Form 990

Т

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



Depa Inter	artment nal Reve	tment of the Treasury al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
			ar year, or tax year beginning and	d ending				
	Check if applicat	Dle: C Name o	forganization		D Employer identific	ation number		
	Addr	ess ge NEST	, INC.					
	Name	e	usiness as		20-545067	2		
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite				
	Final returr	228	PARK AVE S	70891	215-806-9	349		
	termi ated	2	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,499,538.		
	Amer returr	n INCIW	YORK, NY 10003-1502		H(a) Is this a group ret	turn		
	Appli tion	F Name a	nd address of principal officer: CHRISTOPHER VAN BE	RGEN	for subordinates?	Yes X No		
	pend	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No		
1	Tax-e>	empt status: [) or 📃 527	If "No," attach a I	ist. See instructions		
	Webs		BUILDANEST.ORG		H(c) Group exemption			
		-	X Corporation Trust Association Other	L Year	of formation: 2006 M	State of legal domicile: MO		
Pa	art I	Summary						
Ð	1		e the organization's mission or most significant activities:					
anc anc			3) ORGANIZATION THAT IDENTIFIES A					
Governance	2	Check this bo			1 1			
Ň	3					12		
ي م			lependent voting members of the governing body (Part VI, line 1b)			12		
es	5		of individuals employed in calendar year 2022 (Part V, line 2a) \dots			32		
Activities	6		of volunteers (estimate if necessary)			220		
Act	7 a				<u>7a</u>	0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
					Prior Year	Current Year		
e	8		and grants (Part VIII, line 1h)		3,909,925.	4,095,279.		
ēnt	9		ce revenue (Part VIII, line 2g)		905,989.	1,324,074.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		765.	44,218.		
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,562.	-1,261.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,810,117.	5,462,310.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		to or for members (Part IX, column (A), line 4)		2,641,532.			
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)			3,516,097.		
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 548,5		0.	0.		
a X	. b	lotal fundrais	ing expenses (Part IX, column (D), line 25) <u>540, 5</u>		1 202 022	1 720 600		
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,282,833.	1,720,690.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,924,365. 885,752.	5,236,787.		
	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	<u>225,523.</u>		
IS OI						End of Year		
Net Assets or	20	Total assets (I			5,296,909.	6,170,653.		
etA	21		; (Part X, line 26)		680,354.	1,328,575.		
	<u>22</u> art II		fund balances. Subtract line 21 from line 20		4,616,555.	4,842,078.		
			I declare that I have examined this return, including accompanying schedul	as and statem	ante and to the best of my	knowledge and balief it is		
UIIU	ioi hell	ances or perjury,	r ucciare mat i nave examined uns return, including accompanying schedur	us anu statem	שלא איז איז איז איז איז איז איז איז איז אי	niowieuye and bellet, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	CHRISTOPHER VAN BERGEN, CHIEF OPERATING OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	
Paid	KATHLEEN M. CLAYTON, CPA KATHLEEN M. CLAYTON, 08/02.	/23 self-employed P01448135
Preparer	Firm's name HILL, BARTH & KING LLC	Firm's EIN 34-1897225
Use Only	Firm's address 101 CRAWFORDS CORNER ROAD, SUITE 2216	
	HOLMDEL, NJ 07733	Phone no. (732) 381-8887
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) NEST, INC.	20-5450672	Page 2
	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: <u>NEST</u> , INC. IS A NONPROFIT 501(C)(3) BUILDING A NEW HA		7
	TO GENERATE GLOBAL WORKFORCE INCLUSIVITY, IMPROVE WOM		
	BEYOND FACTORIES, AND PRESERVE CULTURAL TRADITIONS OF	CRAFT.	
2	Did the organization undertake any significant program services during the year which were not listed on	tha	
Z	prior Form 990 or 990-EZ?		XNo
•	If "Yes," describe these new services on Schedule O.	rices?	V Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servers. If "Yes," describe these changes on Schedule O.	······	
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t revenue, if any, for each program service reported.	o others, the total expenses, and	a
4a		(Revenue \$ 104,6)
	PROVIDING ARTISAN AND HANDCRAFT BUSINESSES IN DEVELOP	TNG COUNTRIES	
	AROUND THE WORLD TRAINING AND CAPACITY BUILDING RESOU		
	BOTH DIGITAL AND ON-SITE PROGRAMMING, AS WELL AS BUIL	-	
	SECTOR SOLUTIONS THAT ADDRESS THE MOST PRESSING AND D	IFFICULT	
	CHALLENGES THAT ARTISAN BUSINESSES IN THE DEVELOPING		
	IS HELPING ARTISAN BUSINESSES REACH NEW MARKETS IN OR	DER TO ENHANCE	
	SOCIAL IMPACT.		
4b	(Code:) (Expenses \$1,154,316. including grants of \$) HARDWORKER SECTOR CONSULTING including grants of \$)	(Revenue \$ 1,157,1	.47.)
	THE PROVISION OF CONSULTING SERVICES IN FURTHERANCE C		OF
	DEVELOPING WORLD ARTISANS. THROUGH THIS EFFORT, NEST		
	COMMERCIAL BUSINESSES THAT ARE SEEKING TO INCORPORATE ARTISAN PRODUCTION AND SUPPORT WITHIN THEIR BUSINESS		עי
	INCLUDES SOURCING STRATEGY, ETHICAL COMPLIANCE TRAINI		<u>וייי</u>
	EMPLOYEE ENGAGEMENT ACTIVITIES AND POLICY REVIEW.		· · /
	077 490	<u> </u>	500.)
4c	(Code:) (Expenses \$977,489. including grants of \$) RESEARCH AND ADVOCACY	(Revenue \$ 62,5)
	NEST ADVANCES DATA COLLECTION AND RESEARCH FOR THE DE	VELOPING WORLD	
	ARTISAN AND HANDCRAFT SECTOR. NEST ADVOCATES AND RAIS		2
	THE WORK OF HANDCRAFT BUSINESSES, RECOGNIZING THE IMP	ORTANCE OF CRAFT	
	AS A CORNERSTONE OF CULTURAL IDENTITY AND ECONOMIC OF	PORTUNITY IN THE	:
	DEVELOPING WORLD.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses4,176,789.	_ 00	
000000	1 10 12 00	Form 95	90 (2022)
232002	2 12-13-22 2		

Part IV Checklist of Required Schedules Yes No. 1 Is the organization described in section SD1(c)(3) or 4947(a)(1) (other than a private foundation? 1 X 2 Is the organization required to complete Schedule 0, Schedule 0, Schedule 0, Schedule 0, Schedule 0, Cantri U.S. 2 X 3 X 4 X 2 X 3 X 4 X 2 X 3 X 4 X 2 X 3 X 4 X 4 X 4 Sectors 50((c)) organization. Click or complete Schedule 0, Part I 4 X 5 Is the organization method in Nex, Proc. 8912 (II "Yes," complete Schedule 0, Part I 6 X 7 Did the organization method in domand shared functors are similar interaction. If which domand hare the right to provide advice on the distruction or investment or annurule in the schedule D. Part I 6 X 7 Did the organization method is annurule investment, including meannet stop referse on particle Schedule D. Part I 7 X 8 Did the organization report an annurul to Part X, Im 21, Im 4 schor more of Its total assest reported in Part X, Im 19		990 (2022) NEST, INC. 20-5450	672	P	age 3
1 Is the organization described in section 501(k) or 4047(a)(1) (sither than a privite foundation)? I X 2 Is the organization request in direct or index policital campaign activities on ball of or in oppation to candidate for public office? If Yms, 'complete Schedule Q, Pert I 3 X 3 Direct the organization request in direct or index policital campaign activities on ball of or in oppation to 501(h) election in effect 4 X 4 Section 501(k)(k) soft (a)(k), or 501(k) or 501(k) and soft (k) in the test section 501(k) election in effect 4 X 5 Is the organization a section 501(k)(k) soft (a)(k), or 501(k) or 501(k) and soft (k), or 501(k) (k) soft (a)(k), or 501(k) (k) or 501(k) (k) (k) (k) (k) (k) (k) (k) (k) (k)	Pa	t IV Checklist of Required Schedules			
M*Yes, "complete Schedule A 1 X 2 Is the organization regures direct or indirect policial canages activities on behalf of or in opposition to candidates for public direct PT was, "complete Schedule C, Part II. 3 4 Section 501(c)(3) creatizations. Did the organization engage in lobbying activities, or have a section 501(h) eection in effect did ing the tax year? If 'Yes, "complete Schedule C, Part II. 4 4 X 5 Is the organization asection 501(k).501(k)(5) coll (6)(5) coll (6)(6) coll (6)(6)(6) coll (6)(6) coll (6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(_			Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Continuoro? See instructions 2 X 3 DDM the organization requires indice to indice obligate campaign activities on behalf of or in opposition to candidates for public official? If "Yes," complete Schedule 0, Part I 4 X 4 Section 501(k)(A) organization. Did the organization indice and organization that receives membership dues, assessments, or similar amounts as defined in Parks". Complete Schedule 0, Part I 4 X 6 Did the organization and the organization assessment, including easements to preserve open space. The environment, histoic I and accusor. Thistoir simular amounts in act Minds or accusor. The "Yes," complete Schedule 0, Part I 8 X 7 Did the organization neceve or hold a conservation easement, including easements to preserve open space. The environment, histoir Land accusor. Thistoir simular accusor thistoir simular accusors? 7 X 7 Did the organization neceve or hold a conservation easement, including easements to preserve open space. The accusors of or order circle transmigling, debt management, credit repair, or debt negatition services? 8 X 9 Did the organization neceve or hold a conservation easement, including easement controls are schedule 0, Part V 9 X 10 Did the organization area organization, accusor and organization necevers? 9 "Yes," complete Schedule 0, Part V	1		4	x	
9 Dit the organization engage in direct or indirect position is equipable of CPV in Yes, "complete Schedule C, Part I. 3 X 4 Section 50 (EQ3) organizations. Did the organization engage in lobbying activities, or have a section 50 (EQ) election in effect during the tax year? If Yes, "complete Schedule C, Part II. 4 X 5 Is the organization action 30 (EQ3) organization and the organization match and year of Yes, "Complete Schedule C, Part II. 5 X 6 Did the organization centre on of total conversion accement, including easements to previse acrites on the organization action action acceleration acce	2				
public office? // Yes, *complete Schedule C, Part / 3 X 4 Section 50(F(s)) organizations. Dt the organization engage in lobbying activities, or have a section 501(c)(6), or	-		–		
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "ves," complete Schedule C, Part II 4 X 5 Is the organization a section 501(b)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in five. Proc. 591:87. If "ves," complete Schedule C, Part II. 5 X 6 Did the organization marking any doore advected timus or any similar timus or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "ves," complete Schedule D, Part II 6 X 7 X 8 Did the organization markine organization attration cleation assemet, including easemets to preserve open space. 7 X 9 Did the organization and the Part X. Une 21. for escore or custodial account liability, serve as a custodian in custo amounts not listed in Part X. org provide cridit counseling, debt management, cridit repair, or debt negotiation service? 9 X 10 Did the organization and the Part X. Ine 21. Are association, hold assets in donor restricted endowments or in quasi endowment? 10 X 11 If the organization and the regiments organ is result. The nonpiete Schedule D, Part X U, VII, VII, XI, XI, XI, XI, as applicable. 10 X 12 If the organization report an amount for investments - ot	•		3		х
during the tax yan? If Yes,* complete Schedule C, Part II 4 X 5 Is the organization a section 501(e)(6) 001(c)(6) or 501(c)(6) or 510(c) the organization namutain any done avoided funds or any similar hinds or accounts for which donors have the right to provide action on the disthution or investment of amounts in such than do accounts for which donors have the right to provide action on the disthution or investment truths of a account? If Yes,* complete Schedule D, Part I 6 X 7 Ut the organization matchin collections of works of art, historical treasures, or other similar asset? If 'Yes,* complete Schedule D, Part I 7 X 8 Def the organization action (Son Collection), Part X, or provide action), Fold assets in donor-restricted endowments 7 X 9 Def the organization is answer to any of the following questions is 'Yes," then complete Schedule D, Part IX 9 X 10 Def the organization is answer to any of the following questions is 'Yes," then complete Schedule D, Part X, ince 200, Part X 10 X 11 If the organization report an amount for investments. program related in Part X, line 107, If 'Yes, 'complete Schedule D, Part X 11 X 10 Def the organization report an amount for investments. program related in Part X, line 107, If 'Yes, 'complete Schedule D, Part X 11 X </td <td>4</td> <td></td> <td></td> <td></td> <td></td>	4				
5 Is the organization ascietories 010(e)(d), 010(e)(d), or 501(e)(d) organization that receives membership dues, assessments, or similar amounts as defined in Rev Proc. 981972 if Yes," <i>Complete Schedule D</i> , Part II 5 X 6 Did the organization maintain any donor advised funds or accounts for which donors have the right to provide doke on the distribution or investment including easements to preserve open space, the environment, instance land amas, or historic structures? If Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain any donor of an estimate interset. Yes, "complete Schedule D, Part II 7 X 8 Did the organization maintain any donor of an, historical treasures, or the smilar asset? If Yes," complete Schedule D, Part II 7 X 9 Did the organization reports 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 conselling, debt management, credit repair, or debt negotiation service? 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 10, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if Yes, "complete Schedule D, Part V 11a X 10 Did the organization network anomount for investments - other securit			4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Image: Complete Schedule D, Part II I	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 D do the organization report an amount for investments - organization sis "Yes," then complete Schedule D, Part V U 111 X 13 D do the organization report an amount for investments - organization report an amount for investments - organization report an amount for rother assets in Part X, line 10? If "Yes," complete Schedule D, Part X 111 X 14 D do the organization report an amount for investments - organization report an amount for rother assets in Part X, line 13? If "Yes," complete Schedule D, Part X		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, ine 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities 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 VI 11a X 11 Did the organization report an amount for investments - program related in Part X, line 15? If was, "complete Schedule D, Part VI 11a X 11 Did the organization signation toro other assets in Part X, line 27, If "Was," complete Schedule D, Part X 11a X 11<	6				
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete B Schedule D, Part III B X 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? 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11 Ub the organization report an amount for investments - rogram related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 11 Ub 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 X 11d X 12 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 13 Did the organization incore ot a mount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X	7				v
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, fine escrew or outsocial account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directed courseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directed to prant V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VII, VI, x, x, as applicable. 10 X a Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes," complete Schedule D, Part VIII 11a X a Did the organization report an amount for investments - orber assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // Yes," complete Schedule D, Part X //// 11d 11a X 2 Did the organization report an amount for investments - orber assets in Part X, line 167 /// Yes," complete Schedule D, Part X 11a X 3 Did the organization report an amount for investments - program related in Part X, line 15, thi is 5% or more of its total assets reported in Part X, line 167 // Yes," complete Schedule D, Part X 11a X 4 Did the organization orbit metra baset in Part X, line 17, thi is 5% or more of its to	•		7		
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - other securities 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 VI 11 X 14 X 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 VIII 116 X 15 Did the organization report an amount for other labilities 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 XIII 116 X 16 Did the organization obtain separate, independent audited financial statements for the tax year? 114 X	8				x
amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If 'Yes,' complete Schedule D, Part IV 10 X 10 Did the organization, direquity or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If be organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X 13 Did the organization report an amount for investments - other assets 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 VII 11d X 14 Did the organization report an amount for ther assets 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 X 11d X 11 Did the organization separate or consolidated financial statements for the tax year include affects the organization separate, independent audited financial statements for the tax year? 11f X 12a Did the organization asserted NI 11m line Creation included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization neurone asset ano the NI bis (NOO form grantmaking, fundraising, busines	٥	,	–		
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable. 11 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI 11b X 14 Did the organization report an amount for investments - program related in Part X, line 15? // "Yes," complete Schedule D, Part X 11c X 116 Did the organization report an amount for threestess in Part X, line 15? // "Yes," complete Schedule D, Part X 11d X 117 Did the organization's separate or consolidated financial statements for the tax year? In "Yes," complete Schedule D, Part X 11e X 128 Did the organization assource or spotinos under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a X 129 Was the organization staparate, independent audited financial statements for the tax year? If "Yes," complete S	5				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,			9		х
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X 11e X 11a X 11d X 11d X 11d X 11d X 11d X 11d X 11e X 11d X 11d X 11d X 11d X 11d X 11d X 11d X 11d X 11d X 11d	10				
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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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more thospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 X 20a X 19 X 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20a X 21 Did the organization report more than \$5,000 of grasts or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 20a X			146	x	
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	10		15		х
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 20 X 	-		_16		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 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 operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	18				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X	19				
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 X					
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 X					X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
	21		21		x
	232003			990	

Form 990 (NEST,		
Part IV	Checklist	of Required S	Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 97			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)

	990 (2022) NEST, INC.		20-5450	672	P	age 5					
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)				v						
20	Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements	I	I		Yes	No					
Zđ	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32								
b											
	At any time during the calendar year, did the organization have an interest in, or a signature or other a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х					
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit								
	any contributions that were not tax deductible as charitable contributions?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	<u> </u>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired								
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X					
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8											
	sponsoring organization have excess business holdings at any time during the year?										
	9 Sponsoring organizations maintaining donor advised funds.										
				9a		<u> </u>					
				9b		<u> </u>					
10	Section 501(c)(7) organizations. Enter:	10a	I								
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11 a		11a	I								
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	110									
D.	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
с	Enter the amount of reserves on hand	13c									
			·	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										
232005	12-13-22			Form	990	(2022)					

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough 7b) below,	and for a	a "No" i	respor	ago Ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C						
	Check if Schedule O contains a response or note to any line in this Part VI						[
Sec	tion A. Governing Body and Management						
						Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12	2		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any	other				
	officer, director, trustee, or key employee?				2	Х	Γ
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		T
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		F
6	Did the organization have members or stockholders?				6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						\vdash
1a		•			70		
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s		 ro. or		<u>7a</u>		ŀ
D							
~	persons other than the governing body?				7b		ŀ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			v	
	The governing body?				<u>8a</u>	X	┢
-	Each committee with authority to act on behalf of the governing body?				8b	X	┢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
2	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			<u></u>	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Co	<u>de.)</u>				г
						Yes	-
	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, af	filiates,				
	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 bod	y before fi	ling the	form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflict	s?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	res." desc	ribe				
	on Schedule O how this was done	, ,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, on a on t				
~	The organization's CEO, Executive Director, or top management official				15a	х	Г
						X	┢
D	Other officers or key employees of the organization				15b	л	\vdash
	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 arranger						
	taxable entity during the year?				<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		cipation	J			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
_	exempt status with respect to such arrangements?			<u></u>	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, CO, CT, D	C,FL,	GA,I	<u>L,KS</u>	,KY	, ME	, 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section	501(c)(3)	s only)	availa	bl
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n on Scheo	dule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, an	d finan	cial	
	statements available to the public during the tax year.			, ,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	cords				
	THE ORGANIZATION - 215-806-9349		20,00				
	228 PARK AVE S, 70891, NEW YORK, NY 10003-1502						
20000					Form	9 90	10
32006	6 STATES				FUIII	, 550	۷2
208	02 769049 528705 2022.04010 NEST, IN	c				52	0

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Form 990 (2022) NEST, INC. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	20-5450672	Page 1
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	te this table for all persons required to be listed. Report compensation for the calendar year ending with on Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	0	,

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) REBECCA VAN BERGEN	40.00									
EXECUTIVE DIRECTOR				Х				165,039.	Ο.	41,749.
(2) CHRISTOPHER VAN BERGEN	40.00									
CHIEF OPERATING OFFICER				Х				163,304.	Ο.	30,364.
(3) MARTA DRUCKMAN	40.00									
CFO				Х				87,744.	Ο.	34,382.
(4) ASHIA DEARWESTER	40.00									
CHIEF STRATEGY/PARTNERSHIP					Х			150,996.	0.	40,957.
(5) LINDSEY STRUCK	40.00									
CHIEF HANDCRAFT PROGRAMS OFFICER						X		124,166.	0.	26,565.
(6) JIM BRIGHAM	5.00									
CHAIR		Х		Х				0.	0.	0.
(7) NICOLE PECHANEC LUCK	5.00									
CHAIR OF FINANCE		Х		Х				0.	0.	0.
(8) CARMEN BUSQUETS	5.00									
TRUSTEE		Х						0.	0.	0.
(9) BRENDAN CULLEN	5.00									
TRUSTEE		Х						0.	0.	0.
(10) JULIE MEYER	5.00									_
TRUSTEE		Х						0.	0.	0.
(11) LOUISE PARZICK	5.00									-
TRUSTEE		Х						0.	0.	0.
(12) MARTY CORDES	5.00								•	•
TRUSTEE	- 00	Х						0.	0.	0.
(13) IVANKA MAMIC	5.00								•	•
TRUSTEE	– 00	Х						0.	0.	0.
(14) TRACEY AUSTIN-GROOMS	5.00								0	0
TRUSTEE	F 00	X						0.	0.	0.
(15) TRACY REESE	5.00								0	0
TRUSTEE	– 00	Х						0.	0.	0.
(16) HEATHER BOWMAN	5.00								•	<u>^</u>
TRUSTEE		Х						0.	0.	0.
(17) AMANDA TUCKER	5.00	37							<u> </u>	0
TRUSTEE		Х						0.	0.	0.
232007 12-13-22				-	-					Form 990 (2022)

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	990 (2022) NEST, INC	Y •								20-545	0672 Page 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) (B) Name and title Average hours per week				ss per	itior more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal								691,249.	0	. 174,017.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A		· · · · · · · · · · · · · · · · · · ·					0. 691,249.	0	0. 174,017.
2	Total number of individuals (including but no compensation from the organization										Yes No
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual									3 X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	4 X 5 X
Sec 1	tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t	-									sation from
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to f	thos (-	ted	above) who received m	ore than	Form 990 (2022)

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				r, inc.					20-5450	672 Page 9
Pa	rt V	/111	Statement of Rev	enue						
			Check if Schedule O co	ontains a respons	se or r	note to any lin		(5)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns	1a						
ran ⁻			Membership dues							
کی م			Fundraising events		24	45,020.				
Sifts ar /		d	Related organizations	1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contrib	outions) 1e	36	54,147.				
		f	All other contributions, gifts, gr							
Dthe			similar amounts not included a		3,48	36,112.				
onti nd (-	Noncash contributions included in lin	nes 1a-1f 1g \$			4 005 270			
<u>a</u> C		h	Total. Add lines 1a-1f			usiness Code	4,095,279.			
	•	~	PROGRAM REVENU	TES			1,305,492.	1 305 492		
vice	2		OTHER PROGRAM			900099	18,582.	18,582.		
Ser		c			-		10,3021	10,0020		
m (d								
Program Service Revenue		e								
Pre		f	All other program service re	evenue	🗌					
		g	Total. Add lines 2a-2f				1,324,074.			
	3		Investment income (includin	ng dividends, inte	erest,	and				
							44,218.			44,218.
	4		Income from investment of	-						
	5		Royalties	(i) Real						
						(ii) Personal				
	6			6a 6b						
			· · · · ·	6c						
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Securities	s	(ii) Other				
	-			7a						
		b	Less: cost or other basis				1			
an			and sales expenses	7b						
venue		с	Gain or (loss)	7c						
Re			Net gain or (loss)		<u>.</u>					
Other Re	8	а	Gross income from fundraising							
0			including \$ 245,							
			contributions reported on lin Part IV, line 18		e a 7	34,457.				
		b	Less: direct expenses	-		35,955.				
			Net income or (loss) from fu				-1,498.			-1,498.
	9		Gross income from gaming							
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
			Net income or (loss) from ga	- r	<u> </u>	<u></u>				
	10	а	Gross sales of inventory, les			1 - 1 0				
			and allowances			<u>1,510.</u> 1,273.				
			Less: cost of goods sold		l0b	-	237.	237.		
		С	Net income or (loss) from sa	ales of inventory		usiness Code	437.	457.		
sne	11	а								
neo		b			- -					
Miscellaneous Revenue		č			- -					
lisc Bt		d	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction	IS			5,462,310.	1,324,311.	0.	42,720.
23200	9 12-	-13-	22							Form 990 (2022)

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	Check if Schedule O contains a response or note to any line in this Part IX								
		(A)	(B)	(C)	(D)				
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising				
7D,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
-	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	714 524	400 000	1 6 2 . 0 0 0	100 500				
	trustees, and key employees	714,534.	423,002.	162,000.	129,532.				
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	2,209,543.	1,881,749.	48,860.	278,934.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	170,215.	142,328.	4,510.	23,377.				
9	Other employee benefits	226,813.	176,070.	14,596.	36 147				
10		194,992.	154,013.	13,502.	23,377. 36,147. 27,477.				
	Payroll taxes	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	13,302.	41,711.				
11	Fees for services (nonemployees):								
а	Management								
b	F								
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g									
-	column (A), amount, list line 11g expenses on Sch 0.)	197,059.	155,567.	24,362.	17,130.				
12	Advertising and promotion	4,838.	2,207.		<u>17,130.</u> 2,631.				
13	Office expenses	146,663.		146,663.	_,				
		110/0000		110/0031					
14	Information technology								
15	Royalties								
16	Occupancy	45 000	15 676		20 422				
17	Travel	45,098.	15,676.		29,422.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	19,252.		19,252.					
24	Other expenses. Itemize expenses not covered	- ,		. ,					
24	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A),								
	amount, list line 24e expenses on Schedule 0.)	1 226 177	1 226 177						
a	SITE COSTS	1,226,177.	1,226,177.	40 100	A 1				
b	OTHER COSTS	40,207.		40,166.	41.				
С	SERVICE CHARGES	23,868.		20,004.	3,864.				
d	STATE FILING FEES	17,528.		17,528.					
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	5,236,787.	4,176,789.	511,443.	548,555.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

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Form 990 (2022)

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 Form 990 (2022)
 NEST, INC.

 Part IX
 Statement of Functional Expenses
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (
Part X	Balance	Sheet

NEST, INC.

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,218,744.	1	4,630,289.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	57,129.	3	504,134.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Äŝ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	. 0.	10c	0.
	11	Investments - publicly traded securities		11	1,005,625.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,036.	15	30,605.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,170,653.
	17	Accounts payable and accrued expenses	44,818.	17	117,395.
	18	Grants payable		18	
	19	Deferred revenue	271,389.	19	211,180.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	364,147.	25	1,000,000.
	26	Total liabilities. Add lines 17 through 25	680,354.	26	1,328,575.
<i>(</i> ^		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			0.000.0C
lan	27	Net assets without donor restrictions		27	3,222,864.
Net Assets or Fund Balances	28	Net assets with donor restrictions	1,692,659.	28	1,619,214.
pun		Organizations that do not follow FASB ASC 958, check here			
يت ۲		and complete lines 29 through 33.			
tso	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t∆ŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	4 040 070
Ne	32	Total net assets or fund balances	4,616,555.	32	4,842,078.
	33	Total liabilities and net assets/fund balances	5,296,909.	33	6,170,653. Form 990 (2022)

Form **990** (2022)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		Г	
Check if Schedule O contains a response or note to any line in this Part XI		Г	
			_
	,462		
2 Total expenses (must equal Part IX, column (A), line 25)	,236	<u>,78</u>	<u>7.</u>
3 Revenue less expenses. Subtract line 2 from line 1		,523	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	,616	,555	5.
5 Net unrealized gains (losses) on investments 5			
6 Donated services and use of facilities 6			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9		(0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	,842	,078	8.
Part XII Financial Statements and Reporting		_	
Check if Schedule O contains a response or note to any line in this Part XII	1		X
		Yes N	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	2	<u>X</u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	x	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	2	<u>X</u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2022)

Department of the Treasury

(Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Interna	Ineven	lue Service	Go to www.irs.gov/l	Form990 for instruction	is and the	latest info	ormation.		Inspection		
Nam	ame of the organization Employer identification number 20-5450672										
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
		•									
1		ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	_					(b)(1)(A)(ii	i).				
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	An organization that norma	-					ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C			-						
8		A community trust describe		1)(A)(vi). (Complete Part	: II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city,	, and state of	the college	or		
		university:				-		-			
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	l gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	om gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section	5 09(a)(3). C	heck the box on		
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	-	-	•	-					
		the supported organization			majority o	of the direc	tors or truste	es of the su	pporting		
_		organization. You must o	-								
b		Type II. A supporting org	-				-		-		
		control or management o			ame perso	ns that cor	ntrol or manag	ge the supp	orted		
_		organization(s). You mus	•						al		
С		J Type III functionally inte						ly integrate	a with,		
d		its supported organization Type III non-functionally		-				tod organiz	votion(a)		
d		that is not functionally int						-			
		requirement (see instructi		• •	•				61633		
е		Check this box if the orga	,	• •	,			II Type III			
Ŭ		functionally integrated, or					19001, 1900	n, rype n			
f	Ente	er the number of supported of	·								
g	Prov	vide the following informatior									
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tota											

Schedule A	Form	aan	000
Schedule A	FOUL	990) 2024

NEST, INC.

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

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

<u>5e</u>	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2078203.	1808325.	3613522.	3908281.	4095279.	<u>15503610.</u>				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2078203.	1808325.	3613522.	3908281.	4095279.	15503610.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						5337768.				
6	Public support. Subtract line 5 from line 4.						10165842.				
Se	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	2078203.	1808325.	3613522.	3908281.	4095279.	<u>15503610.</u>				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	3,901.	48,797.	14,086.	765.	44,218.	111,767.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						<u>15615377.</u>				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	<u>,722,202.</u>				
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)					
	organization, check this box and stop	phere									
Se	ction C. Computation of Public	ic Support Per	centage			r					
	Public support percentage for 2022 (I		•			14	<u>65.10 %</u>				
	Public support percentage from 2021					15	65.40 %				
16 a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2021. If the										
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation							
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part '	VI how the organiz	ation				
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization						
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets the	he facts-and-circum	istances test, cheo	ck this box and st	t op here. Explain ir	n Part VI how the					
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation					
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	;				
						Sebedule A	(Form 990) 2022				

Schedule A (Form 990) 2022

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Schedule A (I	Form 990) 202
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NEST, INC.

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

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

Sec	ction A. Public Support				-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	2022	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) o	rganizatio	on,
							<u></u>	
Sec	ction C. Computation of Publi	ic Support Per	centage					
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13,	column (f))		15		%
<u>16</u> Sec	Public support percentage from 2021 ction D. Computation of Invest					16		%
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17		%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, a	Ind line 17	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion		
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 3	3 1/3%, a	Ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted orga	nization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	<u></u>	
23202	23 12-09-22		4 -			Sc	hedule A	A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

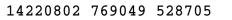
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A			anizations (<u>, INC.</u>
Partiv	Suppor	ung Orga	anizations /	(continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

.

supervise	a. or controlled	the supporting (organization.
Section C. 1	Type II Supp	orting Orgai	nižations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

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

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

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

3a 3b Schedule A (Form 990) 2022

2a

2b

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17 2022.04010 NEST, INC.

Yes No

I Check here if the organization satisfied the Integral Part Test as a			Dort VI) See instruction
			Part VI). See Instruction
All other Type III non-functionally integrated supporting organization	ons must complete s	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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 amo	ount,		
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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-ful 		d Type III supporting area	nization (see

instructions).

Schedule A (Form 990) 2022

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NEST, INC.

Schedule A (Form 990) 2022

Sche	Schedule A (Form 990) 2022 NEST, INC. 20-5450672 Page 7							
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions Current Year							
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
•	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
d	Excess from 2020 Excess from 2021 Excess from 2022							

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	NEST,				20-5450672	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, 9b, 9c ; Part IV, Section E, lir	s required by Part II, line 10; I , 11a, 11b, and 11c; Part IV, les 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 a urt V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Par	С,
	Section D, lines 5, 6, and (See instructions.)	8; and Part \	/, Section E, lines 2, 5,	and 6. Also complete this pa	art for any addition	al information.	
						.	
232028 12-09-2	2			20		Schedule A (Form 9	90) 2022

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

20-5450672

Department of the Treasury Internal Revenue Service		
Name of the organization		
NES	T, INC.	
Organization type (check one)):	

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

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

General Rule

Schedule B

(Form 990)

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of or	rganization	Emplo	over identification number
NEST,	INC.	20	-5450672
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>300,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$805,288.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>89,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15		\$311,187.	Person X Payroll Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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	B (Form 990) (2022) rganization	Emp	Page 2 loyer identification number
NEST,			0-5450672
Part I	Contributors (see instructions). Use duplicate copies of Part I if	•	0 9490072
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$110,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>158,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$87,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-15		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

me of or	ganization	Em	ployer identification num
EST,	INC.		20-5450672
Part II	Noncash Property (see instructions). Use duplicate copies of P		
(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 estimate) (See instructions.)	(d) Date received
		\$	
(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 estimate) (See instructions.)	(d) Date received
		\$	
(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 estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2022)

Name of o	rganization		Employer identification number
NEST,	INC.		20-5450672
Part III		a) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	t Relationship of transferor to transferee	
223454 11-15	-22	26	Schedule B (Form 990) (2022)

~~		Supplement	al Financial Statement	c		OMB No. 15	545-0047
			nization answered "Yes" on Form 990,	3		204	77
(FOI)	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.		204	
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest inform	ation.		Open to Inspect	
	e of the organizati				Emp	loyer identificatio	
		NEST, INC.				20-54506	
Pa				or Acc	oun	ts. Complete if the	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b)	Euro	ds and other accou	into
	T . (.)		(a) Donor advised funds	(0)	Fun	us and other accou	ms
1		nd of year					
2		f contributions to (during year)					
3 4		f grants from (during year)					
5		t end of year on inform all donors and donor advisors in v		ed funds			
5	-	on's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
-		poses and not for the benefit of the donor o					
	impermissible priv					Yes	No No
Pa	rt II Conserv	ation Easements. Complete if the org					
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation o	f a histori	cally	important land area	1
	Protection o	f natural habitat	Preservation o	f a certifie	d his	toric structure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form	of a cons	ervat	ion easement on th	ne last
	day of the tax year	r.				Held at the End of th	e Tax Year
а	Total number of co	onservation easements		L	2a		
b	Total acreage rest	ricted by conservation easements		L	2b		
С	Number of conser	vation easements on a certified historic stru	ucture included in (a)	L	2c		
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure l	isted in the National Register		L	2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiza	tion	during the tax	
	year						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					
~	,	orcement of the conservation easements it					No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con-	servation	ease	ments during the ye	ear
7	Amount of expose	 ses incurred in monitoring, inspecting, hanc	ling of violations, and onforcing concerns	tion acco	mont	a during the year	
7	Amount of expens	ses incurred in monitoring, inspecting, nanc	ing of violations, and enforcing conserva	allon ease	ment	s during the year	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(b)(4)(B)(i)			
Ū)(4)(B)(ii)?				Yes	No
9		be how the organization reports conservation					
		d include, if applicable, the text of the footr					
	organization's acc	ounting for conservation easements.					
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or O	ther Sin	nilaı	r Assets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and baland	ce sh	eet works	
	of art, historical tre	easures, or other similar assets held for put	lic exhibition, education, or research in fu	urtherance	e of p	oublic	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.			
b	-	elected, as permitted under FASB ASC 95	-				
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furth	herance o	f pub	olic service,	
	provide the followi	ing amounts relating to these items:					
		ded on Form 990, Part VIII, line 1				\$	
	(ii) Assets include	ed in Form 990, Part X			(\$	
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financia	al gain, pro	ovide		
	•	unts required to be reported under FASB A	•				
а	Revenue included	on Form 990, Part VIII, line 1			(\$	

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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\$

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assess_continued; a Using the organization accession, and other records, check any of the following that make significant use of ts Pable orbition Babe orbition Brown or exchange program Brown or exch	Sche	dule D (Form 990) 2022 NEST , I	NC.					20-54			age 2
collection terms (check all that apply): Collection terms (check all that apply): Scholarly research Other	Par	t III Organizations Maintaining C	collections of Art,	Historical Tre	easures, or (Other S	imilar	Assets	(contin	ued)	
a Public exhibition d Can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that n	nake signi	ficant u	ise of its			
b Scholary research e Other c Preservation for future generations 3 During the year, did the organization solution or art, historical treasures, or other similar assets to be aide transfer affect affect than to be maintained as part of the organization solution answered 'Yee' on Form 990, Part XII. 3 During the year, did the organization solution or other intermediaty for contributions or other assets to be aide than attend to the maintained as part of the organization answered 'Yee' on Form 990, Part XI. 1a Is the organization angent, trustee, custodian or other intermediaty for contributions or other assets not included on form 990, Part XI. Amount 1d Id Id Id 2 Disting the part of the organization and the organization the organization and the organization and the organ		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII. 6 Derror reported an amount on Form 990, Part X, line 21. 7 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. 7 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. 7 1 1 8 Derror type: year 0 Bif 'Yes,' explain the arrangement in Part XIII and complete the following table: 1 1 1 1 1 Complete an amount on Form 990, Part X, line 21, for escrow or custodial account tability? 2 No 1 1 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tability? 2 Port M 2 Endowment FundS. 1 (a) Commit year 2 Did the organization agent, and tosse 3 Art these endowment FundS. 4 Addinies during, gans, and tosse 3 Combibilitions 4 Addiniestable procentage of the curr	а	Public exhibition	d	Loan or exc	hange program	ו					
Provide a description of the organization's collections and explain how they further the organization's exempt purgose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization a collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Beginning balance Caditions during the year Te Distributions Distributions Subject to the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No B If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII Bard during the year (a) Current year (b) Prior year (c) Two years back (d) Four years back (d) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (f) Four years back (f) Prior years back (f) Prior years back (f) Prior years back (f) Prior years back (f) Four years back (f) Four years back (f) Prior years back (f) Four years back (f) Prior years back (f) Four years back (f) Prior years back (f) Prio	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 be seried to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No 0 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 6 Additions during the year 16 1 1 1 1 1 2 Did the organization include an amount on Form 990, Part X, line 21, for ascrow or custodial account liability? Ves No 0 If "Yes", "explain the arrangement in Part XIII and Complete if the organization answered "Yes" on Form 990, Part X, line 21, for ascrow or custodial account liability? Ves No 0 If "Yes", "explain the arrangement in Part XIII Check here if the sequination has been provided on Part XIII No Intervent tables, and loss account liability? Ves No 1 Beginning of year balance [a) Current year [b) Prior year back [c] True years back [c] For	С	Preservation for future generations									
Intervent Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is the organization include an amount on Form 990, Part X, line 21. Part V Endowrment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line	4	Provide a description of the organization's co	ollections and explain h	now they further the	ne organization	's exempt	purpos	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Ime 21. Image: Image	5	During the year, did the organization solicit of	or receive donations of	art, historical trea	-				_		_
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? b if 'Yes,' explain the arrangement in Part XIII and complete the following table: c diaduction of the arrangement in Part XIII and complete the following table: d Additions during the year d Additions during the year d Ending balance 2a Ddt the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization naswerd 'Ves' on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization naswerd 'Ves' on Form 990, Part X, line 21. 1a Beginning of year balance	D								_		No
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on Form 990, Part X7		· · ·									
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1 a								٦.,		٦
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Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not exchanging a prior the prior the prior the prior the schedule prior the schedule prior the prior the prior the schedule prior the pr		-									1
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	-							<u></u>			
1a Beginning of year balance							Three y	ears back	(e) Four	years	back
b Contributions	1a	Beginning of year balance					-			-	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of											
d Grants or scholarships	с										
e Other expenditures for facilities and programs	d										
and programs											
f Administrative expenses											
g End of year balance	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% c Term endowment% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations											
b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) <	2			line 1g, column (a)) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment. 2 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (a) Cost or other (c) Accumulated Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (e) Execution (f) Book value (f) Book value (f) Book value (g) Cost or other (g) Accumulated (g) Book value (g) Cost or other (g) Accumulated (g) Book value (g) Cost or other	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organization (iii) Related (iii)	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i)	с	Term endowment	_%								
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3c <td></td> <td>The percentages on lines 2a, 2b, and 2c sho</td> <td>uld equal 100%.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.	3a	Are there endowment funds not in the posse	ession of the organization	on that are held a	nd administered	d for the			r		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		0 2								Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements (d) Equipment e Other (d) must equal Form 990, Part X, column (B), line 10c.)		(ii) Related organizations									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b								3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4		ŭ	ment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Fai			Dout IV line 11e 6		Jourt V Line	10				
basis (investment) basis (other) depreciation 1a Land									())		
1a Land		Description of property				.,		d	(d) Bool	(value	е
b Buildings	4 -	Land		Dasis		uepre	GIALIOIT				
c Leasehold improvements											
d Equipment											
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) O •											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
				oolumn (D) lim = 1							0.
	Total	in ad miles ra tribugit re. (<u>Column (a)</u> MUST e	<u> 2008 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011 - 2011</u>	<u>column (b), line l</u>	<u>UU.</u>]				D (Form	9001	

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Part VII	Investments - Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV line .	11b. See Form 990 Part X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
	al derivatives			-
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answered "Yes" or			
1.0	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	i-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	h) must aqual Form 000, Dart V, col. (D) ling 12.)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV. line '	11d. See Form 990. Part X. line 15.	
	-	escription		(b) Book value
(1)				()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line 1	(5)		
Part X	Other Liabilities.	0.)		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line [.]	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fed	leral income taxes			
	FUNDABLE ADVANCE			1,000,000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line 2	25)		1,000,000
	r for uncertain tax positions. In Part XIII. provide th		the organization's financial statements that	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 NEST, INC.			20-	5450672 _P	age 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With I	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,713,4	04.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	251,094.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	251,0	94.
3	Subtract line 2e from line 1			3	5,462,3	10.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,462,3	10.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total expenses and losses per audited financial statements			1	5,487,8	81.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	251,094.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	251,0	
3	Subtract line 2e from line 1			3	5,236,7	87.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>})</u>		5	5,236,7	87.
De	rt XIII Supplemental Information.	-				_

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

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON

EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX

UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT

DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION

THRESHOLD IN 2022.

232054 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes L	OMB No. 1545-0047
(Form 990)			answered "Yes" on Form 990, Part IV,			2022
Department of the Treasury	•		Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Forn	n990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer ic	lentification number
NEST, INC.					20-545	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar	nization answe	red "Yes" on
Form 990, Part I						
•	•		ds to substantiate the amount of its gra the selection criteria used to award the		-	Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
3 Activities per Region. (1	he following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type e(s) in the regio	expenditures for and investments
		in the region				
INDIA			PROGRAM SERVICES	PROGRAM SUP	PORT	63,408.
INDONESIA			PROGRAM SERVICES	PROGRAM SUE	PORT	10,250.
KENYA			PROGRAM SERVICES	PROGRAM SUE	PPORT	14,472.
CAMBODIA			PROGRAM SUPPORT	PROGRAM SUE	PORT	14,750.
PERU			PROGRAM SERVICES	PROGRAM SUE	PORT	1,500.
				PROGRAM SUI	PORT	
CANADA			PROGRAM SERVICES		TONT	7,950.
CHINA			PROGRAM SERVICES	PROGRAM SUE	PORT	15,121.
COLUMBIA			PROGRAM SERVICES	PROGRAM SUE	PORT	9,500.
3 a Subtotal	0	0				136,951.
b Total from continuation						
sheets to Part I	0	0				102,189.
c Totals (add lines 3a	_					
and 3b)	0	0				239,140.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990)	NEST, IN	C. s per Region	I. (Schedule F (Form 990), Part I, line 3	20-54	50672 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EI SALVADOR			PROGRAM SERVICES	PROGRAM SUPPORT	160.
GUATEMALA			PROGRAM SERVICES	PROGRAM SUPPORT	9,332.
LAOS			PROGRAM SERVICES	PROGRAM SUPPORT	4,083.
MEXICO			PROGRAM SERVICES	PROGRAM SUPPORT	2,700.
PHILIPPINES			PROGRAM SERVICES	PROGRAM SUPPORT	20,462.
RWANDA			PROGRAM SERVICES	PROGRAM SUPPORT	2,000.
TURKEY			PROGRAM SERVICES	PROGRAM SUPPORT	7,000.
ZIMBABWE			PROGRAM SERVICES	PROGRAM SUPPORT	7,750.
ARMENIA			PROGRAM SERVICES	PROGRAM SUPPORT	2,750.
EGYPT			PROGRAM SERVICES	PROGRAM SUPPORT	4,500.
Totals					

232181 04-01-22

			• (Schedule F (Form 990), Part I, line :		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
YRGYZSTAN			PROGRAM SERVICES	PROGRAM SUPPORT	2,250
LEBANON			PROGRAM SERVICES	PROGRAM SUPPORT	11,383
UNITED KINGDOM			PROGRAM SERVICES	PROGRAM SUPPORT	5,000
BRAZIL			PROGRAM SERVICES	PROGRAM SUPPORT	4,270
FRANCE			PROGRAM SERVICES	PROGRAM SUPPORT	1,500
GHANA			PROGRAM SERVICES	PROGRAM SUPPORT	2,050
HAITI			PROGRAM SERVICES	PROGRAM SUPPORT	2,250
ISRAEL			PROGRAM SERVICES	PROGRAM SUPPORT	7,950
NEPAL			PROGRAM SERVICES	PROGRAM SUPPORT	2,250
NIGERIA			PROGRAM SERVICES	PROGRAM SUPPORT	671
Totals					

232181 04-01-22

Part I Continuation of Activities per Region. (c) Region (c) Region (c) Structure of structure of (c)	Schedule F (Form 990)	NEST, IN	C.	(Schedule E (Form 990), Part L line 3	20-545067	2 Page 1
TUNIS PROGRAM SERVICES PROGRAM SUPPORT 298.		(b) Number of offices	(c) Number of employees or agents in	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to	(e) If activity listed in (d) is a program service, describe specific type	expenditures
TUNIS PROGRAM SERVICES PROGRAM SUPPORT 298.						
	SPAIN			PROGRAM SERVICES	PROGRAM SUPPORT	1,580.
	TUNIS			PROGRAM SERVICES	PROGRAM SUPPORT	298.
Totals						
Image: Constraint of the second se						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
Totals						
	Totals					102,189.

3 Enter total number of other organizations or entities

	I ecognized as charities by the f or counsel has provided a sect		•	

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

grant

(a) Name of organization

1

NEST, INC.

(c) Region

(b) IRS code section

and EIN (if applicable)

(f) Manner of

of cash grant cash disbursement

(e) Amount

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2022

36	

(a) 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)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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Page 3

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	NEST,	INC.
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

232075	10-17-22	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the	2022				
Department of the Treasury Internal Revenue Service	_	Attach to Form 990 c					Open to Public Inspection				
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information		identification number				
	NEST, I	NC.				20-54					
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 990)-EZ filers are not				
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events										
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (by) to (or retained by)				
			Yes	No							
Total				•							
		n is registered or licensed to solicit o		utions	or has been notified	it is exempt fror	n registration				

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

Schedule G (Form 990) 2022

232081 10-27-22

NEST, INC.

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

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
				YO-YP MA	x-/	(d) Total events
			ALABAMA TRIP		1	(add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	67,724.	203,886.	7,867.	279,477.
	2	Less: Contributions	42,000.	197,165.	5,855.	245,020
	3	Gross income (line 1 minus line 2)	25,724.	6,721.	2,012.	34,457.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ey	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		35,905.	50.	35,955
	10	Direct expense summary. Add lines 4 through	9 in column (d)			35,955
		Net income summary. Subtract line 10 from li				-1,498
2a	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Revenue	1	Gross revenue				
ő	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

Expen	3	Noncash prizes									
Direct Expen	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor] Yes %] No		Yes % No		Yes% No	6		
	7	Direct expense summary. Add lines 2 through	ı 5 in	column (d)							
	8	Net gaming income summary. Subtract line 7	from	ı line 1, column (d)							
9	Ent	er the state(s) in which the organization condu	icts g	aming activities:							
а		he organization licensed to conduct gaming ac							Ye	s [No
		No," explain:									
10a	We	re any of the organization's gaming licenses re	voke	d, suspended, or ter	rmina	ted during the tax y	ear?		🗌 Ye	s _	No
b	lf "	Yes," explain:									

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	NEST,	INC.	20-5	450672	2 Page 3
11	Does the organization conduct ga	aming activitie	s with nonmembers?		Yes	No No
12	Is the organization a grantor, ben	eficiary or trus	tee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?				Yes	No No
13	Indicate the percentage of gaming	g activity con	lucted in:			
а	The organization's facility				13a	%
					13b	%
14	Enter the name and address of th	e person who	prepares the organization's gaming/special events books and recor	ds:		
	Name					
	Address					
15a	Does the organization have a con	tract with a th	ird party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam			nount		
	of gaming revenue retained by the					
С	If "Yes," enter name and address	of the third p	arty:			
	Name					
	Address					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	daming manager compensation	Ψ				
	Description of services provided					
	Director/officer		ee Independent contractor			
17	Mandatory distributions:					
а	Is the organization required under	r state law to	nake charitable distributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No
b		•	r state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activit	ies during the	tax year \$			
Pa			ovide the explanations required by Part I, line 2b, columns (iii) and (v Iso provide any additional information. See instructions.); and Part	: III, lines 9,	9b, 10b,
	150, 150, 10, and 170, as	applicable. F				
_						
23208	33 10-27-22			Schedu	le G (Form	n 990) 2022

	i (Form 990)		, INC.
Part IV	Supplement	al Information	(continued)

	Schedule G (Form 990)

232084 04-01-22

14220802 769049 528705

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022)		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2022		-		
Depa	Department of the Treasury Attach to Form 990.					lic		
-	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nan	e of the organization		Employer id			mber		
Da	rt I Question	NEST, INC. s Regarding Compensation	⊿0-5	45067	2			
Га		s negariting compensation			Vee			
10	Chook the energy	ate hav (ca) if the arganization provided any of the following to ar for a person listed on Form	000		Yes	No		
1a Check the appropriate 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 com	<u> </u>						
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
	,							
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation	committee Written employment contract						
	Independent of	ompensation consultant X Compensation survey or study						
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	a Receive a severance payment or change-of-control payment?					X		
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					X		
c Participate in or receive payment from an equity-based compensation arrangement?				<u>4c</u>		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
Э	5 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?							
	a The organization?b Any related organization?					X X		
	b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.							
6								
•	contingent on the net earnings of:							
а	a The organization?							
	b Any related organization?					X X		
	b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.							
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III							
8								
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					X		
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)? 9							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022		

14220802 769049 528705

20-5450672

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REBECCA VAN BERGEN	(i)	165,039.	0.	0.	16,377.	25,372.	206,788.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER VAN BERGEN	(i)	163,304.	0.	0.	15,831.	14,533.	193,668.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHIA DEARWESTER	(i)	150,996.	0.	0.	15,585.	25,372.	191,953.	0.
CHIEF STRATEGY/PARTNERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LINDSEY STRUCK	(i)	124,166.	0.	0.	12,032.	14,533.	150,731.	0.
CHIEF HANDCRAFT PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



NEST, INC.

20-5450672

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

RESPONSIBLE ARTISIAN BUSINESS THROUGH THE PROVISION OF CUSTOMIZED

CAPACITY BUILDING PROGRAMS TO ENABLE EACH ENTERPRISE TO BECOME

PROFITABLE AND HAVE A SIGNIFICANT POSITIVE SOCIAL IMPACT. NEST HAS

SEARCHED GLOBALLY TO IDENTIFY A NETWORK OF EXISTING ARTISANAL WORKSHOPS

THAT HAVE STRONG LEADERSHIP, ARE SCALABLE AND CAN TRANSFORM THEIR

COMMUNITIES IN ONE OF THREE WAYS: ALLEVIATE POVERTY, EMPOWER WOMEN, AND

PROMOTE PEACE. THROUGH THEIR PARTICIPATORY MODEL, NEST WORKS WITH THE

ARTISANS TO PROVIDE THE SERVICES THEY NEED TO BOTH PRESERVE AND ENHANCE

ARTISTIC TRADITIONS AND INCREASE THEIR ABILITY TO MEET THE CAPACITY AND

QUALITY DEMANDS OF THE EXPORTING MARKETPLACE.

FORM 990, PART VI, SECTION A, LINE 2:

REBECCA VAN BERGEN AND CHRIS VAN BERGEN ARE MARRIED.

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

NEST DIRECTORS AND BOARD FINANCE COMMITTEE REVIEW THE FORM 990.

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

THE BOARD REVIEWS CONFLICTS ON AN ONGOING BASIS AS THEY ARE DISCLOSED.

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

COMPENSATION FOR THE DIRECTORS AND KEY EMPLOYEES WERE REVIEWED AND APPROVED

BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Schedule O (Form 990) 2022	Page 2
Name of the organization NEST, INC.	Employer identification number $20-5450672$

AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MS, NV, NH, NJ, NY, NC, ND, OK, OR, PA, RI

SC, TN, UT, WA, WV, WI

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

NEST MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST.

FORM 990 PART XI, LINE 2C

THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

232212 10-28-22