

**Summary of Financial Activities of a Charitable Organization
990N or For Those Who Do Not File an IRS Form 990**

Division of Charitable Solicitations and Gaming

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2555

Fax: 615-253-5173

sos.tn.gov/charitable

For Office Use Only



Tre Hargett
Secretary of State

WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514

Instructions: Complete this form with financial information from the most recently completed accounting year. **Please attach a copy of the 990N filing receipt if applicable.** The form must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer.

1. Name of the organization: READY NEST FOUNDATION, INC. COID: CO33026
FEIN: 82-5010083 Accounting period end date: 12/31/2020 (mm/dd/yyyy)
Has the accounting period changed since your last registration? ☐ Yes ☐ No
2. Gross Revenue:
- | | |
|--|--------------|
| A. Direct and Indirect Contributions From the Public | \$ 31,731.00 |
| B. Government Grants | \$ 0.00 |
| C. Public Special Events | \$ 0.00 |
| D. Membership Dues | \$ 0.00 |
| E. Other Revenue (Ex. Program Service Revenue, etc.) | \$ 0.00 |
| F. Total Gross Revenue | \$ 31,731.00 |
3. Expenses:
- | | |
|---------------------------|--------------|
| A. Program Services | \$ 32,844.00 |
| B. Administrative | \$ 0.00 |
| C. Fund Raising | \$ 0.00 |
| D. Other | \$ 0.00 |
| E. Total Expenses | \$ 32,844.00 |
4. Excess or deficit for the year (Subtract line 3E from 2F) \$ -1.11

I certify that the information furnished in this summary and all supplemental forms, documents, and continuation sheets is true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____

Salutation: MS First: BARBARA MI: _____ Last: TALBERT

Position Title: PRESIDENT Date: 07/19/2021

Signature of Chief Fiscal Officer: _____

Salutation: MS First: AMY MI: _____ Last: GREEN

Position Title: TREASURER Date: 07/19/2021

Annual Request for \$50,000 and Under Exemption



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Instructions: Complete this form if your organization claims to be exempt from registration because it receives less than \$50,000 in gross contributions from the public. The principal officer of the organization must sign the form. This form must be submitted annually.

1. Name of Organization: Ready Nest Foundation, Inc. FEIN: 82-5010083

2. Physical Address: 1 Vantage Way Ste E130

City: Nashville State: TN Zip Code: 37228 County: Davidson ☒

3. Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____ County: _____

4. Phone: (____) _____ Fax: (____) _____

5. Email: barb@sprocketthaerapy.com Website: _____

6. If you solicit contributions or operate under any name(s) other than shown above, indicate name(s) below:

Name(s): _____

7. Legal entity of organization:

A. ☒ Corporation ☐ Partnership ☐ Association ☐ Other (specify) _____

B. When and where was the legal entity organized?

Date: 03/22/2018 City: Nashville State: TN County: Davidson ☒

C. What are the beginning and ending dates of the organization's accounting period?

Beginning: 01/01 Ending: 12/31 (mm/dd)

8. If the organization is a corporation, **attach** the charter or similar document. If the organization is not a corporation, **attach** a copy of the bylaws.

9. Is the organization recognized by the Internal Revenue Service as tax exempt?

☒ Yes ☐ No (If yes, **attach** a copy of the determination letter)

10. Has the organization received more than \$50,000 in gross contributions from the public during any accounting year? ☐ Yes ☒ No
11. **Attach** a copy of the IRS Form 990 from the most recently completed accounting year, if required to submit a 990.
12. **Attach** a completed copy of the Summary of Financial Activities form
13. Describe the charitable purpose of the organization.

To increase access to affordability to mental health support for parents and parents-to-be
across the southeast region.

Note: You must register with the Secretary of State within thirty (30) days if gross contributions from the public exceed fifty thousand dollars (\$50,000).

Signature: This document must be signed by an authorized officer. I certify that the statements in this document and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____

Salutation: _____ First: Barbara

MI: _____ Last: Talbert

Position Title: President Date: 07/19/2021