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TIN: 20-5450672OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Do not enter social security numbers on this form as it may be made public.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

IIICIIIG	Nevenue Service								
A F	or the 2023 c	alendar year, or tax year beginning 01-01-2023 , and ending 12-3	1-2023	•					
	ck if applicable:	C Name of organization NEST INC		D Employ	er identi	fication number			
_	dress change			20-545	0672				
	me change tial return	Doing business as							
_	al return/terminated								
O An	nended return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephon	ie number	•			
O Ap	plication pending			(215) 8	06-9349				
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 100031502							
		, and the second		G Gross re	•	5,662,379			
		F Name and address of principal officer: CHRISTOPHER VAN BERGEN	H(a) Is this	• .	turn for				
		228 PARK AVE S 70891 NEW YORK, NY 100031502	subor H(b) Are al	dinates? I subordinat	tes	☐Yes ✓No			
	x-exempt status:		includ	ed?		☐ Yes ☐No			
		✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527		•		instructions.			
J W	ebsite: WW	/W.BUILDANEST.ORG	H(c) Group	exemption	number				
		M O	L Year of forma	tion: 2006	M State	of legal domicile:			
K Fori	n of organization	: 🗸 Corporation 🗌 Trust 🗋 Association 🗍 Other			МО				
Pa	art I Sum	mary			1				
	1 Briefly des	scribe the organization's mission or most significant activities:							
	NEST, INC	I. IS AN IRS SECTION 501(C)(3) ORGANIZATION THAT IDENTIFIES AND CO	LLABORATES	WITH RESP	ONSIBLE	E ARTISIAN			
		S THROUGH THE PROVISION OF CUSTOMIZED CAPACITY BUILDING PROGR LE AND HAVE A SIGNIFICANT POSITIVE SOCIAL IMPACT. NEST HAS SEARC							
			OMMUNITIES IN ON						
ž			ODEL, NEST WORK						
шa	THEIR AB	RADITIO	NS AND INCREASE						
ē.									
ŝ									
Activities & Governance	2 Check thi	is box							
tie		of voting members of the governing body (Part VI, line 1a)			3	11			
Ĭ.	4 Number	of independent voting members of the governing body (Part VI, line 1b) .			4	10			
Ac	5 Total nun	nber of individuals employed in calendar year 2023 (Part V, line 2a)			5	32			
	6 Total nun	nber of volunteers (estimate if necessary)			6	400			
	7a Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0			
	b Net unrel	lated business taxable income from Form 990-T, Part I, line 11			7b	0			
			Pric	or Year		Current Year			
9	8 Contribut	tions and grants (Part VIII, line 1h)		4,095,2	279	4,212,239			
nue	9 Program	service revenue (Part VIII, line 2g)		1,324,0)74	1,231,880			
Reven	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		44,2	218	221,181			
	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,2		-12,138			
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,462,3	310	5,653,162			
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			0	105,285			
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0	0			
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,516,0)97	3,672,585			
SUR	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0	0			
Expenses	b Total fundr	raising expenses (Part IX, column (D), line 25) 605,962							
Œ.	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,720,6	590	1,632,751			
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,236,7	787	5,410,621			
	19 Revenue	Revenue less expenses. Subtract line 18 from line 12							
Se S			Beginning	of Current Y	ear	End of Year			
et Assets or ind Balances	20 Total a	ote (Part V. line 16)		6 170 (: [2	C 107 070			
Ass Ba		ets (Part X, line 16)		6,170,6	-	6,187,879			
i e	21 lotal liab	ilities (Part X, line 26)	<u> </u>	1,328,5	0/5	1,079,847			

Part II	Signature Block	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

	edge and nowledge	belief, it is true, correct, and comp	lete. Declaration of preparer (othe	er than officer) is bas	ed on all information	of which preparer has
<u> </u>	l	•		ı	2024-11-11	
Sign Here		gnature of officer IRISTOPHER VAN BERGEN CHIEF FINANC	IAL OFFICER		Date	
		pe or print name and title		•		
Paid		Print/Type preparer's name	Preparer's signature	Date 2024-11-11	Check if PTIN P01271	193
	arer	Firm's name KSM BUSINESS SER	VICES INC		Firm's EIN 35-2123203	3
use	Only	Firm's address PO BOX 40857			Phone no. (317) 580-20	000
		INDIANAPOLIS, IN 4	16240			
May th	ne IRS di	scuss this return with the preparer	shown above? See Instructions.			Yes No
For Pa	perwor	k Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2023
			——————————————————————————————————————			
Form 9	990 (202	3)				Page 2
Part	ıll S	tatement of Program Service	e Accomplishments			
	С	heck if Schedule O contains a respo	onse or note to any line in this Par	t III		
1	Briefly d	escribe the organization's mission:	•			
		NDERSTAND THE IMPORTANCE OF				
		MMUNITY OF ARTISANS, RETAILER RESOURCES AND RELATIONSHIPS 1				
		SANS ARE RESPECTED, TRADITION				
		organization undertake any significa	nt program services during the ye	ar which were not lis	sted on	
		Form 990 or 990-EZ?				🗌 Yes 🔽 No
	If "Yes,"	describe these new services on Sch	iedule O.			
3	Did the o	organization cease conducting, or m	ake significant changes in how it o	conducts, any progra	m	
	services	?				🗌 Yes 🛂 No
	If "Yes,"	describe these changes on Schedul	e O.			
	Section !	the organization's program service 501(c)(3) and 501(c)(4) organizationue, if any, for each program service.	ons are required to report the amo			
4a	(Code:) (Expenses \$	1,973,320 including grants of	\$ 105,285	5) (Revenue \$	90,384)

THE NEST GUILD: THE NEST GUILD IS AN EVER-GROWING GLOBAL NETWORK OF 2,600+ HANDCRAFT ENTERPRISES AND MAKER BUSINESSES IN 125+ COUNTRIES. WHILE REPRESENTING A DIVERSITY OF CRAFT TYPES FROM BASKET WEAVING TO HAND DYEING, CERAMICS, AND WOODWORKING GUILD MEMBERS ARE UNITED IN THEIR PURSUIT OF SUSTAINABLE BUSINESS GROWTH AND SOCIAL IMPACT IN THEIR COMMUNITIES. IT'S FREE TO JOIN THE NEST GUILD, AND ARTISAN AND MAKER MEMBERS RECEIVE ACCESS TO ONGOING RESOURCES AND PROGRAMS. THIS NETWORK IMPRESSIVE SHOWCASES THE POWER AND REACH OF THE CREATIVE ECONOMY. GUILD MEMBERS GAIN ACCESS TO EXCLUSIVE OPPORTUNITIES INCLUDING NEST'S APPLICATION-BASED BUSINESS ACCELERATORS, FINANCING OPPORTUNITIES, AND PRO BONO MENTORSHIP PROVIDED THROUGH NEST'S NETWORK OF INDUSTRY PROFESSIONALS AND CORPORATE PARTNERS THEY MAY ALSO BENEFIT FROM MARKET ACCESS SUPPORT AND CONSIDERATION FOR SOURCING OPPORTUNITIES WITH OUR GROWING NETWORK OF BRAND PARTNERS. ON AVERAGE, GUILD MEMBERS ACTIVELY INVOLVED IN NEST PROGRAMMING WERE EACH ABLE TO GENERATE \$80,000 IN NEW REVENUE IN 2023! 85% OF GUILD MEMBERS SAID THAT THEIR INVOLVEMENT IN NEST PROGRAMMING HAS INCREASED THEIR CONFIDENCE TO GROW THEIR BUSINESS. 61% OF MEMBERS SAID THAT INVOLVEMENT IN NEST PROGRAMMING INCREASED THEIR OPPORTUNITIES FOR GENERATING REVENUE 60% OF MEMBERS STATED THAT THEY ARE MORE CONNECTED TO RESOURCES AND THE SUPPORT NETWORK THEY NEED TO GROW THEIR BUSINESSES SINCE JOINING THE GUILD. MAKERS UNITED: IS BUILDING A MORE INCLUSIVE COMMUNITY OF U.S. MAKER-ENTREPRENEURS AND CRAFTSPEOPLE BY CO-CREATING AN ECOSYSTEM WHERE BIPOC AND LOW- INCOME MAKERS FEEL RECOGNIZED AND REPRESENTED AND HAVE ACCESS TO THE TOOLS THEY NEED TO GROW THEIR BUSINESSES AND THRIVE. A SUBSET OF NEST'S GLOBAL NETWORK OF CREATIVE ENTREPRENEURS, MAKERS UNITED ELEVATES THE VOICES OF DIVERSE MAKERS IN THE UNITED STATES TO ENSURE THAT THE GROWING AMERICAN MAKERS MOVEMENT IS GENERATING OPPORTUNITY FOR ALL MAKERS REGARDLESS OF GENDER, RACE, ECONOMIC MEANS OR ABILITY. MAKERS UNITED IS COMMITTED TO BUILDING A BETTER-CONNECTED ECOSYSTEM FOR MAKERS. TO DO THIS, NEST MAPS THE LOCAL LANDSCAPE OF SMALL BUSINESS SUPPORT AND CONNECTS THE DOTS BETWEEN MAKERS AND THE LOCAL, NATIONAL, AND PEER RESOURCES THEY NEED. ADDITIONALLY, THROUGH THE PROGRAM, CREATIVE ENTREPRENEURS CAN GAIN ACCESS TO EXCLUSIVE OPPORTUNITIES LIKE THE MADEWELL MAKER COLLECTIVE, ETSY'S UPLIFT MAKERS PROGRAM, NEST'S FLAGSHIP MAKERS FUTURE FUND, AND MORE! NEST SUPPORTS HISTORICALLY MARGINALIZED COMMUNITIES ACROSS THE US AND INVESTS IN THE PRESERVATION OF IMPORTANT CRAFT TRADITIONS. THESE SPECIAL PROGRAMS INCLUDE WORK WITH GE'S BEND QUILTERS OF ALABAMA, THE GULLAH WEAVERS OF SOUTH CAROLINA, NATIVE AND INDIGENOUS CRAFTSPEOPLE, MAKERS IN APPALACHIA, NYC'S GARMENT DISTRICT, THE CRAFT COMMUNITY IN PUERTO RICO. ADDITIONALLY, WE HAVE A REGIONAL PROGRAM FOR ARRIVING IMMIGRANTS AND REFUGEES IN 4 STATES. NEST'S ARTISAN BUSINESS ACCELERATORS ARE APPLICATION-BASED, INTENSIVE, AND HOLISTIC PROGRAMS THAT PROVIDE HIGH POTENTIAL HANDCRAFT BUSINESSES AND SOCIAL ENTERPRISES FROM THE NEST GUILD WITH THE SUPPORT THEY NEED TO BECOME VITAL PLAYERS IN THE INTERNATIONAL MARKETPLACE. NEST'S FLAGSHIP PROGRAM, THE ARTISAN ACCELERATOR, CONTINUES TO ESTABLISH ITSELF AS THE PREEMINENT ACCELERATOR OF ARTISAN BUSINESSES EQUIPPING HIGHLY MOTIVATED SOCIAL ENTREPRENEURS WITH A SUITE OF TARGETED PROGRAMMING TO DRIVE THEIR BUSINESS GROWTH AND SOCIAL IMPACT IN THE HANDCRAFT SECTOR. HANDCRAFT ENTERPRISES THAT PARTICIPATE IN ANY OF NEST'S BUSINESS ACCELERATOR PROGRAMS GAIN ACCESS TO KEY LEARNING RESOURCES AND DEVELOP NEW SKILLS TO COMPLEMENT AND STRENGTHEN THEIR BUSINESS OPERATIONS, DEVELOP AND MARKET THEIR PRODUCTS, AND SUPPORT THEIR WORKERS AND COMMUNITIES. 78 ARTISAN BUSINESSES REPRESENTING OVER 38 COUNTRIES HAVE PARTICIPATED IN THE FLAGSHIP ARTISAN ACCELERATOR SINCE THE PROGRAM'S INCEPTION IN 2018 81% OF PARTICIPATING BUSINESSES ACROSS NEST'S ACCELERATOR PROGRAMS ARE WOMEN-LED AND COLLECTIVELY EMPLOY 34,000+ ARTISANS, 77% OF WHOM ARE WOMEN \$30M+ IN TOTAL REVENUE REPORTED BY 2022 ARTISAN ACCELERATOR PARTICIPANTS, WHICH PROVES THE FINANCIAL SUSTAINABILITY AND SUCCESS OF ARTISAN BUSINESSES IN THE PROGRAM 26% INCREASE IN PRODUCTION REPORTED BY ARTISAN

) (Expenses \$ 1,299,535 including grants of \$) (Revenue \$

ACCELERATOR PARTICIPANTS, WHICH IS VITAL FOR MAINTAINING PRODUCT QUALITY AND MEETING MARKET DEMANDS.

HANDWORKER SECTOR CONSULTING: NEST'S ETHICAL HANDCRAFT PROGRAM IS REVOLUTIONIZING THE INDUSTRY BY MAKING HOMEWORK A SAFE AND VIABLE OPTION FOR WORKERS WORLDWIDE. LEVERAGING INTERNATIONAL LABOR ORGANIZATION PRINCIPLES, NEST DEVELOPED THE FIRST-EVER SET OF UNIVERSALLY APPLICABLE STANDARDS AND VERIFICATION METHODOLOGY FOR DECENTRALIZED SUPPLY CHAINS IN THE UNREGULATED INFORMAL ECONOMY. ESTIMATES SUGGEST THAT AROUND THE WORLD 300 MILLION PEOPLE, THE MAJORITY OF WHOM ARE WOMEN, ARE WORKING FROM THEIR HOMES OR SMALL WORKSHOPS TO SUPPORT FASHION AND HOME DECOR PRODUCTION. THIS WORK RANGES FROM SKILLED-BASED LABOR LIKE HAND-KNOTTING RUGS AND SEWING SOLES ONTO SHOES, TO STRINGING BEADED JEWELRY, CRAFTING DECORATIVE TASSELS, FOLDING TISSUE PAPER, AND PACKING POLY BAGS. FOR THESE WORKERS, HANDWORK OFFERS THEM AN OPPORTUNITY TO EARN AN INCOME WHILE CARING FOR THEIR FAMILIES AND LIMITS THE NEED FOR LONG AND SOMETIMES DANGEROUS TRAVEL INTO CITIES. LAUNCHED AT THE UNITED NATIONS ALONGSIDE A COMMITTEE OF FOUNDING BRANDS AND RETAILERS, THE PROGRAM HAS ERACHED SUPPLY CHAINS ON 5 CONTINENTS. TODAY, NEST PARTNERS WITH BRANDS LIKE TARGET, WEST ELM, POTTERY BARN, AND PATAGONIA TO IMPLEMENT ETHICAL HANDCRAFT PROGRAMMING WITHIN SELECT SUPPLY CHAINS. THIS PROVIDES THEM WITH GREATER INSIGHT INTO THEIR PRODUCTION AND ENABLES THEM TO MAKE BETTER-INFORMED SOURCING DECISIONS AND IMPACTFUL CORPORATE POLICIES. 57% INCREASE IN THE NUMBER OF BUSINESSES THAT HAVE POLICIES ON CRITICAL RIGHTS AND WELLBEING FOR HOME-BASED WORKERS 72% INCREASE IN THE NUMBER OF BUSINESSES THAT HAVE A SET MINIMUM HIRING AGE; A NECESSARY BENCHMARK TO LIMIT CHILD LABOR 78% INCREASE IN THE NUMBER OF BUSINESSES THAT HAVE SET ENVIRONMENTAL PROTECTION GUIDELINES FOR THEIR PRODUCTION.FEE FOR SERVICE PROGRAMS: NEST'S SOURCING SERVICES ADVANCE TRANSPARENCY, SOCIAL WELLBEING, AND ECONOMIC OPPORTUNITY FOR GLOBAL ARTISANS AND US MAKERS BY FACILITATING MATCHES BETWEEN BRANDS AND DESIGNERS AND NEST'S NETWORK OF ARTISANS AND MAKERS. NEST COLLABORATES WITH INDUSTRY-LEADING BRANDS INCLUDING CHLO, RALPH LAUREN, TORY BURCH, WEST ELM, AND MADEWELL TO CELEBRATE THE BEAUTY AND ARTISANSHIP OF MAKERS IN THE UNITED STATES AND ARTISAN BUSINESS LEADERS WORLDWIDE THROUGH CURATED HANDCRAFTED COLLECTIONS. NEST BELIEVES THAT SUSTAINABLE ECONOMIC GROWTH FOR ARTISANS IS ACHIEVED THROUGH TRANSPARENT SOURCING RELATIONSHIPS, WHICH IS WHY NEST CONNECTS BRANDS AND DESIGNERS WITH HANDCRAFT VENDORS OR INDEPENDENT MAKERS DIRECTLY. WE NEVER REQUIRE EXCLUSIVITY AGREEMENTS THAT MAY INHIBIT AN ARTISAN BUSINESS' ABILITY TO GROW AND ENCOURAGE CELEBRATION AND STORYTELLING FOR THE ARTISANS INVOLVED. NEST'S MODEL FOSTERS SUCCESSFUL LONG-TERM RELATIONSHIPS BETWEEN MAKERS AND BRANDS. OUR CONSULTATIONS, REPORTS, AND RETAINER SERVICES SUPPORT THE CREATION OF CRAFT VENDOR PROFILES WITH BEAUTIFUL PRODUCT PHOTOS, DETAILS ON THE TECHNIQUES, AS WELL AS CONTACT INFORMATION, APPROXIMATE PRICES AND LEAD TIMES. ALL OF NEST SERVICES INCLUDE AN EXCLUSIVE ARTISAN BEST PRACTICE TRAINING BASED ON NEST'S TWO DECADES OF EXPERIENCE FOR CORPORATE TEAMS, AS WELL AS MARKETING AND STORYTELLING SUPPORT FOR LAUNCHES. NEST PARTNERS WITH DESIGNERS, BRANDS, AND RETAILERS OF ALL SIZES TO PROVIDE HIGHLY CUSTOMIZED SOURCING SERVICES AND DELIVER INNOVATIVE IMPACT SOLUTIONS WHICH PRIORITIZE DIVERSITY, EQUITY, INCLUSION, AND CIRCULARITY. THROUGH CUSTOMIZED INITIATIVES, LIKE THE ETSY'S UPLIFT MAKERS PROGRAM, AND

orm	990 (2023)				P	age 3
			— Page 3 ———		101111 330 (2023,
4e	Total program service expenses	4,310,757	7		Form 990 (2023
4d	Other program services (Describe in S (Expenses \$	Schedule O.) including grants of	\$)	(Revenue \$)	
	RESEARCH & ADVOCACY: MAKERS UNITED AND SMALL-BUSINESS ECONOMY BY MAPPI THE LOCAL, NATIONAL, AND PEER RESOURCITY WE WORK IN TO HELP BUILD A STRON AND PUBLIC AWARENESS TO THE OFTEN ON RESEARCH BRIEFS AND FULL REPORTS, NES	NG THE REGIONAL LAND: CES THEY NEED. WE PUBI IG ECOSYSTEM OF SUPPO VERLOOKED AND UNDER- ST'S PUBLICATIONS INVE	SCAPE OF SMALL BUSINESS SUP LISH A REPORT THAT SHOWCASI DRT FOR MAKERS. NEST'S RESEA -REPRESENTED HANDWORKER S ESTIGATE RESEARCH TOPICS THA	PPORTS AND CONNECTING THE D ES THE OPPORTUNITIES FOR THE ARCH AND ADVOCACY INITIATIVE ECTOR. FROM THOUGHT LEADER!	OTS BETWEEN MAKERS A CREATIVE ECONOMY IN S AIM TO BRING INDUSTI SHIP PIECES TO CONCISE	ND EACH RY
4c	(Code:) (Expenses \$	1,037,902	including grants of \$) (Revenue \$	62,500)	
	BEYOND SOURCING TO BENEFIT INDIVIDUA			SUFFORT US MAKERS AND GLODA	REARTISANS THAT EXTEN	

FOIII	990 (2023)			Page 🖫
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A \mathfrak{B}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total	441.		Nο

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	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 20	110		
С	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? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1987.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	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		No
		F	orm QQ	n (2023

– Page 4 -

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	rt IV Checklist of Required Schedules (continued)			raye -
	The distribution required beneated (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer director twister by analysis are founder or substantial contributor? If "Vac "			

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е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		NO
	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	İ	
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	Í	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ı	
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		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1	
11	Section 501(c)(12) organizations. Enter:	1	1	
 а	Gross income from members or shareholders		1	
	Gross income from other sources. (Do not net amounts due or paid to other sources	1	1	
-	against amounts due or received from them.)		ì	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ı	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ı	
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			
c	Enter the amount of reserves on hand	1	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ı	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	2. Foly complete Form coost	F	orm 99	0 (2023
	Page 6 —			
	000 (2022)			
	990 (2023)	. "		Page (
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	io" resp	onse to	
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	✓
Se	ction A. Governing Body and Management			T
1.	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
Ia		-	1	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ı	
b	Enter the number of voting members included in line 1a, above, who are independent 1b		ı	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	. Vaa	
3	officer, director, trustee, or key employee?	3	Yes	No
4	of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? •	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			<u> </u>
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		No

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	persons other than the governing body?			
8	$\label{lem:poly} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:$,
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
<u>Se</u>	List the states with which a copy of this Form 990 is required to be filed			
17	NY , AL , CA , CO , CT , DC , FL , GA , IL , MA , MI , MS , NV , NH , NJ , NC , ND , OF TN , UT , WA , WV , WI , AL , AR , HI , MN	(,OR,	PA, RI	, SC ,
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		<u>-</u>	
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MARTA DRUCKMAN 228 PARK AVE S 70891 NEW YORK, NY 100031502 (480) 262-8335			
		F	orm 99	0 (2023)
	Page 7 ———————————————————————————————————			
Form	990 (2023)			Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	olove	es.	rage z
	and Independent Contractors	,	,	
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>		
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
year.	emplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	_	nization	's tax
of cor	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of among nepensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount		
	ist all of the organization's current key employees, if any. See the instructions for definition of "key employee." ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employ	(aa)		
who r	eceived reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of morganization and any related organizations.		n \$100,0	000 from
of rep	ist all of the organization's former officers, key employees, or highest compensated employees who received more than ortable compensation from the organization and any related organizations.		00	
orgar	ist all of the organization's former directors or trustees that received, in the capacity as a former director or trustee o ization, more than \$10,000 of reportable compensation from the organization and any related organizations. The instructions for the order in which to list the persons above.	f the		
	Check this box if neither the organization nor any related organization compensated any current officer, director, or truste	e.		

(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t cho x, u n an	eck m Inless I office	er	compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) JIM BRIGHAM CHAIR	5.00	х		х				0	0	0	
(2) MARTY CORDES PARTNERSHIP CHAIR	5.00	х		х				0	0	0	
(3) NICOLE PECHANEC LUCK FINANCE CHAIR	5.00	х		х				0	0	0	
(4) LOUISE PARZICK TRUSTEE	5.00	х						0	0	0	
(5) JULIE MEYER TRUSTEE	5.00	х						0	0	0	
(6) HEATHER WINN BOWMAN TRUSTEE	5.00	х						0	0	0	
(7) TRACY REESE TRUSTEE	5.00	х						0	0	0	
(8) CLEMENT KING TRUSTEE	5.00	х						0	0	0	
(9) TRACEY AUSTIN-GROOMS TRUSTEE	5.00	х						0	0	0	
(10) AMANDA NUSZ TRUSTEE STARTING 4/1	5.00	Х						0	0	0	
(11) CHRISTOPHER VAN BERGEN CHIEF FINANCIAL OFFICER	40.00			х				171,220	0	32,080	
(12) REBECCA VAN BERGEN EXECUTIVE DIRECTOR	40.00				х			175,304	0	47,273	
(13) ASHIA DEARWESTER CHIEF STRATEGY/PARTNERSHIPS OFFICER	40.00				х			156,006	0	53,184	
(14) LINDSEY STRUCK CHIEF HANDCRAFT PROGRAMS OFFICER	40.00					Х		135,843	0	34,042	
(15) MARIKA SHIGA DIRECTOR OF ENGAGEMENT/PARTNERSHIPS	40.00					х		110,827	0	26,290	
(16) AMANDA LEE SR DIRECTOR- BRAND STRATEGY/SOURCING	40.00					х		114,660	0	26,624	
(17) ISABELLE KAYAL SR DIRECTOR- STRATEGIC PARTNERSHIPS	40.00					Х		114,586	0	9,141	

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- Page 8

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Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related	than d	one b	ox, ι in of	t che inles ficer	eck moss pers and a eee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compens from to	ited f other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	relati organiza	ed
	1										
	1										
	1										
b Sub-Total	Part VII, Section			ed al	bove	e) who	rece	978,446 eived more than \$10	00,000		228,63
or reportable compensation from the	organization 7									Yes	No
Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>				ey er	mplo •	yee, o	r hi	ghest compensated	employee on	,	No
For any individual listed on line 1a, is organization and related organization individual									the	l Yes	
Did any person listed on line 1a rece services rendered to the organization		•			•			-	vidual for		No
Section B. Independent Contrac		مانسامس					.	us saised us are the sa	¢100,000 of compa		
Complete this table for your five high from the organization. Report compe										nsation (C	<u> </u>
Name	and business addr	ess						Desci	ription of services	Compen	
Total number of independent contracto compensation from the organization 0	rs (including but	not lim	nited t	o th	ose	listed	abov	/e) who received mo	ore than \$100,000 of	Form 99 0	n (2023
										101111 331	(2025
				2222	0						
rm 990 (2023)			— r	Page	9						Page

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					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
	Federated campaigns		. 1a					
	ributions,							
Othe	Membership dues .	•	1b					
Simi Anno	Fundraising events .		1c					
d	Related organizations		1d					
е	Government grants (conti	ributio	ons) 1e					
	All other contributions, gir and similar amounts not i above							
	4,065,063		_					
	Noncash contributions inc lines 1a - 1f:\$	cluded	in 1g					
	112,395							
h	Total. Add lines 1a-1f	•		4,212,239				
				Business Code				
	2a PROGRAM SERVICE R	REVEN	U	900099	1,194,356	1,194,356		
9	·							
9	,							
Program Service Revenue			_					
Š								
ď.	1							
8								
9	h							
ā	f All other program	convi	ce revenue		37,524	37,524		
				1 221 222				1
	9 Total. Add lines 2			1,231,880	I			
	3 Investment income similar amounts) .	(inci	uding dividends, into	erest, and other	198,454			198,454
	4 Income from invest	ment	t of tax-exempt bond	d proceeds				
	5 Royalties							
			(i) Real	(ii) Personal				
	6a Gross rents	6a						
	b Less: rental	6b						
	expenses c Rental income or	6c						
	(loss) d Net rental income	or (loss)					
		Ò	(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than	7a	985,256	()				
Revenue	inventory b Less: cost or other basis and sales expenses	7b	962,529					
Be	c Gain or (loss)	7c	22,727					
		Ч		 .	22,727			22,727
Other	a Gross income from fu (not including \$ contributions reported See Part IV, line 18	ındrais	sing events 147,176 of ine 1c).					
	•		oa _	34,550 46,688				
	b Less: direct expen c Net income or (los				-12,138			-12,138
- 1	(.00	,			,			

	•						
	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.	9a 9b	es				
	_	10a 10b vento	pry				
	11a		Business Code				
	b						
Oth	er R evenueMiscAmt 						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions .	•		5,653,162	1,231,880	0	209,043

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Check if Schedule O contains a response or note to an	v line in this Part IX			🔘
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	56,616	56,616		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	48,669	48,669		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	635,066	493,816	45,226	96,024
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,335,093	1,815,724	166,295	353,074
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,517	145,810	13,354	28,35
9 Other employee benefits	289,270	224,931	20,600	43,739
10 Payroll taxes	225,639	180,773	13,841	31,02
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,329		16,329	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	252,027	213,165	14,533	24,32
12 Advertising and promotion	243,983	240,504		3,479
13 Office expenses	141,749		141,749	

Deferred revenue

Tax-exempt bond liabilities

18

19

Grants payable .

271,785

18

19

20

211,180

S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity					
ap		or family member of any of these persons		22			
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,000,000	25			750,000
	26	Total liabilities. Add lines 17 through 25	1,328,575	26		1	,079,847
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions	3,222,864	27			428,679
d E	28	Net assets with donor restrictions	1,619,214	28		1,	679,353
or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29			
3	30	Paid-in or capital surplus, or land, building or equipment fund		30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31			
Ä	32	Total net assets or fund balances	4,842,078	32		5.	108,032
Net	33	Total liabilities and net assets/fund balances	6,170,653	33			,187,879
10000		Total habilities and net assets/fund balances	3,113,000	33	F		0 (2023)
Form	າ 990	Page 12 ———————————————————————————————————					Page 12
Pa	art XI	Reconcilliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI					
		silving in the silvin					
1	Tot	al revenue (must equal Part VIII, column (A), line 12)		1		5	,653,162
2	Tot	al expenses (must equal Part IX, column (A), line 25)		2		5	,410,621
3	Rev	venue less expenses. Subtract line 2 from line 1		3			242,541
4	Net	assets or fund balances at beginning of year (must equal Part X, line 32, column (A	A))	4		4	,842,078
5	Net	unrealized gains (losses) on investments		5			23,413
6	Doi	nated services and use of facilities		6			
7	Inv	estment expenses		7			
8		or period adjustments		8			
9		er changes in net assets or fund balances (explain in Schedule O)		9			C
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Par	t X, line 32, column (B))	10		5	,108,032
Pa	art XII						
		Check if Schedule O contains a response or note to any line in this Part XII .					<u> </u>
						Yes	No
1	If t	ounting method used to prepare the Form 990: $$	Other ner," explain on				
2	If "	re the organization's financial statements compiled or reviewed by an independent a /es,' check a box below to indicate whether the financial statements for the year we arate basis, consolidated basis, or both:		on a	2a		No
	(Separate basis Consolidated basis Both consolidated and s	eparate basis				
b	If "	re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year we solidated basis, or both:	ere audited on a separate	basis,	2b	Yes	
		Separate basis — Consolidated basis — Both consolidated and s	eparate basis				
c		Yes," to line 2a or 2b, does the organization have a committee that assumes respon					
		he audit, review, or compilation of its financial statements and selection of an indep			2c	Yes	
	1f t	he organization changed either its oversight process or selection process during the	tax year, explain in Sche	dule O	ا ا		
3a	a As	a result of a federal award, was the organization required to undergo an audit or au	idits as set forth in the Ui	niform			
	Gui	dance, 2 C.F.R. Part 200, Subpart F?			3a		No
h	if"	Yes " did the organization undergo the required audit or audits? If the organization	aid not linderan the reali	ırad			

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addit of addits, explain why in Sche	dule O and describe any steps taken to undergo such audits.	3b Form 990 ((2023)
		101111 330 (,2023)
Form 990 (2023)			
Additional Data		Return to Forn	n
	Software ID:		
	Software Version:		

Special Condition Description

Form 990, Special Condition Description:

efile Public Visual Render

ObjectId: 202423189349304722 - Submission: 2024-11-13

TIN: 20-5450672

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Name of the organization
NEST INC

Inspection

Employer identification number

1231	1110						20-5450672	
Part I		Reason for Public					See instructions.	
The o	organiz	ation is not a private four	ndation because	it is: (For lines 1 thro	ugh 12, check or	nly one box.)		
1		A church, convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	-		scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓	An organization that nor section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust descri			(Complete Part I	I.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See section !	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	l exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations of	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow-	ganization oper er to regularly a	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	giving the supported nization. You must
b		Type II. A supporting of management of the sup must complete Part II	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the orgintegrated, or Type III n	anization receiv	ved a written determir	ation from the I		pe I, Type II, Type III	functionally
f	Enter	the number of supported	l organizations				<u> </u>	
g		de the following informati			s).			
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		vork Reduction Act Not	ico coc the T	actructions for	Cat. No. 11285		Cahadada	A (Form 990) 2023
		or 990-EZ.	ice, see the 11	istructions for	Cat. No. 11285	ÞΓ	Schedule	A (FORM 990) 2023
				Pa	ge 2 ———			
				•	-			
Sche	dule A	(Form 990) 2023						Page 2
Pa	rt II	Support Schedule	e for Organiz	ations Described	in Sections 1	70(b)(1)(A)	(iv) and 170(b)(1	
				ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		I	ı
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
Ja	and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by			
	amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
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,"	8		
	provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Ja		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
_		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	401		
	Schedule A	10b (Forn	990)	2023
	Schoule A	(. 0	. 550)	
	Page 5			
Sche	dule A (Form 990) 2023		F	Page 5
Par	t IV Supporting Organizations (continued)			- 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. action B. Type I Supporting Organizations			1
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
Se	ection C. Type II Supporting Organizations		<u> </u>	
			Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI hov	majorit	y of the directors or trustees of	•		
	supporting organization was vested in the same persons that controlled or managed t			1		
S	ection D. All Type III Supporting Organizations					<u> </u>
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of					
	tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of	the or				
	documents in effect on the date of notification, to the extent not previously provided?	•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If '					
	organization maintained a close and continuous working relationship with the support			2	 	
3	By reason of the relationship described in line 2 above, did the organization's support	ed ora	anizations have a significant			
	voice in the organization's investment policies and in directing the use of the organizationing the tax year? If "Yes," describe in Part VI the role the organization's supported	ition's i	ncome or assets at all times	3	┼─	
		u orga	nizations played in this regard.		<u> </u>	
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Po	art Toc	t during the year (see instruct	ione).		
_	The organization satisfied the Activities Test. Complete line 2 below.	art ies	t during the year (See Instruct			
1	The organization is the parent of each of its supported organizations. Complete	e line :	3 helow.			
				inctru	ctions)	
•	The organization supported a governmental entity. Describe in Fait VI now yo	յս Տսբլ	orted a government entity (see	: IIISU u	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
á	a Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the		1.00	
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined the				<u> </u>	
	substantially all of its activities.	ani a ati	on's involvement, one or more	2a	 	-
•	 Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes," 	" expla	in in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.				 	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of					
	the supported organizations? If "Yes" or "No", provide details in Part VI.					
ı	Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz				<u> </u>	
	supported organizations: It res, describe in Fait v1. the role played by the organiz	acion n	Schedule A	3b	- 000)	2022
			Schedule A	(FOII	n 990)	2023
	Page 6					
Sche	dule A (Form 990) 2023				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru				e	
	instructions. All other Type III non-functionally integrated supporting organization	ations i	·	_		
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	ır
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea	ır
	Annual friends and the second	I		(opti	ional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a 1h and 1c)	1 <i>d</i>				

e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year

Schedule A (Form 990) 2023

— Раде 7 **—**

Schedule A (Form 990) 2023

Page 7

	Current Year
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
	2 3 4 5 6 7 8

20 Ente o amount arriaga by Ente o amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			

<u> </u>	
b Applied to 2023 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.	
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.	
7 Excess distributions carryover to 2024. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2019	
b Excess from 2020	
c Excess from 2021	
d Excess from 2022	
e Excess from 2023	
	Schedule A (Form 990) (2023)
	Page 8
Schedule A (Form 990) 2023	Page 8
Part VI Supplemental Information Provide the explan	required by Part II, line 10: Part II, line 17a or 17h: Part III, line 12: Part IV.

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).

med determe):
Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Rende	r ObjectId: 202423189349304722	- Submission: 2024-11-13	TIN: 2	0-5450672			
Schedule B	Schedu	le of Contributors	OMB No. 1	545-0047			
		Form 990, 990-EZ, or 990-PF. <u>v/Form990</u> for the latest information.	202	23			
Name of the organization NEST INC			Employer identification	number			
Organization type (check	one):		20-5450672				
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) on	ganization					
		table trust not treated as a private foun	dation				
	527 political organization	able trust fiot trouted do a private rouri	sation				
F 000 DF		ndation					
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 fou	☐ 501(c)(3) taxable private foundation					
under sections 509 received from any 990, Part VIII, line	of (a)(1) and 170(b)(1)(A)(vi), that checone contributor, during the year, total 1h, or (ii) Form 990-EZ, line 1. Composed that the composed in section 501(c)(7), (8), or (iii) that checone is the contribution of the contribut	Form 990 or 990-EZ that met the 33 ¹ /3 ¹	Part II, line 13, 16a, or 16b, 00 or (2) 2% of the amount o	and that on (i) Form outor,			
For an organization during the year, co If this box is check purpose. Don't con	ntributions exclusively for religious, cled, enter here the total contributions applete any of the parts unless the Ge	or (10) filing Form 990 or 990-EZ that re haritable, etc., purposes, but no such c that were received during the year for a neral Rule applies to this organization or more during the year	ontributions totaled more tha an <i>exclusively</i> religious, chari because it received <i>nonexcl</i> o	an \$1,000. itable, etc.			
990-EZ, or 990-PF), but it	must answer "No" on Part IV, line 2,	e and/or the Special Rules doesn't file S of its Form 990; or check the box on lin t the filing requirements of Schedule B	e H of its Form 990-EZ				
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		Cat. No. 30613X	Schedule B (Form	n 990) (2023			
		— Page 2 —————					
Schedule B (Form 990) (2	023)		Page 2				

Name of organization

Employer identification number

70	1-5	45	Uh	11

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
		 _	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person
-		1	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
•		.	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
	Page 3 ———		
Schedule B	(Form 990) (2023)		Page 3
Name of orga		Employer identification	
NEST INC		20-5450672	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or es (See instru	timate)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or es (See instru	timate)	(d) Date received	
-				\$_	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or es (See instru		(d) Date received	
-				\$_	,
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or es (See instru	timate)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or es (See instru		(d) Date received
-				\$_	
		Page 4			Schedule B (Form 990) (2023
	B (Form 990) (2023)		Em	nlovor idon	Page tification number
NEST INC	i ganization			5450672	uncation number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) tle total of exclusively religious, c tructions.) ► \$	hrough (e) and t	he following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of	transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
-			_		
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of	transferor to	transferee
(a)					

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TIN: 20-5450672

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

	me of the organization	ioi instructions and the latest info	Employer identification number
	ST INC		20-5450672
Pa	nt I Organizations Maintaining Donor Advis		
	Complete if the organization answered "Yes		(I) Sunda and II
	Tabal number at and of usan	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's except to the organization organization organization.		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements.	- II	
_	Complete if the organization answered "Ye		
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	or education) — Preservation of an	historically important land area
	Protection of natural habitat	☐ Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the fo	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements . $% \left(1\right) =\left(1\right) \left(1\right) $		2b
С	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui historic structure listed in the National Register	red after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transferre tax year •	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservatio	n easement is located 🕨	
5	Does the organization have a written policy regarding thand enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	, ,	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	nse statement, and
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes		ah and halaman ah ah
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	lic exhibition, education, or research in furth	nt and balance sheet works of art, nerance of public service, provide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ 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 ` 2	If the organization received or held works of art, historic		
2 a	following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	ASC 958 relating to these items:	
	Assets included in Form 990. Part X		
D	ASSETS INCILIDED IN FORM 990 PART X		

— Page 2 ————

Sche	dule D	(Form 990) 2022										Page 2
	t III	Organizations Ma										
3		the organization's acquecheck all that apply):	uisition, accessior	n, and other record		ny of the	e following	that are a	significant ι	use of its coll	ection	
а		Public exhibition			d	∪ Lo	oan or excl	hange prog	grams			
b		Scholarly research			е	□ o	ther <u></u>				••	
С		Preservation for future	generations									
4	Provid Part X	le a description of the d	organization's col	lections and explai	n how the	/ further	the organ	ization's ex	xempt purpo	se in		
5		g the year, did the orga s to be sold to raise fun								☐ Yes	□ N	0
Par	t IV	Escrow and Custo Complete if the org			orm 990,	Part IV	, line 9, o	or reporte	d an amou			
1a		line 21. organization an agent, ed on Form 990, Part X								☐ Yes	□ N	0
b	If "Ye	s," explain the arrange	ment in Part XIII	and complete the	following t	able:			A	mount		_
c		ning balance		•	•			1c				_
d	-	ons during the year . \cdot						1d				_
е		outions during the year						1e				_
f		g balance						1f				_
2a		e organization include						account lis	shilitu 2	□ v	□ N	_
b		-			•				•			O
	rt V	s," explain the arranger Endowment Fund		Check here ii the	ехріапаціс	II IIdS DE	en provide	eu III Part /	XIII			
га	16 9	Complete if the org		ered "Yes" on F	orm 990,	Part IV	, line 10.					
		•		(a) Current year		ior year		years back	(d) Three year	ars back (e) F	our year	rs back
1a	Beginni	ing of year balance .										
b	Contrib	utions										
С	Net inv	estment earnings, gain	s, and losses									
d	Grants	or scholarships										
		expenditures for facilitie ograms	es									
f	Admini	strative expenses .										
g	End of	year balance										
2 a		le the estimated percer designated or quasi-ei	-	ent year end balan	ce (line 1g	, column	(a)) held	as:				
b	Perma	nent endowment 🕨										
c	Term	endowment 🕨										
	The p	ercentages on lines 2a,		ld equal 100%.								
3а		ere endowment funds ization by:	not in the posses	sion of the organiz	ation that	are held	l and admii	nistered fo	r the		Yes	No
	(i) Ur	related organizations								3a(i)		
		elated organizations .								3a(ii)		
b		s" on 3a(ii), are the rel	-	·						3b		
4		ibe in Part XIII the inte			iowment fl	inas.						
Par	t VI	Land, Buildings, a Complete if the ord			orm 990	Part IV	line 11a	See For	m 990 Par	rt X line 10		
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Co	ost or other I			ccumulated o			ok value	!
1a	Land											
		gs										
		old improvements										
		ent										
		ines 1a through 1e. (C	olumn (d) must e	equal Form 990, Pa	art X, colur	nn (B), I	ine 10(c).)	٠	>			0
		3 - (-	.,		,	. ,, :	(-7.7		Sch	edule D (Fo	rm 99	

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV,	line 11b.See For	m 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of vor end-of-year	valuation:
(1) Financial derivatives				
2) Closely-held equity interests				
A)				
B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	rm 990, Part i	X, line 13.
(a) Description of investment		(b) Book value	(c) Me	thod of valuation: I-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.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX	art IV. I	ine 11d. See For	m 990. Part)	K. 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.)			1	•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part Yes' on Form 990, Part X	art IV, I	ine 11e or 11f.S	ee Form 990,	
1. (a) Description of liability		· <u> </u>		(b) Book value

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4 7	
REFUNDABLE ADVANCE	750,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	750,000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part VI Pacanciliation of Payanua per Audited Financial Statements With Payanua per Poturn

Schedule D (Form 990) 2022

Page 4 -

Schedule D (Form 990) 2022

Page **4**

L	Total revenue, gains, and other support per audited financial statements .			1	5,986,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	23,413		
b	Donated services and use of facilities	2b	295,877		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	13,695		
e	Add lines 2a through 2d	•	 	2e	332,985
	Subtract line 2e from line 1			3	5,653,162
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	(
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 	5 Return.	5,653,162
a		nents t IV, li	 	_	
a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par	nents t IV, li	 	Return.	, ,
a	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements	nents t IV, li	 	Return.	, ,
a	**XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements	nents t IV, li	 ses per l	Return.	, ,
a b	**Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements	t IV, li	 ses per l	Return.	, ,
a b c	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	t IV, li	 ses per l	Return.	, ,
a b c	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	t IV, li	 295,877	Return.	5,720,193
a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	 295,877	Return.	5,720,193
a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	 295,877	Return.	5,720,193
a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	 295,877	Return.	5,720,193
a b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	 295,877	Return.	5,720,193
abcde	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	 295,877	Return.	5,653,162 5,720,193 309,572 5,410,621

Part XIII Supplemental Information

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

Return Reference Explanation

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). HOWEVER, THE ORGANIZATION IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE PERIOD AND YEAR ENDED DECEMBER 31, 2023. THE ORGANIZATION FILES U.S. FEDERAL AND STATE INFORMATION RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT

	TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020. MANAGEMENT BELIEVES THAT THE ORGANIZATION'S INCOME TAX FILING POSITIONS WILL BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WILL RESULT IN A MATERIAL CHANGE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 13,695.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 13,695.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

✓ Yes
☐ No

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efile Public Visual R	ender	ObjectId: 202423189349304722 - Submission: 2024-1	1-13	TIN: 20-54506
SCHEDULE F (Form 990)	Sta	atement of Activities Outside the United S	tates	OMB No. 1545-004
(Form 990)	▶ Co	mplete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information		2023
Department of the Treasury Internal Revenue Service		, co to minimogor, compare to management and the threat minimals.		Inspection
Name of the organization			Employer ide	ntification number
NEST INC			20-5450672	
Part I General I	nformati	on on Activities Outside the United States. Complete if the	organization	answered "Yes" on

Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in the region	fundraising, program	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
ARMENIA	0	0		PROGAM SUPPORT	3
AUSTRALIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	75
BRAZIL	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	93
CAMBODIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	5,00
CANADA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	3,01
CHINA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	24,304
COLUMBIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	18,00!
DENMARK	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	922
EL SALVADOR	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	281
EGYPT	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	7,200
GHANA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	5,750
GUATEMALA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	370
HONDURAS	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	223
INDIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	11,656
INDONESIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	7,741
ITALY	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	100
KENYA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	9,074
MALAYSIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	750
MEXICO	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	41,870
PALESTINE	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	7(
PERU	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	1,615
PHILIPPINES	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	10,177
RWANDA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	1,000
SINGAPORE	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	4,671
SWITZERLAND	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	1,500
TANZANIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	676
TURKEY	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	93
UNITED KINGDOM	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	1,250
ZAMBIA	0	0	PROGRAM SUPPORT	PROGAM SUPPORT	160
Ba Sub-total	0				52,95
c Totals (add lines 3a and 3b)	0				106,227 159.186

- Page 2

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(i) Method of valuation (book, FMV, appraisal, other) (b) IRS code (a) Name of (e) Amount of cash grant (g) Amount of noncash assistance (h) Description of noncash assistance (c) Region (d) Purpose of grant (f) Manner of section and EIN (if cash disbursement applicable) GHANA MARKET ACCESS 5,750 CHECK GRANT COLUMBIA COMPLIANCE 11,171 CHECK ASSESSMENTS 6,450 CHECK EGYPT AA2021 MARKET ACCESS GRANT

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					charities by the foreign c 01(c)(3) equivalency lette			0
3 E	Enter total number of ot	her organizations o	r entities	<u> </u>	<u></u>		▶	900 a general de la companya de la c
					– Page 3 – – – – – – – – – – – – – – – – – – 			
	dule F (Form 990) 2023 t III Grants and C	ther Assistance	to Individuals	Outside the Unit	ed States. Complete if t	the organization ar	nswered "Yes" on Form	Page 3 990, Part IV, line 16.
	Part III can be	duplicated if addit	tional space is n	eeded.	· -		1	· · · · · · · · · · · · · · · · · · ·
(a) 1	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
								-
					•		Sche	dule F (Form 990) 2023
					– Page 4			
	dule F (Form 990) 2023					Page	4	
	t IV Foreign Forms						<u> </u>	
1		iired to file Form 926,	Return by a U.S. Tr	ansferor of Property to	year? If "Yes," the o a Foreign Corporation (see	☐ Yes ✓ N	lo	
2					organization may be required nd Receipt of Certain Foreign			
	Gifts, and/or Form 3520-	A, Annual Information	Return of Foreign 7	Trust With a U.S. Owne	er (see Instructions for Forms		lo	
3		•			ear? If "Yes," the organization			
-	may be required to file Fe	orm 5471, Information	Return of U.S. Per	sons with Respect to C	ertain Foreign Corporations.	□ Yes 🔽 N	lo	
4					pany or a qualified electing			
	fund during the tax year? Shareholder of a Passive				nformation Return by a nstructions for Form 8621) .	☐ Yes ✓ N	lo	
5	may be required to file Fe	orm 8865, Return of U	I.S. Persons with Re	spect to Certain Foreig	ear? If "Yes," the organizatior In Partnerships (see 	7 □ Yes 🗸 N	lo	
6	Did the organization have	any operations in or	related to any boyce	otting countries during	the tax year? If "Yes," the	_ 103		
	organization may be requ 5713; don't file with Form	iired to separately file า 990)	Form 5713, Interna	ntional Boycott Report	(see Instructions for Form	☐ Yes ✓ N	lo	

Schedule F (Form 990) 2023

Page **5**

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

Part V Supplemental Information

— Page 5 —

ReturnReference	Explanation
PART I, LINE 2:	NEST PROVIDES SUPPORT TO GLOBAL ARTISANS, WHO RECEIVE FINANCIAL GRANTS TO ASSIST WIT INCREASING THEIR MARKET ACCESS OPPORTUNITIES. WE ALSO PROVIDE FINANCIAL GRANTS TO SUPPORT GLOBAL COMPLIANCE ASSESSMENTS. GRANTEES PROVIDE NEST'S PROGRAMMING TEAM WITH REPORTS AND UPDATES ON THE VARIOUS WAYS THEY HAVE UTILIZED THESE GRANTS.
PART I, LINE 3:	NEST SUPPORTS ARTISANS AND ARTISAN BUSINESSES AROUND THE WORLD. OUR NON-US ACTIVITIES CONSIST OF ON-THE-GROUND TRAINING, ASSESSMENTS, AND REMEDIATION FOR ARTISAN BUSINESSES, AS WELL AS FINANCIAL SUPPORT DIRECTLY TO GLOBAL ARTISANS. WE COMPENSATE BUSINESSES FOR PARTICIPATION IN OUR RESEARCH SURVEYS, AND PROVIDE PAYMENTS TO MEMBERS OF OUR FELOW NETWORK WHO ARE LOCATED OUTSIDE THE US.

Additional Data

Software ID: Software Version: efile Public Visual Render

ObjectId: 202423189349304722 - Submission: 2024-11-13

TIN: 20-5450672

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

2023

	rtment of the Treasury al Revenue Service			Atta	ch to Form	n \$15,000 on Form 990-EZ, I 990 or Form 990-EZ. Instructions and the latest in		-,	Open to Public Inspection
	ne of the organizatior T INC							Employer ide	ntification number
								20-5450672	
Pa		_	ties. Complete if are not required t	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.
1			•	•		ollowing activities. Check	all that a	pply.	
а	Mail solicitation	-			,e		,		
b	☐ Internet and en		tions		f		3	,	
c	☐ Phone solicitation				q	Special fundraisin	a events		
d	☐ In-person solici				_		_		
2a						vidual (including officers, on with professional fund			es 🗆 No
b	If "Yes," list the 10 to be compensated				idraisers)	pursuant to agreements	under wh		
(i)	Name and address of or entity (fundrais		(ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Tota	al				. ▶				
3			nization is registere			cit contributions or has l	peen notifi	ed it is exempt t	from registration or
				:======	:======		=======		
or F	Paperwork Reduction	Act Notice,	see the Instructions	for Form	990 or 990	D-EZ. Cat. No.	50083H	Se	chedule G (Form 990) 2023
					—— Ра	ge 2 ————			
Sche	edule G (Form 990) 2	.023							Page 2

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		2023 NEST BENEFIT	NEST MEXICO TRIP	6	col. (c))
		(event type)	(event type)	(total number)	
		, ,, ,			
1e					
ent					
Revenue					
	1 Gross receipts	83,513	61,500	36,713	181,726
	2 Less: Contributions	74,213	36,250	36,713	147,176
	3 Gross income (line 1 minus			,	
	line 2)	9,300	25,250		34,550
	4 Cash prizes				
es	5 Noncash prizes				
eus	6 Rent/facility costs				_
쯊	7 Food and beverages				
Direct Expenses	8 Entertainment				
ă	9 Other direct expenses	22,280	11,024	13,384	46,688
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	46,688
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	-12,138
Par	Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
d)	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve					
ĸ	1 Gross revenue				
enses	2 Cash prizes				
	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
Ω	5 Other direct expenses				
		☐ Yes%_	☐ Yes%_	☐ Yes%	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	t line 7 from line 1, columi	n (d)		
9	Enter the state(s) in which the organizati	on conducts gaming activi	ties:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lic	enses revoked, suspended	d or terminated during the	e tax year?	Yes No
b	If "Yes," explain:				
					thedule G (Form 990) 2023

Sche	ule G (Form 990) 2023 Page
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \(\brace \\$ \) and the amount of gaming revenue retained by the third party \(\brace \\$ \) \(\brace \)
c	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?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \(\) \$
Par	Supplemental Information. Provide the explanations 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.
	Return Reference Explanation
	Schedule G (Form 990) 2023
Ac	ditional Data Return to Form

Software ID: Software Version:

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ObjectId: 202423189349304722 - Submission: 2024-11-13

TIN: 20-5450672 OMB No. 1545-0047

Schedule J (Form 990)

1:

3

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization

Open to Public Inspection

Schedule J (Form 990) 2023

	20-5450672			
Pa	art I Questions Regarding Compensation			
			Yes	No
а	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	. 2		
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization related organization:	n or a		
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was		Ì	
	subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	_		l
		8	1	No
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations sec 53.4958-6(c)?	ction 9		

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

Schedule J (Form 990) 2023 Page 2

Cat. No. 50053T

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

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

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

(F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) (E) Total of Nontaxable and/or 1099-NEC and other columns deferred (B)(i)-(D) column (B) (ii) Bonus & incentive (i) Base compensation (iii) Other reportable compensation reported as deferred on prior Form 990 compensation compensation 1 REBECCA VAN BERGEN EXECUTIVE DIRECTOR 168,180 (i) 5,000 30,714 2,124 16,559 222,577 0 (ii) ----0 0 0 0 0 0 2 ASHIA DEARWESTER CHIEF STRATEGY/PARTNERSHIPS OFFICER 151,006 209,190 (i) 5,000 0 16,113 37,071 0 (ii) -----------------0 0 0 0 0 0 3 CHRISTOPHER VAN BERGEN CHIEF FINANCIAL OFFICER 166,220 203,300 0 5,000 0 16,623 15,457 (i) (ii) 0 0 0 0 0 0 0 126,243 4 LINDSEY STRUCK CHIEF HANDCRAFT PROGRAMS OFFICER (i) 5,000 4,600 13,585 169,885 20,457 0 -----(ii) 0 0 0 0 0 0 0

Additional Data									Return to Form
								Schedule J	(Form 990) 2023
ART I, LINE 4A	ISABELLE KAYAL, A HIGHLY COMPE	NSATED	EMPLOYEE LIS	TED ON FORM 990	PART VII SECTI	ON A, RECEIVED	A SEVERANCE O		
Return Reference					xplanation	·	•		-
	or descriptions required for Part I, line	s 1a, 1b	, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7,	and 8, and for P	art II. Also comp	lete this part for	any additional i	nformation.
chedule J (Form 990) 2023 Part III Supplemental Info	rmation								Page 3
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ObjectId: 202423189349304722 - Submission: 2024-11-13

TIN: 20-5450672 OMB No. 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

▶ 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 the latest information. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number NEST INC** 20-5450672 Part I **Types of Property** (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household aoods 6 Cars and other vehicles . . Boats and planes 7 8 Intellectual property . . . Securities—Publicly traded . Χ 112,395 9 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation 14 contribution—Other . Real estate—Residential . Real estate—Commercial . . 16 Real estate—Other . . . 17 Collectibles 18 Food inventory . . . 19 Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ► (-27 Other ▶ (_ 28 Other ► (. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 512271 Schedule M (Form 990) (2023)

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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.

Explanation	Return Reference
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Additional Data Return to Form

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TIN: 20-5450672 OMB No. 1545-0047

Open to Public

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

NEST INC

Name of the organization

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

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

Inspection **Employer identification number**

20-5450672 Return **Explanation** Reference FORM 990. REBECCA VAN BERGEN, THE FOUNDER & EXECUTIVE DIRECTOR, IS MARRIED TO CHRISTOPHER VAN BERGEN, THE CHIEF FINANCIAL & OPERATIONS OFFICER. PART VI, SECTION A, LINE 2 FORM 990. THE DIRECTOR OF FINANCE RECONCILES THE 990 TO THE AUDITED FINANCIALS FOR ACCURACY AND COMPLETE PART VI, INFORMATION. THE 990 IS THEN SHARED WITH THE CHIEF FINANCE & OPERATIONS OFFICER FOR REVIEW, SECTION B. QUESTIONS AND COMMENTS. AFTER REVIEW, THE 990 IS SHARED WITH THE MEMBERS OF THE FINANCE COMMITTEE LINE 11B FOR REVIEW AND FEEDBACK, FINALLY, THE VERIFIED 990 IS SHARED WITH THE BOARD MEMBERS. FORM 990. BOARD MEMBERS HAVE A DUTY TO DISCLOSE ANY CONFLICTS OF INTEREST THAT MIGHT EXIST. THE BOARD PART VI, REVIEWS CONFLICTS ON AN ONGOING BASIS AS THEY ARE DISCLOSED. MEMBERS OF THE BOARD RECEIVE THE SECTION B. CONFLICT OF INTEREST POLICY AND SIGN AN AGREEMENT ANNUALLY AFFIRMING THEY HAVE READ AND LINE 12C UNDERSTAND POLICY AND AGREE TO COMPLY. FORM 990. COMPENSATION POLICY-THIS POLICY PROVIDES A PROCESS FOR DETERMINING REASONABLE COMPENSATION OF DIRECTORS, OFFICERS AND KEY EMPLOYEES OF NEST (THE ORGANIZATION"), OTHER LISTED INDIVIDUALS AS WELL PART VI. SECTION B. AS FAMILY MEMBERS OF THE FOREGOING. THE PROCESS INCLUDES THE FOLLOWING ELEMENTS: (1) ADVANCE APPROVAL BY THE BOARD OF DIRECTORS ("BOARD") OR COMPENSATION COMMITTEE OF THE ORGANIZATION; (2) USE LINE 15 OF APPROPRIATE COMPARABILITY DATA; AND (3) CONTEMPORANEOUS DOCUMENTATION. 1. ADVANCE REVIEW -BOARD OR COMPENSATION COMMITTEE SHALL REVIEW AND APPROVE COMPENSATION ARRANGEMENTS IN ADVANCE, PROVIDED THAT PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO A GIVEN COMPENSATION ARRANGEMENT DO NOT PARTICIPATE IN THE REVIEW OR APPROVAL OF SUCH COMPENSATION ARRANGEMENT. 2. COMPARABILITY DATA - TO DETERMINE REASONABLE COMPENSATION, THE BOARD OR COMPENSATION COMMITTEE SHALL OBTAIN AND RELY ON APPROPRIATE COMPARABILITY DATA, INCLUDING, BUT NOT LIMITED TO, (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; (II) THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION; (III) CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS; AND (IV) ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE PERSON. 3. CONTEMPORANEOUS DOCUMENTATION - THE BOARD OR COMPENSATION COMMITTEE SHALL CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR ITS COMPENSATION DETERMINATION, INCLUDING DOCUMENTING (I) THE AGREED-UPON TERMS AND DATE OF APPROVAL; (II) THE MEMBERS OF THE BOARD OR COMPENSATION COMMITTEE WHO (A) WERE PRESENT DURING DEBATE ON THE COMPENSATION ARRANGEMENT AND (B) VOTED ON THE COMPENSATION ARRANGEMENT; (III) THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND HOW SUCH DATA WAS OBTAINED; AND (IV) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE COMPENSATION ARRANGEMENT BY ANYONE WHO IS OTHERWISE A MEMBER OF THE BOARD OR COMPENSATION COMMITTEE BUT HAD A CONFLICT OF INTEREST WITH RESPECT TO SUCH COMPENSATION ARRANGEMENT. FORM 990. THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST PART VI, SECTION C. LINE 19

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Cat. No. 51056K

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Additional Data

FORM 990,

PART XII LINE 2C

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THE AUDIT PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.