTING AND DISTRIBUTION LLC 2425 KENNEDY ST NE MINNEAPOLIS, MN 55413	41-1992441		15,000	0			COVID RELIEF GRANT
D & M IRON WORKS INC 2500 W CO RD B ST PAUL, MN 55113	41-1480834		15,000	0			COVID RELIEF GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUSTIN SILVIS PHOTOGRAPHY LLC 1709 6TH ST NE MINNEAPOLIS, MN 55413	50-4139762		10,000	0			COVID RELIEF GRANT
THAI PEPPER LLC 1307 SOUTH ROBERT STREET ST PAUL, MN 55118	84-3080988		10,000	0			COVID RELIEF GRANT

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THANH PHUNG INC 653 SNELLING AVE S ST PAUL, MN 55116	32-0547026		15,000	0			COVID RELIEF GRANT
NLT NAILS LLC 8362 TAMARACK VILLAGE WOODBURY, MN 55125	86-3546550		10,000	0			COVID RELIEF GRANT

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REALBIGHUGE BREWING COMPANY LLC 429 WABASHA ST S ST PAUL, MN 55107	86-3890903		10,000	0			COVID RELIEF GRANT
PREMIER HEALTH OF EDINA LTD 7550 FRANCE AVE S EDINA, MN 55435	20-2441172		10,000	0			COVID RELIEF GRANT

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HUDOCK GROUP LLC 325 13TH AVE N HOPKINS, MN 55343	81-1760387		10,000	0			COVID RELIEF GRANT
TRINH PHAN INC 6329 PENN AVE S RICHFIELD, MN 55423	83-4654419		10,000	0			COVID RELIEF GRANT

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ISKEY PAINTING LLC 4085 TOWER ST ST BONIFACIUS, MN 55375	47-3263511		10,000	0			COVID RELIEF GRANT
EXQUISITE BEAUTY LLC 422 UNIVERSITY AVE W ST PAUL, MN 55103	84-2056829		10,000	0			COVID RELIEF GRANT

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MADINA CARRIER LLC 1883 DEER HILLS TRL EAGAN, MN 55122	81-2022128		10,000	0			COVID RELIEF GRANT
PMB HOSPITALITY LLC 1200 E 78TH ST RICHFIELD, MN 55423	20-8262488		15,000	0			COVID RELIEF GRANT

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UCHE CONSTRUCTION LLC 650 COUNTY RD B2 E LITTLE CANADA, MN 55117	51-0513286		10,000	0			COVID RELIEF GRANT
MINNESOTA QUILTERS INC 253 STATE STREET ST PAUL, MN 55107	41-1335108	501 (C) (3)	10,000	0			COVID RELIEF GRANT

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ICHIGO LLC 5 W 34TH ST MINNEAPOLIS, MN 55408	83-2735435		10,000	0			COVID RELIEF GRANT
NEW SPIRIT HOMES INC 110 BANK STREET SE 2702 MINNEAPOLIS, MN 55414	32-0270574		10,000	0			COVID RELIEF GRANT

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CCR ASOCIADOS LLC 1211 MARGARET ST ST PAUL, MN 55106	82-3705788		10,000	0			COVID RELIEF GRANT
SNACK BAR LLC 800 WASHINGTON AVE NORTH SUITE 101 MINNEAPOLIS, MN 55401	83-3646279		15,000	0			COVID RELIEF GRANT

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ASAP PROVIDER NETWORK LIMITED LIABILITY COMPANY 10225 YUKON AVE S BLOOMINGTON, MN 55438	84-3052431		10,000	0			COVID RELIEF GRANT
ELKO NEW MARKET FAMILY PHARMACY LLC 117 OLD TOWN ROAD NEW MARKET, MN 55054	84-3084796		10,000	0			COVID RELIEF GRANT

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HAJISON TRUCKING LLC 1808 UNIVERSITY AVE NE 206 MINNEAPOLIS, MN 55418	83-3467539		10,000	0			COVID RELIEF GRANT
FARMERS MARKET ANNEX LLC 200 EAST LYNDAL AVE NORTH MINNEAPOLIS, MN 55405	41-1842949		15,000	0			COVID RELIEF GRANT

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DEFIANT DISTRIBUTORS LLC 1744 TERRACE DRIVE ROSEVILLE, MN 55113	82-1933453		10,000	0			COVID RELIEF GRANT
SHRED FITNESS LLC 12475 RIVERDALE BLVD COON RAPIDS, MN 55433	85-1347044		10,000	0			COVID RELIEF GRANT

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EL BURRITO MEXICAN GRILL LLC 8251 FLYING CLOUD DRIVE STE2328 EDEN PRAIRIE, MN 55344	38-4048017		10,000	0			COVID RELIEF GRANT
CLICK BANDIT CREATIVE LLC 10401 CEDAR LAKE ROAD 505 MINNETONKA, MN 55305	82-2418765		10,000	0			COVID RELIEF GRANT

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BINK SEMMER CONSULTING LLC 3670 GETTYSBURG AVE S 71 ST LOUIS PARK, MN 55426	46-1929461		10,000	0			COVID RELIEF GRANT
LIVE ORGANICALLY LLC 4430 214 AVE NW OAK GROVE, MN 55303	84-3364548		10,000	0			COVID RELIEF GRANT

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FERN FLORET LLC 366 STINSON ST SAINT PAUL, MN 55117	46-2060547		10,000	0			COVID RELIEF GRANT
EL ZOCALITO LLC 566 LILAC ST LINO LAKES, MN 55014	84-2418874		15,000	0			COVID RELIEF GRANT

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AFRICAN TRAVEL SEMINARS INC 1205 LARCH STREET FARMINGTON, MN 55024	41-1831969		10,000	0			COVID RELIEF GRANT
TSP LOGISTICS LLC 21378 IDAHO AVE LAKEVILLE, MN 55044	47-2839339		10,000	0			COVID RELIEF GRANT

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RIVERA ARCHITECTS INC 775 FAIRMOUNT AVE ST PAUL, MN 55105	71-0942142		10,000	0			COVID RELIEF GRANT
DREAM NAILS 370 ELDORADO RD JORDAN, MN 55352	45-1289005		10,000	0			COVID RELIEF GRANT

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TGI CONSUMER SERVICES LLC 3390 COUNTY ROAD 8 SW WAVERLY, MN 55390	83-3143780		15,000	0			COVID RELIEF GRANT
THE SHRIVER GROUP LLC 4937 FREMONT AVENUE SOUTH MINNEAPOLIS, MN 55419	84-2640611		10,000	0			COVID RELIEF GRANT

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NEXTSTAGE

Employer identification number 85-0898705

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include 1a (Travel, Housing, etc.), 1b (Policy), 2 (Substantiation), 3 (Methods), 4 (Severance), 5 (Contingent), 6 (Net earnings), 7 (Nonfixed), 8 (Contract), 9 (Presumption).

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEE HALL CEO	(i)	131,000	15,000	0	5,225	7,146	158,371	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NEXTSTAGE

Employer identification number
85-0898705

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	<p>THE NEXTSTAGE FOR ENTREPRENEURS PROGRAM OFFERS TECHNICAL AND FINANCIAL ASSISTANCE TO ENTREPRENEURS - PARTICULARLY NON-TRADITIONAL AND DISADVANTAGED ENTREPRENEURS - DURING THE PRE-START PLANNING, START-UP, AND GROWTH PHASES. WE BELIEVE THAT ENTREPRENEURSHIP PRESENTS UNIQUE OPPORTUNITIES FOR INDIVIDUALS TO FIND PERSONAL SATISFACTION IN THEIR WORK, BUILD WEALTH AND EQUITY, AND TO IMPROVE THE COLLECTIVE ECONOMIC OUTLOOK OF THEIR COMMUNITIES. HOWEVER, THAT OPPORTUNITY ISN'T EQUAL. CERTAIN INDIVIDUALS - INCLUDING PERSONS OF COLOR AND LOWER INCOME INDIVIDUALS - FACE CONSISTENT BARRIERS TO ACCESSING TRADITIONAL CAPITAL MARKETS. NEXTSTAGE SEEKS TO ADDRESS THIS DISPARITY BY PROVIDING ACCESS TO CAPITAL AT RATES AND TERMS THAT ARE COMPETITIVE IN THE MARKETPLACE THROUGH AN UNDERWRITING PROCESS THAT STRONGLY WEIGHS AN ENTREPRENEUR'S CREATIVITY, COMMITMENT, AND GROWTH, WITH REDUCED DEPENDENCE ON TRADITIONAL CREDIT STANDARDS OF COLLATERAL, EQUITY CONTRIBUTION AND CREDIT SCORE. IN 2022, NEXTSTAGE PROVIDED \$1,162,262 OF DIRECT FINANCING TO 38 NEW AND GROWING SMALL BUSINESS BORROWERS- LEVERAGING NEARLY \$4.3 MILLION OF OTHER FINANCING, INVESTMENT, AND EQUITY, AND CREATING AT LEAST 57 NEW JOBS. NEXTSTAGE SEEKS TO PAIR ITS LENDING ACTIVITIES WITH NO-COST, DIRECT TECHNICAL ASSISTANCE TO EMERGING ENTREPRENEURS. RATHER THAN PROVIDING STRUCTURED OR CURRICULUM-BASED TRAINING, AS IS COMMON AMONG ENTREPRENEUR SUPPORT PROGRAMS, NEXTSTAGE'S TECHNICAL ASSISTANCE IS TYPICALLY OFFERED ONE-ON-ONE, WITH A FOCUS ON IDENTIFYING SPECIFIC NEEDS AND SOLUTIONS TO ADDRESS THE SPECIFIC CHALLENGES OF EACH ENTREPRENEUR. IN 2022, NEXTSTAGE STAFF WORKED WITH MORE THAN 200 NEW AND EMERGING ENTREPRENEURS, PROVIDING APPROXIMATELY 2400 HOURS OF DIRECT TRAINING AND TECHNICAL ASSISTANCE. ADDITIONALLY, NEXTSTAGE PARTNERED WITH THE STATE OF MINNESOTA'S DEPT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT IN 2022 TO ASSIST WITH THE DELIVERY OF THE MAINSTREET COVID RELIEF FUND. THRU THIS PROGRAM, NEXTSTAGE'S TEAM WAS ABLE TO DELIVER MORE THAN \$2.2 MILLION OF EMERGENCY RELIEF GRANTS TO MORE THAN 200 SMALL BUSINESSES FACING SIGNIFICANT IMPACT AS A RESULT OF COVID PANDEMIC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO SEPARATE COMMITTEES OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE CEO ONCE RECEIVED FROM THE ACCOUNTANTS. AFTER THE REVIEW IS COMPLETE THE 990 IS EMAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BOARD MEMBERS OR ANY INTERESTED/RELATED PERSON MUST DISCLOSE THE EXISTENCE OF ANY POTENTIAL CONFLICTS OF INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS OF THE BOARD CONSIDERING THE TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FACTS RELATED TO THE CONFLICT, AND AFTER ANY DISCUSSION WITH THE PERSON WITH THE CONFLICT, HE/SHE SHALL LEAVE THE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE CHAIRPERSON OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. HOWEVER, THE FORM 990 AND FORM 1023 ARE PROVIDED UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT TAX YEAR.