# Form **990**

(Rev. January 2020)

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.

<u>OMB No. 1545-0047</u>

Open to Public

A F	or the	e 2019	calendar year, or tax year beginning 09/0	01, <b>2019</b> ,	and ending	3		08	3/31, <b>20</b> 20
_			C Name of organization				D Employer ide	ntifica	ation number
<b>B</b> c	heck if a	pplicable:	NEW HEIGHTS YOUTH, INC.				20-190	333	2
	Addre		Doing business as						
	1	e change	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		E Telephone nu	mber	
	Initial	l return	2472 BROADWAY, PMB 112				(212) 42	6 – 4	667
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code						
	termi Amer	nded	NEW YORK, NY 10025				G Gross receipts	s \$	2,755,575.
		cation	F Name and address of principal officer: EDWARD SMITH,	JR.			H(a) Is this a gro		rn for Yes X No
L	_ pendi	ing	2472 BROADWAY, PMB 112, NEW YORK, NY	10025			subordinates H(b) Are all subord		
ī	Tax-ex	empt st		4947(a)(1)	or 5	27			list. (see instructions)
		· ·	WWW.NEWHEIGHTSNYC.ORG	10 11 (u)(1)	0. 0.		H(c) Group exem	n notion	umber
			nization: X Corporation Trust Association Other		L Year	of format	tion: 2005 <b>M</b>		
	art I		Immary		- 100.			otato	
			y describe the organization's mission or most significant activities:	TO ED	UCATE &	EMPO	WER PROMI	SIN	G UNDER-
e	•		VED YOUTH TO BE LEADERS, CHAMPIONS AND						
Governance			THE SKILLS NECESSARY FOR SUCCESS IN HI						
ern	2		k this box <b>b</b> if the organization discontinued its operations					<u>د</u>	
Š			ber of voting members of the governing body (Part VI, line 1a)	•				3	18.
			per of independent voting members of the governing body (Part VI					4	17.
ties			number of individuals employed in calendar year 2019 (Part V, line					5	56.
Activities &			number of volunteers (estimate if necessary)					6	25.
Act			unrelated business revenue from Part VIII, column (C), line 12					7a	0.
			nrelated business taxable income from Form 990-T, line 39					7b	0.
	~	HOL U					Prior Year		Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)				2,080,27	′ <b>5</b> .	2,560,204.
nue	9		am service revenue (Part VIII, line 2g)				44,31		15,185.
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)					72.	319.
Å	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0.	0.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A)				2,124,85	59.	2,575,708.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)					0.	0.
	14		fits paid to or for members (Part IX, column (A), line 4)					0.	0.
	15		es, other compensation, employee benefits (Part IX, column (A), lin				1,049,75	53.	1,159,825.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)					0.	0.
ber			-	76,837					
ш			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				973,49	90.	555,379.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25				2,023,24		1,715,204.
	19		nue less expenses. Subtract line 18 from line 12				101,61		860,504.
or							ning of Current		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				423,42		1,269,625.
Ass I Bal	21		liabilities (Part X, line 26)				44,93		30,630.
Net	22		ssets or fund balances. Subtract line 21 from line 20				378,49	91.	1,238,995.
	rt II		gnature Block				-		· · ·
Un	der pei	nalties of	of perjury, I declare that I have examined this return, including accompar	iying sched	ules and state	ments, a	and to the best o	fmyl	knowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all inform	ation of whi	ich preparer h	as any k	nowledge.		
Sig			Signature of officer				Date		
He	re		EDWARD SMITH, JR.	EXECUT	IVE DIR	ECTOR	2		
		Ī	Type or print name and title						
	. '	Print/	Type preparer's name Preparer's signature		Date		Check	if <sup>I</sup>	PTIN
Paic		KRI	STIN RUFFINI				self-employ	red	P00741491
	parer		sname ▶BDO USA, LLP				Firm's EIN 🕨 1	3-5	381590
USE	Only	Firm's	saddress ▶100 PARK AVENUE NEW YORK, NY 1001	7-5001	L				885-8000
May	y the		liscuss this return with the preparer shown above? (see ins						. X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.						Form <b>990</b> (2019)
10.1									
JSA 9E10	010 2.00	00							

ETEL ID       Statement of Program Service Accompliatments       X         Check II: Schedul O Contins a response or note to any line in this Part II       X         1       Birdly describe the organization's mission:       X         2       Did the organization's mission:       X         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-427;       Ives: X       No         1       TY'ss, "describe these now services on Schedule 0.       Ves: X       No       Ives: X       No         1       Trist, "describe these on one services on Schedule 0.       Describe the organization services accompliatments 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 grams and allocations to others, the total acpones, and revenue, 1 any, for each program services (Describe these second) and services of the organization services accomplaisments 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 grams and allocations to others, the total acpones, and revenue, 1 any, for each program services (Describe on Schedule 0.)         45       (Code:	Forr	n 990 (2019)				Page <b>2</b>
<ul> <li>Brielly describe the organization mission: TO EDICATE &amp; EMPOREE REMINISTING UNDERSISTIVED YOUTH TO BE LEADERS, CIMAMPTONS AND STUDENT-ATTILETE BY DEVELOPTING THE SETLING NECESSARY FOR SUCCESS IN HIGH SCHOOL, COLLEGE &amp; LIFE.</li> <li>Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-627,,,,,,,, .</li></ul>	Pa					
TO EDUCATE & ENÉ-OWRE PROMISING UNDERSERVED YOUTH TO BE LEADERS.         CILAMPIONS AND STUDENTS ATHLETES BY EDVELOPING THE SKILLS NECESSARY FOR         SUCCESS IN HIGH SCHOOL, COLLEGE & LIFE.         2       Did the organization undertake any significant program services during the year which were not listed on the prof From 990 or 990-E27,					urt III	X
CHAMPTONS AND STUDENT-ATHLETES BY DEVELOPING THE SKILLS NECESSARY FOR         SUCCESS IN HIGH SCROOL. COLLEGE & LIFE.         2 Did he organization underake any significant program services during the year which were not listed on the inf 'Yes,' describe these new services conducting, or make significant changes in how it conducts, any program services of the significant program service reported.         4 for ('secribe these new services conducting, or make significant changes in how it conducts, any program services is measured by opponses. Section 501(c)(1) 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 \$						
SUCCESS IN HIGH SCHOOL, COLLEGE & LIPE.         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27,						
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7,					LS NECESSARY FOR	
prior Form 990 or 990-C27.		SUCCESS IN	N HIGH SCHOOL, C	OLLEGE & LIFE.		
prior Form 990 or 990-C27.	<u> </u>	Did the organ	ization undertake any	significant program convises during the v	war which ware not listed on th	•
If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?.  If "Yes," describe these changes on Schedule O.  Describe the organizations are required to report the amount of grants and allocations to others, the total expenses. Scholin 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Scholin 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Scholin 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.  Act (Code:) (Expenses \$						
<ul> <li>3. Did the organization cease conducting, or make significant changes in how it conducts, any program [] Yes X No it services?,,,,,,,, .</li></ul>		If "Yes." descri	ibe these new services	on Schedule O.		•
services?,	3				how it conducts, any program	n
If "kes," describe these changes on Schedule 0. Describe the organizations program service accompliaments for each of its three largest program services, as measured by exponses. 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 \$		-				
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ATTACHMENT 1		expenses. See	ction 501(c)(3) and 5	01(c)(4) organizations are required to re		
ATTACHMENT 1	4a	(Code:	) (Expenses \$	1,207,003, including grants of \$	0.) (Revenue \$	15,185. )
4b       (Code:) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:) (Expenses \$including grants of \$) (Revenue \$)         4c       (Code:) (Expenses \$including grants of \$) (Revenue \$)         4d       Other program services (Describe on Schedule O.))         (Expenses \$including grants of \$) (Revenue \$)         4d       Other program service expenses \$ 1.207.003.         Form 990       Form 990		ATTACHMI	<u></u> )( <u>_</u> ,pensee ¢ 7:NT 1		) (	
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Form 990 (2019)

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

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Page	4
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-	90 (2019)		P	age <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4.		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5 -		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		Х
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
L.	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29 30	Did the organization receive note than \$25,000 in hon-cash contributions in <i>Pes, complete Schedule in</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
2	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Form 990 (2019)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country $\blacktriangleright$	Tu		
D				
<b>5</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6.0		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>a</b> h		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form §	90 (2019) NEW HEIGHTS YOUTH, INC. 20-1903	332	F	Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Soct	ion A. Governing Body and Management			X
0001	ion A. Governing body and management		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 18			
Ia	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<u> </u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	Х	
12a		12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.24	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		х
a b	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tua	with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{MY}}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record DANIEL HALEWICZ 2472 BROADWAY, PMB 112, NEW YORK, NY 10025 212-426-4667	s 🕨		
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#### NEW HEIGHTS YOUTH, INC.

(A)	(B)			(0	;)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	Posi heck ss pei	ition more rson	e than o is both tor/trus	an	Reportable compensation from the	Reportable compensation fro related organizations		Estimate amount o other	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC		from the organization and relate rganization	on ed
5) RICHARD ROBERTS	. 25							_	_			
DIRECTOR	0.	X						0.	0	•		
L6) JEREMY SCHIFFMAN DIRECTOR (AS OF 1/15/20)	.25	x						0.	0			
17) ALAN SCHRAGER	.25											
DIRECTOR	0.	х						0.	0			
8) NICHOLAS SILVERS	.25											
DIRECTOR (AS OF 1/15/20)	0.	X						0.	0			
19) LANCE THOMAS	.25											
DIRECTOR	0.	X						0.	0	•		
20) VICKI ZUBOVIC	.25	-										
DIRECTOR	0.	Х						0.	0	•		
1b Sub-total								402,017.		).	29,	30
c Total from continuation sheets to Part VII,	=					• • •		0. 402,017.		).	29,	20
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	t limited to t		liste				o re			<u>,</u>	29,	30
										_	Yes	N
3 Did the organization list any former offi												
	dule J for su	ch ind	ivid	ual			• •			3	_	2
employee on line 1a? If "Yes," complete Scher		ortab	le c	com	pen	nsatio	n ar	nd other compens	sation from the			
4 For any individual listed on line 1a, is the	sum of rep reater than	\$15	0.0	00?	lf	f "Ye	S," (	complete Scheau	ie j ioi such			
	reater than	\$15	0,0							4	X	
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations g <i>individual</i>.</li> <li>5 Did any person listed on line 1a receive o</li> </ul>	reater than r accrue co	\$15 mpen	i0,0 sati	on f	ron	n any	 / uni	related organizatio	on or individual			
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations g <i>individual</i>.</li> <li>5 Did any person listed on line 1a receive o for services rendered to the organization? <i>If "</i></li> </ul>	reater than r accrue co	\$15 mpen	i0,0 sati	on f	ron	n any	 / uni	related organizatio	on or individual	4		2
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations g <i>individual</i>.</li> <li>5 Did any person listed on line 1a receive o</li> </ul>	reater than r accrue cor Yes," comple mpensated in	\$15 mpen <u>te Sch</u> ndepe	i0,0 sationedu	on f <i>ile J</i> ent c	rom for	n any <i>such</i>	y uni pers	related organizations on the second sec	on or individual	<b>5</b>		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>** Ο. JSA 9E1055 1.000

Ο.

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Ο.

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	000	(20.0)	

Statement of Revenue

Part VIII

Г

		Check if Schedule (	O contains a re	sponse or note to a	ny line in this Part \	/		
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សូល	1a	Federated campaigns		1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b				
ອີຊີ		Fundraising events		1c 848,532.	-			
Ìs, Ai	с д	-						
il ar	d	Related organizations		1d	-			
in, s	e	Government grants (con	í F	1e 201,394.				
ion S	f	All other contributions, g						
hei		and similar amounts not inc	cluded above	1f 1,510,278.	-			
Ξđ	g	Noncash contributions in	ncluded in					
o p		lines 1a-1f		<b>1g \$</b> 92,050.				
a C	h	Total. Add lines 1a-1f		<u> </u>	2,560,204.			
				Business Code				
e	2a	PROGRAM FEE REVENUE		900099	15,185.	15,185.		
e Ž	b							
s n								
že Še	C L							
2 S C C C C C C C C C C C C C C C C C C	d							+
Program Service Revenue	е							
	f	All other program service			15 105			
	g	Total. Add lines 2a-2f			15,185.			+
	3	Investment income (in	0	, ,				
		other similar amounts).			319.			319.
	4	Income from investment			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal	_			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss			0.			
	7a	Gross amount from	(i) Securiti					
		sales of assets			-			
			70					
			7a		-			
Revenue	b	Less: cost or other basis						
ver			7b		-			
Re	C		7c					
	d	Net gain or (loss)	•••••	<u></u> ▶	0.			
Other	8a	Gross income from	fundraising					
0		events (not including \$ _	848,532.					
		of contributions repor	rted on line					
		1c). See Part IV, line 18		<b>8a</b> 179,867.				
	b	Less: direct expenses		<b>8b</b> 179,867.				
	c	Net income or (loss) from		ents	0.			
	9a	Gross income fro	- [					
	54	activities. See Part IV, line		<b>9a</b> 0.				
				<b>9b</b> 0.	-			
	b	Less: direct expenses		56	0.			+
	C	Net income or (loss) fro			0.			
	10a	Gross sales of inv						
		returns and allowances						
	b	Less: cost of goods sold		10b 0.				
	C	Net income or (loss) from	m sales of invento		0.			
S				Business Code				
eor Ie	11a							
an	b							
evell eve	c							
Miscellaneous Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instru			2,575,708.	15,185.		319.
				-	1			

#### NEW HEIGHTS YOUTH, INC.

Part IX Statement of Functional Expo Section 501(c)(3) and 501(c)(4) organization		s. All other organization	ns must complete colum	nn (A).
Check if Schedule O contains a				
Do not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizat	tions	·		·
and domestic governments. See Part IV, line 21 .	0.			
2 Grants and other assistance to dome				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to fore	eign			
organizations, foreign governments, and fore	e e e e e e e e e e e e e e e e e e e			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0.			
5 Compensation of current officers, direct		90,183.	24,071.	31,76
trustees, and key employees		50,105.	21,071.	51,70
6 Compensation not included above to disqual				
persons (as defined under section $4958(f)(1)$ )				
persons described in section 4958(c)(3)(B)		503,259.	134,327.	177,26
7 Other salaries and wages		505,259.	134,341.	1/1,20
8 Pension plan accruals and contributions (incl	10 400	7,709.	2,058.	2,71
section 401(k) and 403(b) employer contributi	51 550	31,974.	8,534.	11,26
9 Other employee benefits	124 700	83,198.	22,205.	29,30
0 Payroll taxes	1.54,700.	03,190.	44,400.	29,30
1 Fees for services (nonemployees):	0.			
a Management				
<b>b</b> Legal	10 500	10,163.	1,451.	88
c Accounting	0.	10,103.	1,451.	00
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, c		0.0 1.01	14 000	0 55
(A) amount, list line 11g expenses on Schedule O.).		98,101. 4,655.	<u>    14,009.</u> 665.	8,55 40
2 Advertising and promotion				
3 Office expenses	1 0 0 0	51,654.	7,376.	4,50
4 Information technology		13,080.	1,868.	1,14
5 Royalties			0.240	F 70
6 Occupancy		65,460.	9,348.	5,70
7 Travel		359.	51.	3
8 Payments of travel or entertainment expen				
for any federal, state, or local public officia	1 0 0 0	1 5 2 1	010	1 0
9 Conferences, conventions, and meetings		1,531.	219.	13
0 Interest	936.	761.	109.	6
1 Payments to affiliates	7 570	C 1 C 1	0.0.0	
2 Depreciation, depletion, and amortization		6,161.	880.	53
3 Insurance	27,655.	22,483.	3,211.	1,96
4 Other expenses. Itemize expenses not cove	ered			
above (List miscellaneous expenses on line 24e				
line 24e amount exceeds 10% of line 25, colu				
(A) amount, list line 24e expenses on Schedule		116 650		
aUNIFORMS & APPAREL	116,659.	116,659.		
bBASKETBALL SUPPLIES	40,094.	40,094.		
cBASKETBALL REGISTRATIONS	28,737.	28,737.		
dACADEMIC EXPENSES	16,973.	16,973.		
e All other expenses	15,391.	13,809.	982.	60
5 Total functional expenses. Add lines 1 through		1,207,003.	231,364.	276,83
6 Joint costs. Complete this line only if organization reported in column (B) joint c from a combined educational campaign	osts and			
fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	j if			

0.

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. . . .

following SOP 98-2 (ASC 958-720)

JSA

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NEW HEIGHTS YOUTH, INC.

	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		(A) Beginning of year	· • • •	(B) End of year
	1 Cash - non-interest-bearing	33,401.	1	32,831
	2 Savings and temporary cash investments.	54,569.	2	885,764
	3 Pledges and grants receivable, net	127,333.	3	151,750
	4 Accounts receivable, net.	1,003.	4	
	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	0.	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).	0.	6	
3	7 Notes and loans receivable, net	0.	7	
	B Inventories for sale or use	0.	8	
ί j	Prepaid expenses and deferred charges	134,082.	9	51,22
1	<b>Da</b> Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 168, 559.			
	<b>b</b> Less: accumulated depreciation <b>10b</b> 82,234.	51,280.	10c	86,32
1	Investments - publicly traded securities	0.	11	
1:	2 Investments - other securities. See Part IV, line 11	0.	12	
1:	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
1	o Other assets. See Part IV, line 11	21,760.	15	61,72
10	<b>5 Total assets</b> . Add lines 1 through 15 (must equal line 33)	423,428.	16	1,269,62
17	Accounts payable and accrued expenses	28,163.	17	15,98
18	B Grants payable	0.	18	
19	Deferred revenue	0.	19	
20	D Tax-exempt bond liabilities.	0.	20	
<b>2</b> <sup>.</sup>	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
3 22	2 Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
2	controlled entity or family member of any of these persons	0.	22	
1 2:	B Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	3,70
2				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	16,774.	25	10,93
20		44,937.	26	30,63
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
2		378,491.	27	1,211,49
2	B Net assets with donor restrictions.	0.	28	27,50
2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
2	Capital stock or trust principal, or current funds		29	
2 3			30	
23			31	
3		378,491.	32	1,238,99
3		423,428.	33	1,269,62

NEW HEIGHTS YOUTH, INC.

Part XI       Reconciliation of Net Assets	Form 99	90 (2019)				Page <b>12</b>
Check if Schedule O contains a response or note to any line in this Part XI       I         1       Total revenue (must equal Part VIII, column (A), line 25)       I         2       Total expenses (must equal Part XI, column (A), line 25)       I       1,715,204         3       860,504       3       860,504         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       378,491         5       0       0       6       0       0         6       0       7       0       0       6       0         7       0       0       6       0       0       0       0       0         8       0       9       0       0       0       0       0       0       0       1, 238, 995       0       0       0       1, 238, 995       0       0       0       1, 238, 995       0       0       0       0       0       0       0       0       0       1, 238, 995       0	_					. ugo . <u>_</u>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       2, 575, 708.         2       Total expenses (must equal Part IX, column (A), line 25)       1       1, 715, 204.         2       1, 715, 204.       2       1, 715, 204.         3       860, 504.       4       378, 491.         5       0.       6       0.         6       0.       6       0.         7       0.       6       0.         8       0.       6       0.         9       0.       6       0.         9       0.       6       0.         9       0.       0.       6         9       0.       0.       1       1, 238, 995.         9       0.       10       1, 238, 995.       1, 238, 995.         9       0.       10       1, 238, 995.       1, 238, 995.         9       0.       10       1, 238, 995.       1, 238, 995.         9       0.       1       1, 238, 995.       1, 238, 995.         9       0.       1, 715, 204.       X       X         1       Accounting method used to prepare the Form 990.       Cash <x< td="">       X Accrual       Ot</x<>						
2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 715, 204,         3       Revenue less expenses. Subtract line 2 from line 1.       3       860, 504,         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       378, 491,         5       0.       0.       5       0.         6       0.       7       0.         7       0.       6       0.         9       0.       7       0.         9       0.       8       0.         9       0.       9       0.         10       Net assets or fund balances (explain on Schedule 0).       9       0.         9       0.       1, 238, 995.       1, 238, 995.         Part XI       Financial Statements and Reporting       1, 238, 995.       1, 238, 995.         Check if Schedule O contains a response or note to any line in this Part XII.       X       X       1, 238, 995.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes No         1       f * Kes, '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:       Yes No       2a <td>1</td> <td></td> <th></th> <th>2</th> <th>,57</th> <td>5,708.</td>	1			2	,57	5,708.
3       Revenue less expenses. Subtract line 2 from line 1       3       860,504         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       3       378,491         5       0       0       6       0         7       Investment expenses       6       0         7       Investment expenses       6       0         8       Prior period adjustments       6       0         9       Other changes in net assets or fund balances (explain on Schedule O)       8       0         9       Other changes in net assets or fund balances (explain on Schedule O)       8       0         9       0.1       1, 238, 995.       1         9       Check if Schedule O contains a response or note to any line in this Part XII.       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked *Other,* explain in Schedule O.       X       Yes       No         2a       X       X       X       2a       X         If "Yes,* check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       Z       Zb <t< td=""><td></td><td></td><th></th><th></th><th></th><td></td></t<>						
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       378,491.         5       Net unrealized gains (losses) on investments       0.         6       Donated services and use of facilities       0.         6       Donated services and use of facilities       0.         7       0.         8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule 0)       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1, 238, 995.         Part XII       Financial Statements and Reporting       1, 238, 995.         Check if Schedule O contains a response or note to any line in this Part XII.       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.       2a       X         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       b th "Yes," check					86	0,504.
5       Net unrealized gains (losses) on investments       5       0.         6       Donated services and use of facilities       6       0.         7       Investment expenses       7       0.         8       Prior period adjustments       7       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       1, 238, 995.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII.       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other," explain in Schedule O.         2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis.       Consolidated basis. or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis. or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee	-	·	4		37	8,491.
6       Donated services and use of facilities       6       0.         7       0.         8       0.         9       0.         9       0.         9       0.         10       Net assets or fund balances (explain on Schedule O).       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       1, 238,995.         Part XII       Financial Statements and Reporting       1, 238,995.         Check if Schedule O contains a response or note to any line in this Part XII.       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "			5			0.
7       Investment expenses       7       0.         8       Prior period adjustments       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       1, 238, 995.         Part XIII       Financial Statements and Reporting       X       1, 238, 995.         Part XIII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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 indepen			6			0.
8       Prior period adjustments       8       0.         9       Other changes in net assets or fund balances (explain on Schedule O).       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       1, 238, 995.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       1, 238, 995.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Meet the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       2a       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year	-		7			0.
<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O).</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).</li> <li>11, 238, 995.</li> <li>Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.</li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>			8			0.
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	-		9			0.
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X       3a       X       3a <td>-</td> <td></td> <th></th> <th></th> <th></th> <td></td>	-					
Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XIIX       X         1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za         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 D both:       Separate basis       Consolidated basis         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       Both consolidated and separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Zb       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the erganization changed either its oversight process or selection of an independent accountant?		32, column (B))	10	1	,23	8,995.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Za         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       Za         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:       Za         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       Zb         X       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:       Zb         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       Zb       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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?       Zc	Part	XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				. X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X       3a       X					Y	'es No
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.   Description:   Separate basis   Consolidated basis   Description:   Separate basis   Consolidated basis <tr< td=""><td>1</td><td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td><th></th><th></th><th></th><td></td></tr<>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in		
2a       Write the organization's financial statements compiled of reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?		Schedule O.				
reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       2c       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2	a	Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:         <ul> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>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:             <ul> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> </ul> </li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or		
<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>C Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>		reviewed on a separate basis, consolidated basis, or both:	-			
b       Were the organization's inflation statements addited by an independent accountant?       Image: Construction statements addited 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:       Image: Construction statements addited basis       Image: Construction statements and separate basis         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?       Image: Construction statements and selection of an independent accountant?         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Construction statements and selection of an addit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Construction statements and selection did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       Image: Construction statements and selection statements and selection statements and selection process during the tax year, explain on Schedule O.         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
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:       Image: Consolid	b	Were the organization's financial statements audited by an independent accountant?		. 2	<b>b</b> 2	x
separate basis, consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidat						
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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b						
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Comparization comparization comparization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       Image: Comparization comparization did not undergo the comparization di			-		<b>c</b> 2	x
Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3b			•			
Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       3a       X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the		
<ul> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b</li> </ul>					a	X
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b		ergo	the		
					b	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 C

Department of the Treasury       Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection						Inspection			
Nam	e of t	he organization	•					Employer identif	cation number
NEV	V H	EIGHTS YOU						20-19033	-
Ра				•	organizations must o			,	j
	orga		•		t is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3 4				-	rganization described				(iii) Entor the
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:								
5			•		a college or universit		d or ope	rated by a governme	ental unit described in
Ũ		-	-	Complete Part II.)	a concept of anitoron	.,		alou by a governme	
6					rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7									om the general public
		-		(1)(A)(vi). (Compl	-				<b>.</b> .
8		A community	trust describe	ed in section 170(b	<b>b)(1)(A)(vi).</b> (Complete	Part II.)			
9		An agricultura	al research or	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university of	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:							
10 11	X	receipts from support from acquired by th	activities rela gross investm ne organizatio	ited to its exempt f nent income and u on after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	exception ome (les: Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
12		•	•	•					carry out the purposes
		•	•		•				See section 509(a)(3).
									nes 12e, 12f, and 12g.
а	Γ			-	, supervised, or contr			-	-
				-	regularly appoint or e	-			
			-		e Part IV, Sections A				
b			-	-	ed or controlled in co		n with its	supported organizati	on(s), by having
		control or m	nanagement o	of the supporting o	organization vested in	the sam	e persor	is that control or mar	age the supported
	_	_ organization	n(s). You must	complete Part IV	, Sections A and C.				
С		Type III fun	ctionally integ	<b>grated.</b> A supporti	ng organization opera	ted in c	onnectio	n with, and functiona	lly integrated with,
	_	_ its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d		_ Type III nor	n-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
			-		nization generally mus	-			d an attentiveness
					omplete Part IV, Sect				
е					a written determinatio				I, Type III
	Γ.,				ionally integrated sup	porting o	organizat	ion.	
f				-					•••••
g		ame of supported		(ii) EIN	orted organization(s).	(ind) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	ame of supported	organization		(iii) Type of organization (described on lines 1-10		organization our governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(D)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	ape	work Reduction A	Act Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

NEW

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
	tion B. Total Support		1		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	•	-			1 1	
14	Public support percentage for 2019 (lin		· ·				%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org	-					
	box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
a	<b>b</b> 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check						
170	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	<b>a 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
h	b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line						
U U	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organization						-
	supported organization				-	-	
18	<b>Private foundation.</b> If the organization						••• - · · ·
	instructions						
							- • • · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019

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

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

(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.)

	If the organization fails to qua			iow, piease co		•)	
	tion A. Public Support	(-) 004 -	(1-) 0010	(-) 0047	(-1) 00 ( 0	(-) 0040	(0 T · · ·
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,957,643.	1,442,592.	1,412,442.	2,080,275.	2,560,204.	9,453,156.
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	391,903.	159,023.	757,884.	44,312.	15,185.	1,368,307.
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						0.
6	Total. Add lines 1 through 5	2,349,546.	1,601,615.	2,170,326.	2,124,587.	2,575,389.	10,821,463.
7a	Amounts included on lines 1, 2, and 3						
۲.	received from disqualified persons	182,763.	166,959.	274,972.	270,915.	413,500.	1,309,109.
α	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	76,966.	113,199.	587,150.			777,315.
	Add lines 7a and 7b.	259,729.	280,158.	862,122.	270,915.	413,500.	2,086,424.
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						8,735,039.
	tion B. Total Support	(-) 2015	(1-) 2010	(-) 2017	(-1) 204.0	(-) 2010	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,	2,349,546.	1,601,615.	2,170,326.	2,124,587.	2,575,389.	10,821,463.
TUa	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	121.	218.	152.	272.	319.	1,082.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	121.	218.	152.	272.	319.	1,082.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0.
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.)	2,349,667.	1,601,833.	2,170,478.	2,124,859.	2,575,708.	10,822,545.
14	First five years. If the Form 990 is for	0	,	, , ,			
	organization, check this box and <b>stop here</b> .						
	tion C. Computation of Public Supp			(0)			80.71%
15	Public support percentage for 2019 (line 8,	.,	•			15	
16	Public support percentage from 2018 Sched					16	76.97%
-	tion D. Computation of Investment						01.4
17							
18	18       Investment income percentage from 2018       Schedule A, Part III, line 17       18       .01%         19a       331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line						
19 a							
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,			
JSA 9E122	1 1.000					chedule A (Form 99	
	0471RT 702V 7/7/2021 12	2:43:53 PM	V 19-8.5F	N	EW		PAGE 1

Page 3

PAGE 16

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Page 4

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

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	NEW HEIGHTS YOUTH, INC. 20-190	3332		
Schedu	le A (Form 990 or 990-EZ) 2019			Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Yes	No
			res	NO
1	Did the 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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2		
Secti	on C. Type II Supporting Organizations	2		
0000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	100	
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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>			
Casti		3		
	on E. Type III Functionally Integrated Supporting Organizations	- 4 4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete <b>line 2</b> below.	struct	ons).	
a b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	a instru	ctions	
U	The organization supported a governmental charg. Describe in <b>Part vi</b> now you supported a government charg (set	5 1113010		No
2	Activities Test. Answer (a) and (b) below.		100	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
b	Did the activities described in (a) 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</i> "Yes," <i>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>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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>Provide details in <b>Part VI.</b></i>	3a		

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

s regard. 3b Schedule A (Form 990 or 990-EZ) 2019

JSA

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explain in Part VI). <b>See</b> Sections A through E.
Sections A through E.
ear (B) Current Year (optional)
ear (B) Current Year (optional)
Current Year

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

Schedule A (Form 990 or 990-EZ) 2019

	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity	1.1.1.1		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	<b>.</b> .		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

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

## Schedule B

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

Name of the organization

## Schedule of Contributors

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

Employer identification number

20-1903332

NEW HEIGHTS YOUTH, INC.

#### Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 100 Pag			
Name of organization NEW HEIGHTS YOUTH, INC. Employer identification n			
	20-1903332		
Part III Exclusively religious, charitable, etc., contributions to organizations described (10) that total more than \$1,000 for the year from any one contributor. Comp the following line entry. For organizations completing Part III, enter the total of ex contributions of \$1,000 or less for the year. (Enter this information once. See ins	elete columns (a) through (e) and clusively religious, charitable, etc.,		

contributions of \$1,000 or less for the year. (Enter this information once. Se	e instru
Use duplicate copies of Part III if additional space is needed.	

i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	i ZIP + 4	Relationship of transferor to transferee
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	I
	<b>-</b> / / //	i ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, and		· · · · · · · · · · · · · · · · · · ·

SCHEE	DULE D
(Form	990)

(Fo	HEDULE D rm 990)	► Complete if t Part IV, line 6, 7,	ental Financial Stateme he organization answered "Yes" on Form 3, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a Attach to Form 990.	990, , or 12I		OMB No. 1545-0047 2019 Open to Public
	al Revenue Service	Go to www.irs.gov/	Form990 for instructions and the latest in	format	Employer identifica	Inspection
	V HEIGHTS YOUT	UL TNO			20-19033	
6			sed Funds or Other Similar Funds	or A		52
Га			"Yes" on Form 990, Part IV, line 6.		ccounts.	
	Complete	in the organization answered	(a) Donor advised funds		(b) Funds and	l other accounts
	Total number at a	ad of yoor				
1 2		nd of year f contributions to (during year)				
2		f grants from (during year)				
4		t end of year				
5		-	advisors in writing that the assets h	eld in	donor advised	
Ũ	-		organization's exclusive legal control			Yes No
6	-		nd donor advisors in writing that gra			
-	-	-	it of the donor or donor advisor, or f			
	-			-		🗌 Yes 🗌 No
Pa		tion Easements.				
			"Yes" on Form 990, Part IV, line 7.			
1			organization (check all that apply).			
		n of land for public use (for example				portant land area
		f natural habitat	Preservat	ion of	a certified histo	oric structure
_		n of open space				
2	-		eld a qualified conservation contribution	n in th		
		ast day of the tax year.				End of the Tax Year
a					2a	
b	-	-			2b 2c	
c d			nistoric structure included in (a) ) acquired after 7/25/06, and not on a			
u					2d	
3			nsferred, released, extinguished, or te			anization during the
•	tax year ▶					anization during the
4	-	where property subject to conse	rvation easement is located $\blacktriangleright$			
5			arding the periodic monitoring, insp	ectior	h, handling of	
	violations, and enf	prcement of the conservation eas	sements it holds?			Yes No
6			ecting, handling of violations, and enford			nents during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ing, handling of violations, and enforcir	ng cons	servation easem	nents during the year
	▶\$					
8			(d) above satisfy the requirements of s			
						└── Yes └── No
9		<b>u</b>	conservation easements in its revenue		•	
		o include, if applicable, the text of ounting for conservation easeme	f the footnote to the organization's fin	anciai	statements that	describes the
D٩			of Art, Historical Treasures, or O	ther S	imilar Assots	
10			"Yes" on Form 990, Part IV, line 8.		Anna Assets	•
12	•	, v		0010	statement and l	nalance shoot works
1a	of art, historical 1	reasures, or other similar asset	SB ASC 958, not to report in its rev s held for public exhibition, educati to its financial statements that describe	on, or	research in fu	irtherance of public
b			ASB ASC 958, to report in its revenue d for public exhibition, education, or			
		ing amounts relating to these iter		reseal	ion in Turtheran	ce 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 fin	ancial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
JSA 9E126	\$8 1.000	

268 1.000							
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NEW HEIGHTS YOUTH, INC

20-1903332	

0		N HEIGHIS IOU	JIR, INC.						20-190	12222	_	
1	lule D (Form 990) 2019	ing Collections	of Art Llioto	rical Tra			Other	Cimilar A	anata /a	ontinu		Page 2
	rt III Organizations Maintaini	-									<i>,</i>	4 14 -
3	Using the organization's acquisition		a other recor	as, cneci	k any o	r the	TOILOW	ing that in	iake sigr	nificant i	lse c	DT ITS
•	collection items (check all that app Public exhibition	лу).	a [		or excha		orograf	m				
a b	Scholarly research		d e	Other		• •						
	Preservation for future gene	vrations	e									
с 4	Provide a description of the organ		one and oval	ain how t	thoy fur	thor t	tha ar	nanization'		t nurnos	o in	Dort
4	XIII.				iney fui			Janization	s evenibi	i puipos		Fait
5	During the year, did the organization	on solicit or rocaiv	o donations o	fart hist	orical tre	opeur		othor cimil	ər			
5	assets to be sold to raise funds rath								_	Yes		No
Da	rt IV Escrow and Custodial A		intained as pa		organize		Scollec			103		
Ιa	Complete if the organiza		Yes" on For	m 990 F	Part IV	line 9	9 or re	enorted a	n amour	nt on Ec	rm	
	990, Part X, line 21.				arriv,		o, or r	opontou u	amou			
1a	Is the organization an agent, truste	ee custodian or o	ther intermed	liary for c	ontribut	ions d	or othei	r assets no	t			
	included on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement i	in Part XIII and co	mplete the fo	llowing tak	hle <sup>.</sup>							
				nowing tax	5i0. [				Amount			
с	Beginning balance				-	1c			/ into and			
d	Additions during the year				- F	1d						
e	Distributions during the year					1e						
f	Ending balance				F	1f						
2a	Did the organization include an am						todial	account lia	bilitv?	Yes		No
	If "Yes," explain the arrangement i								-		_	
	rt V Endowment Funds.			•							-	
	Complete if the organiza	ation answered "	Yes" on For	m 990, F	Part IV,	line '	10.					
	·	(a) Current year	<b>(b)</b> Prio	or year	(c) Two	o years	back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance											
	Contributions											
	Net investment earnings, gains,											
U	and losses											
Ь	Grants or scholarships											
	Other expenditures for facilities											
C	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		ar end balanc	e (line 1a	column	(a)) h	held as					
a	Board designated or quasi-endown	nent 🕨	%	e (iii ie i g,	, oolanni	(())						
b	Permanent endowment ►	%										
С	Term endowment	%										
	The percentages on lines 2a, 2b, a	and 2c should equ	al 100%.									
3a	Are there endowment funds not in	the possession o	f the organiza	ation that	are held	d and	admin	istered for	the	_		
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations li	sted as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended		ization's endo	wment fu	nds.							
Ра	rt VI Land, Buildings, and Equ Complete if the organiz	uipment.	"Ves" on Foi	rm 000	Part IV	lino	112 9	See Form	000 Pa	rt X lin	<u>م</u> 10	
	Description of property		t or other basis	(b) Cost				umulated		) Book va		•
		(in	vestment)		other)			eciation	(4	,		
1a	Land											
b	Buildings					_						
С	Leasehold improvements				7,01			7,017.			~ -	
d	Equipment.			-	59,68			56,442.				239.
<u>e</u>	Other	· · · · · · · · · · · · · · · · · · ·			101,86			18,775.				)86.
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal F	orm 990, Part	X, colum	n (B), lin	ne 10c	.)				36,3	325.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII 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) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 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) 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. 1. (a) Description of liability (b) Book value (1) Federal income taxes OBLIGATION UNDER CAPITAL LEASE 10,939. (2) (3) (4)(5) (6)(7)(8) (9) 10,939. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Х

Schedu	le D (Form 990) 2019		Page <b>4</b>
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,710,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	134,983.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,575,708.
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.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	2,575,708.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,850,187.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	134,983.
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,715,204.
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.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	1,715,204.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION.

THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS FOR FISCAL YEARS 2017.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, THE ORGANIZATION WOULD CLASSIFY IT AS INTEREST EXPENSE. THE ORGANIZATION WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF INCOME TAX AS OTHER EXPENSE.

SCHEDULE G		Information Re			-	-	OMB No. 1545-0047
(Form 990 or 990-EZ)		organization entered n	nore than \$1	5,000 on Fo	rm 990-EZ, line 6a.	5, 01 II the	2019
Department of the Treasury Internal Revenue Service	► G	► Attach o to www.irs.gov/Form		) or Form 99 ructions and			Open to Public Inspection
Name of the organization						Employer identificati	on number
NEW HEIGHTS YOUT	rH,INC. g Activities. Comp	lete if the organi	ization ar	swarad "	Ves" on Form 90	20-1903332	7
	EZ filers are not re						1.
	the organization rais		•		activities. Check a	all that apply.	
a Mail solicita	tions	е			non-government g		
	email solicitations	f			government grant	S	
c Phone solici		g		cial fundra	ising events		
2a Did the organiza		r oral agreement w	ith any ind	dividual (ir	ncluding officers, d	lirectors, trustees,	
or key employee	es listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
	10 highest paid indivious 10 highest \$5,000 by the other the second seco		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at		organization.					
<b>(i)</b> Name and addr or entity (fu		<b>(ii)</b> Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	<u></u>			►			
3 List all states in	which the organization	tion is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or lic	ensing.						

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

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#### Schedule G (Form 990 or 990-EZ) 2019

Page **2** 

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts gree	aising event contribut			
			(a) Event #1 GALA (event type)	(b) Event #2 PUSHUP-A-THON (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
enue,	1	Gross receipts			114,244.	1,028,399
Direct Expenses Revenue Direct Expenses Revenue Re		Less: Contributions			103,700.	
	3	Gross income (line 1 minus line 2)			10,544.	179,867
	4	Cash prizes				
	5	Noncash prizes				
səsu	6	Rent/facility costs	93,390.			93,390
t Expe	7	Food and beverages				
Direc	8	Entertainment	1,800.			1,800
	9	Other direct expenses	74,133.		10,544.	84,677
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	ies 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)	<b>&gt;</b>	179,867
			anization answered "			reported more than
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	5Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	►	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
a	I	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga iduct gaming activities	in each of these state		Yes No
		Were any of the organization's gaming If "Yes," explain:				Yes _ No
					Schedule G	G (Form 990 or 990-EZ) 2019

NEW HELOHID LOOIH, INC	NEW	HEIGHTS	YOUTH,	INC.
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Sched	ule G (Form 990 or 990-EZ) 2019	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility 13a	%
b	An outside facility 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided ►	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Part	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2019

	EDULE J n 990)	For certain Officers, Dire Col	ectors mper	tion Information s, Trustees, Key Employees, and Highest sated Employees swered "Yes" on Form 990, Part IV, line 3	23.	omb no.	19	
	nent of the Treasury	· · · · •	Atta	ch to Form 990.		Open t		
-	Revenue Service of the organization	Go to www.irs.gov/Forms	990 to	or instructions and the latest information	Employer identifica		ectio	n
	5	OUTH, INC.			20-19033		-	
Part		is Regarding Compensation			20 19033	52		
Fari	Question						Yes	No
1a	990, Part VII, First-cla Travel fo	propriate box(es) if the organization pro Section A, line 1a. Complete Part III to ass or charter travel for companions emnification and gross-up payments			g these items. personal use nal residence	rm		
		onary spending account		Personal services (such as maid, ch	auffeur. chef)			
b 2	If any of the or reimburse explain	boxes on line 1a are checked, did the ement or provision of all of the ex anization require substantiation prior	pens	rganization follow a written policy re ses described above? If "No," com	egarding payme pplete Part III	to . 1b		
	-	stees, and officers, including the CEC			-			
	1a?					. 2		
3	organization's related organ Comper Indepen	h, if any, of the following the organizations CEO/Executive Director. Check all the ization to establish compensation of the nsation committee dent compensation consultant 30 of other organizations	at ap	ply. Do not check any boxes for metho	ods used by a art III.			
4		ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а		verance payment or change-of-control p						X
b	-	, or receive payment from, a suppleme						X
С	If "Yes" to an	, or receive payment from, an equity-ba y of lines 4a-c, list the persons and p 501(c)(3), 501(c)(4), and 501(c)(29) or	rovid	le the applicable amounts for each it		. 4c		X
5	For persons compensation	listed on Form 990, Part VII, Section contingent on the revenues of:	ion /	A, line 1a, did the organization pa				
		ion?						X
b	-	rganization?	••			. 5b		X
6	compensation	listed on Form 990, Part VII, Sectin contingent on the net earnings of:			-			
а		ion?						Х
b	-	rganization?	• •			. 6b		X
7		e 6a or 6b, describe in Part III. listed on Form 990, Part VII, Sectio	n A	, line 1a, did the organization prov	ride anv nonfix	ed		
-		t described on lines 5 and 6? If "Yes," d						X
8	to the initial	ounts reported on Form 990, Part VII, I contract exception described in I	Reg	ulations section 53.4958-4(a)(3)? I	f "Yes," descri			v
<u> </u>								X
9		line 8, did the organization also fol ection 53.4958-6(c)?						

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

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

### Part III Supplemental Information

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

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2019 Open to Public Inspection

Name of the organization

Employer identification number 20-1903332

Part I Types of Property						
NEW	HEIGHTS	YOUTH.	INC.			

Par	Types of Property	1			1			
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods	х		92,050.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ►()							
27	Other ▶()							
28	Other ►( )							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
			-				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?							Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
	describe in Part II.							
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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 NEW HEIGHTS YOUTH, INC.
 20-190

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, FINANCE AND OPERATIONS DIRECTOR, AND THE FINANCE COMMITTEE BEFORE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL IN ADVANCE OF FILING.

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

THE ORGANIZATION SHARES ITS CONFLICT OF INTEREST POLICY WITH BOARD MEMBERS AND OFFICERS ON AN ANNUAL BASIS. OFFICERS ARE EXPECTED TO DECLARE IF AT ANY POINT A CONFLICT OF INTEREST ARISES. IF A CONFLICT ARISES, THE PROCEDURE IS TO BRING THE MATTER TO THE ATTENTION OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED USING COMPARABILITY DATA AND APPROVED BY THE BOARD OF DIRECTORS. NO OTHER OFFICER RECEIVED COMPENSATION FROM THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2019										
Name	of the organizat	ion								
NEW	HEIGHTS	YOUTH,	INC.							

Employer identification number 20–1903332

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

NEW HEIGHTS USES BASKETBALL AS A "HOOK" TO ENGAGE YOUNG MEN AND WOMEN. THEY HARNESS THE PARTICIPANTS' EXCITEMENT AND TALENT ON THE BASKETBALL COURT AS MEANS TO FOCUS THEIR ATTENTION ON THE VALUES OF LIFE SKILLS THAT STRETCH BEYOND ATHLETIC COMPETITION AND AS A TOOL TO HELP THEM ACCESS HIGH QUALITY EDUCATIONAL OPPORTUNITIES. NEW HEIGHTS CURRENTLY RUNS ONE CORE PROGRAM, "COLLEGE BOUND", WITH MULTIPLE COMPONENTS. COLLEGE BOUND OFFERS A COMPREHENSIVE MIDDLE SCHOOL AND HIGH SCHOOL EDUCATIONAL PROGRAM WHICH TAKES PLACE DAILY DURING AFTER SCHOOL AND SATURDAYS AND ALL DAY DURING THE SUMMER. THE APPROACH IS TO INTENSIVELY INVEST IN MIDDLE SCHOOL STUDENTS TO PREPARE THEM FOR COLLEGE PREPARATORY HIGH SCHOOLS AND THEN SUPPORT THEIR ONGOING SUCCESS THROUGHOUT HIGH SCHOOL AND BEYOND. THE PROGRAM OFFERS COMPREHENSIVE MIDDLE SCHOOL AND HIGH SCHOOL EDUCATIONAL PROGRAMMING AND SUPPORT SERVICES THAT SEEK TO DEVELOP EACH PARTICIPANT TO ENSURE HIS OR HER SUCCESSFUL TRANSITION AND ACHIEVEMENT THROUGH MIDDLE SCHOOL, HIGH SCHOOL AND COLLEGE. THESE SERVICES INCLUDE THE FOLLOWING:

HIGH SCHOOL ASSIST - PARTICIPANTS AND FAMILIES RECEIVE INDIVIUAL COUNSELING GUIDANCE AND SUPPORT THROUGH THE HIGH SCHOOL APPLICATION AND SELECTION PROCESS INCLUDING TEST PREPARATION, STUDY SKILLS AND TUTORING, SCHOOL VISITS AND FINANCIAL AID WORKSHOPS.

COLLEGE ASSIST - PARTICIPANTS AND FAMILIES RECEIVE INDIVIDUAL

Employer identification number 20-1903332

ATTACHMENT 1 (CONT'D)

SUPPORT NECESSARY TO BE SUCCESSFUL IN HIGH SCHOOL AND PREPARE FOR COLLEGE INCLUDING SAT PREPARATION, SCHOOL VISTS, FINANCIAL AID WORKSHOPS AND NCAA RECRUITING GUIDANCE.

SUMMER ACADEMY - MIDDLE SCHOOL PARTICIPANTS SPEND TWO WEEKS VIRTUALLY DEVELOPING ACADEMIC, ATHLETIC AND LEADERSHIP SKILLS NECESSARY TO PREPARE THEM FOR THEIR UPCOMING SCHOOL YEAR AND HELP REDUCE THE LEARNING GAP THAT CAN OCCUR DURING THE SUMMER.

FOR FISCAL YEAR ENDED AUGUST 31, 2020, COLLEGE BOUND SERVED APPROXIMATELY 355 YOUTH FROM FAILING SCHOOLS AND ECONOMICALLY DISADVANTAGED BACKGROUNDS.