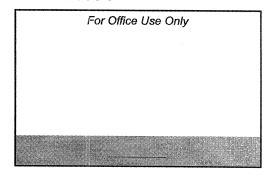
Summary of Financial Activities of a Charitable Organization 990N or For Those Who Do Not File an IRS Form 990

Tre Hargett Secretary of State

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



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.

 Name of the organization: RE 	ADY NEST FOUDNATION, INC.			COID: CO33026	
FEIN: 82-5010083	Accounting period end date: 12/31/2020		(mm/dd/yyyy)		
Has the accounting period ch	nanged since your las	st registratio	n? 🔲 Yes	□ No	
2. Gross Revenue:					
A. Direct and Indirect Contrib	outions From the Pub	olic		\$31,731.00	
B. Government Grants				•	
C. Public Special Events	• • • • • • • • • • • • • • • • • • • •			\$ <u>0.00</u>	
D. Membership Dues					
E. Other Revenue (Ex. Progra	m Service Revenue,	etc.)		\$ <u>0.00</u>	
F. Total Gross Revenue	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • •	\$31,731.00	
3. Expenses:					
A. Program Services	• • • • • • • • • • • • • • • • • • • •			\$32,844.00	
B. Administrative					
C. Fund Raising				•	
D. Other					
E. Total Expenses				,	
				•	
4. Excess or deficit for the year (Subtract line 3E fron	n 2F) \$ <u>-1.11</u>		Mile the terror of the second control of the	
I certify that the information furni	ished in this summa	arv and all s	upplement	al forms, documents.	
and continuation sheets is true an	d correct to the be	st of my kno	wledge an	d belief.	
		•	•		
Signature of Authorized Officer:			_		
			ast: TALBERT		
Position Title: PRESIDENT					
·	vate.				
Signature of Chief Fiscal Officer:			••		
Salutation: MS First: AMY		MI: L	ast: GREEN		
Position Title: TREASURER	Pate: 07/19/2021				
SS-6058 (Rev. 9/18), RDA 2994				Page 1 of 1	

Annual Request for \$50,000 and Under Exemption

Tre Hargett Secretary of State

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

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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.

. Name of Organization: Ready Nest Foundation, Inc.			_{FEIN:} <u>82-5010083</u>		
2. Physical Address: 1 Vant	age Way Ste E1	30			
City: Nashville St	ate: TN	Zip Code: <u>37228</u>	County: Davidson		
3. Mailing Address (if differer	nt):				
City: St	:ate:	Zip Code:	_ County:		
4. Phone: ()	Fax: ()			
5. Email: barb@sprockettha	erapy.com_Websit	e:			
6. If you solicit contributions below:					
Name(s):					
7. Legal entity of organizatio	n:				
A. Corporation Dear	tnership 🚨 Associa	tion 🚨 Other (specify) _			
B. When and where was the	ne legal entity organi	zed?			
Date: 03/22/2018 Ci	_{ty:} Nashville <u>s</u>	state: TN C	County: Davidson		
C. What are the beginning	and ending dates of	the organization's accour	nting period?		
Beginning: 01/01	Ending: 12/31	(mm/dd)			
8. If the organization is a corparation, attach a co	ooration, attach the opy of the bylaws.	charter or similar docume	nt. If the organization is not		
9. Is the organization recogn Yes No (If yes, att	ized by the Internal R	evenue Service as tax exe	mpt?		

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