

Electronic Return Acknowledgement

Tax Year : 2023
Taxpayer: THE NUDGE FOUNDATION
ID No : 47-4504533

Return No: 0972TJ

Return Identification Number : 67082420243195000000
Return Type : 990
Filing Type Description : FEDERAL RETURN
Tax Period Beg. Date : 01/01/2023
Tax Period End Date : 12/31/2023
Contained Alerts : N
IRS Received Date : 11/13/2024
Completed Validation : Y
Electronic Postmark : 11/14/2024 12:02:00 AM
Return Status : ACCEPTED
IRS Processed Date : 11/14/2024 12:02:00 AM
Balance Due :
Expected Refund :
Payment Indicator : N
PIN Code : PRACTITIONER PIN
Debt Code :
Embedded CRC32 : 0XB35DCF5
Computed CRC32 : 0XB35DCF5

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending

Form 990 header section containing organization name (THE NUDGE FOUNDATION), address (1227 WILLOWDALE LANE, IRVING, TX 75063), principal officer (PRASHANT NAGRATH), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block form with fields for officer signature (PRASHANT NAGRATH), date (11/14/2024), preparer name (KAVIT SANGHVI), and preparer signature.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO SUPPORT THE MISSION OF ALLEVIATION OF POVERTY, TO PROMOTE
EDUCATION AND PUBLIC WELFARE IN INDIA AND RAISING SUPPORT FOR AND
AWARENESS OF SUCH ACTIVITIES IN THE UNITED STATES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,300,391. including grants of \$ 3,300,391.) (Revenue \$ 5,713,510.)

IN THE TAX YEAR 2023, THE COMPANY SENT GRANTS AMOUNTING TO USD
3,300,391 CUMULATIVELY TO TWENTY ONE ORGANIZATIONS IN INDIA. THESE
ORGANIZATIONS WORK TOWARDS CHARITABLE PURPOSES WITH THE OBJECTIVE
OF ALLEVIATION OF POVERTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,300,391.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|--|---|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a NONE | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | 4a | X |
| b | If "Yes," enter the name of the foreign country INDIA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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 transaction? | 5b | X |
| c | 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 organization 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 contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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 | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (3), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TX,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

PRASHANT NAGRATH 1227 WILLOWDALE LANE IRVING, TX 75063
214-675-3144

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) PRASHANT NAGRATH VICE PRESIDENT | 15.00 NONE | X | X | | | | NONE | NONE | NONE | |
| (2) M. R. RANGASWAMI DIRECTOR | NONE NONE | X | | | | | NONE | NONE | NONE | |
| (3) MANEESH DHIR DIRECTOR | NONE NONE | X | | | | | NONE | NONE | NONE | |
| (4) DEEPAK DEV RAJ DIRECTOR | NONE NONE | X | | | | | NONE | NONE | NONE | |
| (5) AMIT VARSHNEY DIRECTOR | 15.00 NONE | X | | | | | NONE | NONE | NONE | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals and totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization NONE

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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).

Check if Schedule O contains a response or note to any line in this Part IX

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, and Marketing.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 12,603,473. | 1 | 6,123,655. |
| | 2 Savings and temporary cash investments | NONE | 2 | NONE |
| | 3 Pledges and grants receivable, net | NONE | 3 | NONE |
| | 4 Accounts receivable, net | NONE | 4 | 1,187. |
| | 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 | NONE | 5 | NONE |
| | 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) | NONE | 6 | NONE |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | NONE | 8 | NONE |
| | 9 Prepaid expenses and deferred charges | NONE | 9 | NONE |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | NONE | 10c |
| | 11 Investments - publicly traded securities | NONE | 11 | NONE |
| | 12 Investments - other securities. See Part IV, line 11 | 152,512. | 12 | 8,937,978. |
| | 13 Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 Intangible assets | NONE | 14 | NONE |
| | 15 Other assets. See Part IV, line 11 | 393,340. | 15 | NONE |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 13,149,325. | 16 | 15,062,820. | |
| Liabilities | 17 Accounts payable and accrued expenses | NONE | 17 | NONE |
| | 18 Grants payable | 108,495. | 18 | NONE |
| | 19 Deferred revenue | NONE | 19 | NONE |
| | 20 Tax-exempt bond liabilities | NONE | 20 | NONE |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 22 Loans and other 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 | NONE | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 Unsecured notes and loans payable to unrelated third parties | NONE | 24 | NONE |
| 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 | NONE | 25 | NONE | |
| 26 Total liabilities. Add lines 17 through 25 | 108,495. | 26 | NONE | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | | 27 | |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | NONE | 29 | NONE |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | NONE | 30 | NONE |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 13,040,830. | 31 | 15,062,820. |
| | 32 Total net assets or fund balances | 13,040,830. | 32 | 15,062,820. |
| 33 Total liabilities and net assets/fund balances | 13,149,325. | 33 | 15,062,820. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,189,514. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,774,183. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,415,331. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 13,040,830. |
| 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 | -393,341. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 15,062,820. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990: Cash 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?
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?
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:
 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?
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?
- 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 . . .

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | | X |
| 3a | | X |
| 3b | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE NUDGE FOUNDATION

Employer identification number

47-4504533

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--------------|------------------------------------|----------|---|---|----|---|---|
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Total | | | | | | | |

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

Schedule A (Form 990) 2023

JSA
3E1210 1.000

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 785,139. | 3,884,076. | 8,354,590. | 3,816,467. | 5,713,510. | 22,553,782. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | NONE |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | NONE |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 6 Total. Add lines 1 through 5 | 785,139. | 3,884,076. | 8,354,590. | 3,816,467. | 5,713,510. | 22,553,782. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | NONE |
| 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 | | | | | | NONE |
| c Add lines 7a and 7b. | | | | | | NONE |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 22,553,782. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6. | 785,139. | 3,884,076. | 8,354,590. | 3,816,467. | 5,713,510. | 22,553,782. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | 475,478. | 475,478. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | NONE |
| c Add lines 10a and 10b | | | | | 475,478. | 475,478. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | NONE |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | 525. | 525. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 785,139. | 3,884,076. | 8,354,590. | 3,816,467. | 6,189,513. | 23,029,785. |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.93% |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 100.00% |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)), | 17 | 2.06% |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | NONE% |

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

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

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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 | |

| Section 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 amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|----------|--------------|
| 1 | 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 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| e | Excess from 2023 | | | |

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

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2019 | 2020 | 2021 | 2022 | 2023 | TOTAL |
|-------------|------|------|------|------|------|-------|
| OTHERS | | | | | 525. | 525. |
| TOTALS | | | | | 525. | 525. |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

THE NUDGE FOUNDATION

47-4504533

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

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

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \$ _____

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).

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | CAESAR SENGUPTA AND POOJA BHANDARI BLOCK 1005, LOWER DELTA ROAD, 23-01 TERESAVILLE TERESAVILLE SINGAPORE 099309 | \$ 70,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | HAMPSHIRE FOUNDATION INC 151, NEW PARK AVENUE, SUITE 7 HARTFORD, CT 06106 | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | MULAGO FOUNDATION 2435 POLK, STE 21 SAN FRANCISCO, CA 94109 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | AMERICA ONLINE GIVING FOUNDATION INC 40 EAST MAIN STREET, SUITE 887 NEWARK, DE 19711 | \$ 11,166. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | BILL & MELINDA GATES FOUNDATION P O BOX 23350 SEATTLE, WA 98102 | \$ 501,031. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | NARAYANAN FAMILY FOUNDATION 501, SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809-1377 | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | NITIN JINDAL 70 FOREST ST, 6B, STAMFORD, CT 06901 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | PEEYUSH RANJAN 4233 E LAKE SAMMAMISH SHORE LN SE, SAMMAMISH, WA 98075 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ROCKEFELLER FOUNDATION 420, FIFTH AVENUE, NEW YORK, NY 10018-2702 | \$ 350,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | RIPPLE WORKS INC 889 WINSLOW STREET, SUITE 501 REDWOOD CITY, CA 94538 | \$ 3,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | GIVE2ASIA 2201 BROADWAY, 4TH FLOOR, OAKLAND, CA 94612 | \$ 617,450. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | SHARE YOUR CARE INC 3523 CARDINAL RIDGE DR, GREENSBORO, NC 27401 | \$ 6,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | DEEPAK MITTAL #02-64 REFLECTIONS AT KEPPEL BAY, LOBBY SINGAPORE SINGAPORE SINGAPORE 098412 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | SAMEER KANWAR 17, SELETAR ROAD, #01-32, SELETAR PARK R SINGAPORE SINGAPORE SINGAPORE 807019 | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | PRITHVI SURESH RAI 1B, GREENLEAF DRIVE, SINGAPORE SINGAPORE SINGAPORE 279572 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | AKHIL GUPTA 353, CENTRAL PARK WEST, UNIT 11, NEW YORK, NY 10025 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | VIVEK RAJ 10931 WICKWILD, HOUSTAN, TX 77024 | \$ 14,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | AMIT GUPTA 325 RIVER VALKEY ROAD, 01-06 SINGAPORE SINGAPORE SINGAPORE 238357 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 19 | ANURAG SRIVASTAVA 12 COVE WAY SINGAPORE SINGAPORE SINGAPORE 098161 | \$ 5,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | ASHISH SHAH 111, MURRAY STREET, APT 54W NEWYORK, NY 10007 | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | DEEPAK RAJ 190 BROOKS BEND PRINCETON, NJ 08540 | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | DHIRAJ DUDEJA 5123 VALERIE ST, BELLAIRE BELLAIRE, TX 77401 | \$ 14,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | FOLLOW YOUR DREAM FOUNDATION INC. 266 WEST 37TH STREET, SUITE 803 NEW YORK, NY 10018 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | KIRAN DARISI AND ACHYUTHA RANI DARLA 60 TANAH MERAH KECHIL AVENUE #12-19, SINGAPORE SINGAPORE SINGAPORE 465529 | \$ 32,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 25 | MANOJ SINGH 389 LONG HILL DR, SHORT HILLS, NJ 07078 | \$ 14,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | MATTA SUGANDHI CORPUS 9 RHU CROSS, #11-07, SINGAPORE SINGAPORE SINGAPORE 437436 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | NARINDERJIT SINGH AND BINDU SINGH 12 AUBURN CT, VERNON HILLS, IL 60061 | \$ 7,570. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | PARSURAM VIJAYASANKAR 19, COMPASSVALE ROAD, #06-15 THE LUXURIE SINGAPORE SINGAPORE SINGAPORE 544753 | \$ 32,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | PIYUSH GUPTA/ RUCHIRA GUPTA 4233 E LAKE SAMMAMISH SHORE LN SE, SAMMAMISH, WA 98075 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | PRADEEP SINGH 9010 NE 41ST ST, YARROW POINT, WA 98004 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 31 | PRANTIK MAZUMDAR AMITENDRA 26 HOLLAND GREEN, SINGAPORE SINGAPORE SINGAPORE 276149 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | PUNEET AND SUKANYA PUSKRAN 112, TANJONG RHU RD, APT 04-01, SINGAPORE SINGAPORE SINGAPORE 436929 | \$ 6,018. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | RAJ MAHAJAN 1227 WILLOWDALE LANE IRVING, TX 75063 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | RIMA PANDE 118 WORTHEN ROAD, LEXINGTON, MA 02420 | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | SANJAY CHAKRAVARTHY 99 ROBERTSON QUAY, 37-16, RIVERGATE, SINGAPORE SINGAPORE SINGAPORE 238258 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | SATYA SHARMA 11 KEPPEL BAY DRIVE, #06-19 CORALS AT KE SINGAPORE SINGAPORE SINGAPORE 098017 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization THE NUDGE FOUNDATION | Employer identification number 47-4504533 |
|--|--|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 37 | SREENATH SREENIVASAN 415 E. 37TH ST #23J NEW YORK, NY 10016 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | TARUN JAIN 928 TERRACE DR, LOS ALTOS, CA 94024 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | TONOMORA SHINCHI 65 LLOYD ROAD, #10-12, SINGAPORE SINGAPORE SINGAPORE 239114 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | AMIT BAGGA AND PRIYA BAGGA 52 WATTEN HEIGHTS, SINGAPORE SINGAPORE SINGAPORE 287481 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | CHANDAN DEEP/ JATIN MAMTANI 6 KEPPEL BAY DRIVE, CARIBBEAN CARIBBEAN SINGAPORE 098638 | \$ 6,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | RETAIL DONATIONS 1227 WILLOWDALE LANE IRVING, TX 75063 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

THE NUDGE FOUNDATION

Employer identification number

47-4504533

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization <p style="text-align: center;">THE NUDGE FOUNDATION</p> | Employer identification number <p style="text-align: center;">47-4504533</p> |
|---|---|

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and 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 gift | | | |
| 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 gift | | | |
| 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 gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

THE NUDGE FOUNDATION

47-4504533

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

JSA 3E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold 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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table.
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, 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.

- 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 %
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?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | 645. | SEE SUPPLEMENTAL PAGE |
| (3) Other | | |
| (A) MONEY MARKET FUND | 8,937,333. | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . | 8,937,978. | |

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)). | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). | |

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

Part XIII Supplemental Information (continued)

ACCRUED EXPENSE

ACCRUAL METHOD IS BEING FOLLOWED FOR AUDITED FINANCIAL STATEMENT, WHEREAS

CASH METHOD IS FOLLOWED FOR TAX PURPOSES. ACCORDINGLY THE OUTSTANDING EXPENSE OF \$ 147,679 HAS NOT BEEN CLAIMED AS A TAX DEDUCTION.

ACCRUED EXPENSE LY

ACCRUAL METHOD IS BEING FOLLOWED FOR AUDITED FINANCIAL STATEMENT, WHEREAS

CASH METHOD IS FOLLOWED FOR TAX PURPOSES. ACCORDINGLY THE PY OUTSTANDING EXPENSE OF \$ 15,915 HAS BEEN CLAIMED AS A TAX DEDUCTION.

GRANT RECEIVED CY

ACCRUAL METHOD IS BEING FOLLOWED FOR AUDITED FINANCIAL STATEMENT, WHEREAS

CASH METHOD IS FOLLOWED FOR TAX PURPOSES. ACCORDINGLY, A CONTRIBUTION OF \$3,93,340 WHICH WAS RECEIVED IN CY WAS ACCOUNTED FOR IN THE AUDITED FINANCIALS IN THE PREVIOUS YEAR AS GRANT RCEIVABLE.

Part XIII Supplemental Information (continued)SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS
=====

| DESCRIPTION ----- | BOOK VALUE ----- | COST OR FMV ----- |
|--------------------------|------------------------|-------------------------|
| INVESTMENT IN SUBSIDIARY | 645. | COST |
| TOTALS | ----- 645. ===== | |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

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

Name of the organization

Employer identification number

THE NUDGE FOUNDATION

47-4504533

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) SOUTH ASIA | | | PROGRAM SERVICES | RURAL DEVELOPMENT | 2,339,170. |
| (2) SOUTH ASIA | | | PROGRAM SERVICES | SKILL DEVELOPMENT | 231,331. |
| (3) SOUTH ASIA | | | PROGRAM SERVICES | SOCIAL INNOVATION | 729,890. |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | | | | 3,300,391. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 3,300,391. |

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

Schedule F (Form 990) 2023

JSA
3E1274 1.000

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.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SOUTH ASIA | GRANTMAKING | 3,300,391. | WIRETRANSFER | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 12

3 Enter total number of other organizations or entities _____

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.

| (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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes 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? *If "Yes," 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 the Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

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).

PART I LINE 2- GRANTMAKERS EXPL. FOR MONITORING USE OF FUNDS OUTSIDE US

THE FUND'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES (IN THE CASE OF THE FUND, PRINCIPALLY IN INDIA) BEGIN BEFORE A GRANT IS APPROVED. PROPOSED GRANTS ARE REVIEWED BY DIRECTORS IN DIALOGUE WITH OFFICIALS OF THE RECIPIENT AND BY MEANS OF A FORMAL GRANT APPLICATION/GRANT AGREEMENT PROCESS. UNDER THE GRANT APPLICATION, SPECIFIC USES FOR THE FUNDS SOUGHT ARE DISCLOSED, AND SUCH USES ARE FURTHER RESTRICTED UNDER THE GRANT AGREEMENT. THE GRANT AGREEMENT, AMONG OTHER THINGS, ALSO REQUIRES DETAILED PERIODIC REPORTING FROM THE RECIPIENT TO THE FUND ON THE ACTUAL USE OF THE GRANT FUNDS AND OTHER RELATED MATTERS, AUTHORIZES ACCESS BY THE FUND TO THE RECIPIENT'S RELEVANT BOOKS AND RECORDS TO VERIFY COMPLIANCE WITH THE GRANT AGREEMENT. THESE PROCEDURES ARE BACKED UP BY REGULAR DIALOGUE (BY CORRESPONDENCE, TELEPHONE AND IN PERSON) BETWEEN THE FUND AND OFFICIALS OF THE RECIPIENT.

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).

PART I, LINE 3F - METHOD OF ACCOUNTING

THE GRANT EXPENSES REPORTED IN PART I, LINE 3 AND PART II ARE ACCOUNTED
FOR USING THE CASH METHOD OF ACCOUNTING.

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE NUDGE FOUNDATION

47-4504533

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE PRESIDENT, SECRETARY AND THE DIRECTORS.

FORM 990 PART VI LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIALS STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC.

Name of the organization

Employer identification number

THE NUDGE FOUNDATION

47-4504533

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| TO THE NEW INC 101 HUDSON STREET #2100 JERSEY CITY, NJ 07302 | CONSULTANCY | 123,338. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NUDGE FOUNDATION

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

47-4504533

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a - s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|---------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **5471**

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2023, and ending 12/31/2023

OMB No. 1545-0123

Attachment Sequence No. **121**

Name of person filing this return

THE NUDGE FOUNDATION

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

1227 WILLOWDALE LANE

City or town, state, and ZIP code

IRVING TX 75063

Filer's tax year beginning 01/01/2023, and ending 12/31/2023

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) _____

H Person(s) on whose behalf this information return is filed:

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) | | |
|----------|-------------|------------------------|------------------------------|---------|----------|
| | | | Shareholder | Officer | Director |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

| | | |
|--|---|--|
| 1a Name and address of foreign corporation NUDGE TECHNOLOGIES PRIVATE LIMITED A1202 MANTRI ESPANA, KARIAMMANA AGRAHARA BELLANDUR BANGALORE, 560103 IN | | b(1) Employer identification number, if any |
| | | b(2) Reference ID number (see instructions) NTPL01 |
| | | b(3) Previous reference ID number(s), if any (see instructions) |
| | | c Country under whose laws incorporated INDIA |
| d Date of incorporation 01/23/2021 | e Principal place of business IN | f Principal business activity code number 541600 |
| | | g Principal business activity CONSULTING SERVICES |
| | | h Functional currency code INR |

2 Provide the following information for the foreign corporation's accounting period stated above.

| | | |
|--|---|---|
| a Name, address, and identifying number of branch office or agent (if any) in the United States | b If a U.S. income tax return was filed, enter: | |
| | (i) Taxable income or (loss) | (ii) U.S. income tax paid (after all credits) |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different | |

Schedule A Stock of the Foreign Corporation

| (a) Description of each class of stock | (b) Number of shares issued and outstanding | |
|--|---|--------------------------------------|
| | (i) Beginning of annual accounting period | (ii) End of annual accounting period |
| COMMON | 5,000. | 5,000. |
| | | |
| | | |

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2023)

JSA

3X1660 1.000

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

| | | | Functional Currency | U.S. Dollars | |
|----------------------------|--|---|---------------------|--------------|-------|
| Income | 1a | Gross receipts or sales | 1a | | |
| | b | Returns and allowances | 1b | | |
| | c | Subtract line 1b from line 1a | 1c | | |
| | 2 | Cost of goods sold | 2 | | |
| | 3 | Gross profit (subtract line 2 from line 1c) | 3 | | |
| | 4 | Dividends | 4 | | |
| | 5 | Interest | 5 | 6,780. | 82. |
| | 6a | Gross rents | 6a | | |
| | b | Gross royalties and license fees | 6b | | |
| | 7 | Net gain or (loss) on sale of capital assets | 7 | | |
| 8a | Foreign currency transaction gain or loss - unrealized. | | 8a | | |
| | Foreign currency transaction gain or loss - realized. | | 8b | | |
| 9 | Other income (attach statement) | 9 | | | |
| 10 | Total income (add lines 3 through 9) | 10 | 6,780. | 82. | |
| Deductions | 11 | Compensation not deducted elsewhere | 11 | | |
| | 12a | Rents | 12a | 4,000. | 48. |
| | b | Royalties and license fees. | 12b | | |
| | 13 | Interest | 13 | | |
| | 14 | Depreciation not deducted elsewhere | 14 | | |
| | 15 | Depletion | 15 | | |
| | 16 | Taxes (exclude income tax expense (benefit)) | 16 | | |
| | 17 | Other deductions (attach statement - exclude income tax expense (benefit)). SEE STATEMENT 1. | 17 | 53,163. | 644. |
| 18 | Total deductions (add lines 11 through 17) | 18 | 57,163. | 692. | |
| Net Income | 19 | Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) | 19 | -50,383. | -610. |
| | 20 | Unusual or infrequently occurring items | 20 | | |
| | 21a | Income tax expense (benefit) - current. | 21a | 58,450. | 708. |
| | b | Income tax expense (benefit) - deferred | 21b | | |
| 22 | Current year net income or (loss) per books (combine lines 19 through 21b) | 22 | -108,833. | -1,318. | |
| Other Comprehensive Income | 23a | Foreign currency translation adjustments | 23a | | |
| | b | Other | 23b | | |
| | c | Income tax expense (benefit) related to other comprehensive income | 23c | | |
| | 24 | Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c). | 24 | | |

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets | | (a) Beginning of annual accounting period | (b) End of annual accounting period |
|---|--|---|---|
| 1 | Cash | 8,432. | 2,375. |
| 2a | Trade notes and accounts receivable | | |
| b | Less allowance for bad debts | () | () |
| 3 | Derivatives | | |
| 4 | Inventories | | |
| 5 | Other current assets (attach statement). SEE STATEMENT 2. | 2,524. | 146. |
| 6 | Loans to shareholders and other related persons | | |
| 7 | Investment in subsidiaries (attach statement) | | |
| 8 | Other investments (attach statement) | | |
| 9a | Buildings and other depreciable assets | | |
| b | Less accumulated depreciation | () | () |
| 10a | Depletable assets | | |
| b | Less accumulated depletion | () | () |
| 11 | Land (net of any amortization) | | |
| 12 | Intangible assets: | | |
| a | Goodwill | | |
| b | Organization costs | | |
| c | Patents, trademarks, and other intangible assets | | |
| d | Less accumulated amortization for lines 12a, 12b, and 12c | () | () |
| 13 | Other assets (attach statement) | | |
| 14 | Total assets | 10,956. | 2,521. |
| Liabilities and Shareholders' Equity | | | |
| 15 | Accounts payable | 6,736. | 5. |
| 16 | Other current liabilities (attach statement) SEE STATEMENT 2. | 620. | 240. |
| 17 | Derivatives | | |
| 18 | Loans from shareholders and other related persons | | |
| 19 | Other liabilities (attach statement) | | |
| 20 | Capital stock: | | |
| a | Preferred stock | | |
| b | Common stock | 604. | 601. |
| 21 | Paid-in or capital surplus (attach reconciliation) | | |
| 22 | Retained earnings | 2,996. | 1,675. |
| 23 | Less cost of treasury stock | () | () |
| 24 | Total liabilities and shareholders' equity | 10,956. | 2,521. |

Schedule G Other Information

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c. | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the total amount of the base erosion payments \$ _____ | | |
| c Enter the total amount of the base erosion tax benefits \$ _____ | | |
| 5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b. | <input type="checkbox"/> | <input type="checkbox"/> |
| b Enter the total amount of the disallowed deductions (see instructions) \$ _____ | | |

Schedule G Other Information (continued)

Table with 2 columns: Question/Description and Yes/No. Rows include questions 6a through 19a regarding foreign-derived intangible income, gross receipts, cost sharing arrangements, stock purchases, intangible property, earnings reduction, expatriated subsidiaries, reportable transactions, foreign taxes, interest expense disallowance, and covered debt instruments.

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder THE NUDGE FOUNDATION Identifying number 47-4504533

Table with 2 columns: Description and Amount. Rows include 1a-1h, 2-4, 5a-5e, and 6.

Table with 3 columns: Question, Yes, No. Rows include 7a, 7b, 8a, 8b, 8c, and 9.

Current Earnings and Profits

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|--|--------------|---|
| Name of person filing Form 5471 THE NUDGE FOUNDATION | | Identifying number 47-4504533 |
| Name of foreign corporation NUDGE TECHNOLOGIES PRIVATE LIMITED | EIN (if any) | Reference ID number (see instructions) NTPL01 |

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

| | | | | |
|-----------|--|-------------------|------------------|-----------|
| 1 | Current year net income or (loss) per foreign books of account. | | 1 | -108,833. |
| 2 | Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions): | Net Additions | Net Subtractions | |
| a | Capital gains or losses. | 2a | | |
| b | Depreciation and amortization. | 2b | | |
| c | Depletion. | 2c | | |
| d | Investment or incentive allowance. | 2d | | |
| e | Charges to statutory reserves. | 2e | | |
| f | Inventory adjustments. | 2f | | |
| g | Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)). | 2g | | |
| h | Foreign currency gains or losses. | 2h | | |
| i | Other (attach statement). | 2i | | |
| 3 | Total net additions. | 3 | | |
| 4 | Total net subtractions. | 4 | | |
| 5a | Current earnings and profits (line 1 plus line 3 minus line 4). | | 5a | -108,833. |
| b | DASTM gain or (loss) for foreign corporations that use DASTM (see instructions). | | 5b | |
| c | Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines. | | 5c | -108,833. |
| | (i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a)). | 5c(i) | | -108,833. |
| | (ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)). | 5c(ii) | | |
| | (iii) Section 901(j) category: | | | |
| | (A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a). | 5c(iii)(A) | | |
| | (B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a). | 5c(iii)(B) | | |
| | (C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a). | 5c(iii)(C) | | |
| | (D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a). | 5c(iii)(D) | | |
| d | Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)). | | 5d | -1,318. |
| e | Enter exchange rate used for line 5d ▶ | 82.5769000 | | |

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

| | | |
|--|--------------|---|
| Name of person filing Form 5471 THE NUDGE FOUNDATION | | Identifying number 47-4504533 |
| Name of foreign corporation NUDGE TECHNOLOGIES PRIVATE LIMITED | EIN (if any) | Reference ID number (see instructions) NTPL01 |
| Separate Category (Enter code - see instructions.) | | ▶ GEN |

| | | Functional Currency | Conversion Rate | U.S. Dollars |
|---|------------|---------------------|-----------------|--------------|
| 1 Gross income (see instructions if cost of goods sold exceed gross receipts) | 1 | 6,780. | | |
| 2 Exclusions (see instructions if cost of goods sold exceed gross receipts) | | | | |
| a Effectively connected income | 2a | | | |
| b Subpart F income | 2b | | | |
| c High-tax exception income per section 954(b)(4) | 2c | | | |
| d Related party dividends | 2d | | | |
| e Foreign oil and gas extraction income | 2e | | | |
| 3 Total exclusions (combine lines 2a through 2e) | 3 | | | |
| 4 Gross income less total exclusions (line 1 minus line 3) (see instructions) | 4 | 6,780. | | |
| 5 Deductions properly allocable to amount on line 4 | 5 | 115,613. | | |
| 6 Tested income (loss) (line 4 minus line 5) (see instructions) | 6 | -108,833. | 82.5769000 | -1,318. |
| 7 Tested foreign income taxes | 7 | | 82.5769000 | |
| 8 Qualified business asset investment (QBAI) | 8 | | 82.5769000 | |
| 9a Interest expense included on line 5 | 9a | | | |
| b Qualified interest expense | 9b | | | |
| c Tested loss QBAI amount | 9c | | | |
| d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- | 9d | | 82.5769000 | |
| 10a Interest income included in line 4 | 10a | 6,780. | | |
| b Qualified interest income | 10b | | | |
| c Tested interest income (line 10a minus line 10b). If zero or less, enter -0- | 10c | 6,780. | 82.5769000 | 82. |

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|--|--------------|---|
| Name of person filing Form 5471 THE NUDGE FOUNDATION | | Identifying number 47-4504533 |
| Name of foreign corporation NUDGE TECHNOLOGIES PRIVATE LIMITED | EIN (if any) | Reference ID number (see instructions) NTPL01 |
| a Separate Category (Enter code - see instructions.) ▶ GEN b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶ | | |

Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

| Important: | Enter amounts in functional currency. | (a) | (b) | (c) | (d) | (e) Previously Taxed E&P (see instructions) | |
|------------|---|--|---|--|--|---|---------------------------------------|
| | | Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance) | Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance) | Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) | Hovering Deficit and Deduction for Suspended Taxes | (i) Reclassified section 965(a) PTEP | (ii) Reclassified section 965(b) PTEP |
| 1 a | Balance at beginning of year (as reported on prior year Schedule J) | 280,688. | | | | | |
| b | Beginning balance adjustments (attach statement) | | | | | | |
| c | Adjusted beginning balance (combine lines 1a and 1b) | 280,688. | | | | | |
| 2 a | Reduction for taxes unsuspended under anti-splitter rules | | | | | | |
| b | Disallowed deduction for taxes suspended under anti-splitter rules | | | | | | |
| 3 | Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) | -108,833. | | | | | |
| 4 | E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation | | | | | | |
| 5 a | E&P carried over in nonrecognition transaction | | | | | | |
| b | Reclassify deficit in E&P as hovering deficit after nonrecognition transaction | | | | | | |
| 6 | Other adjustments (attach statement) | | | | | | |
| 7 | Total current and accumulated E&P (combine lines 1c through 6) | 171,855. | | | | | |
| 8 | Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P | | | | | | |
| 9 | Actual distributions | | | | | | |
| 10 | Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P | | | | | | |
| 11 | Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) | | | | | | |
| 12 | Other adjustments (attach statement) | | | | | | |
| 13 | Hovering deficit offset of undistributed post-transaction E&P (see instructions) | | | | | | |
| 14 | Balance at beginning of next year (combine lines 7 through 13) | 171,855. | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2020)

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

| | (e) Previously Taxed E&P (see instructions) | | | | |
|-----|--|--|--|---------------------------------|----------------------------------|
| | (iii) General section 959(c)(1) PTEP | (iv) Reclassified section 951A PTEP | (v) Reclassified section 245A(d) PTEP | (vi) Section 965(a) PTEP | (vii) Section 965(b) PTEP |
| 1 a | | | | | |
| b | | | | | |
| c | | | | | |
| 2 a | | | | | |
| b | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 a | | | | | |
| b | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |

| | (e) Previously Taxed E&P (see instructions) | | | (f) |
|-----|--|----------------------------------|--------------------------------------|---|
| | (viii) Section 951A PTEP | (ix) Section 245A(d) PTEP | (x) Section 951(a)(1)(A) PTEP | Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) |
| 1 a | | | | 280,688. |
| b | | | | |
| c | | | | 280,688. |
| 2 a | | | | |
| b | | | | |
| 3 | | | | -108,833. |
| 4 | | | | |
| 5 a | | | | |
| b | | | | |
| 6 | | | | |
| 7 | | | | 171,855. |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | 171,855. |

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Important: Enter amounts in functional currency.

| | | | | |
|----------|--|---|----------|--|
| 1 | Balance at beginning of year | ▶ | 1 | |
| 2 | Additions (amounts subject to future recapture). | ▶ | 2 | |
| 3 | Subtractions (amounts recaptured in current year) | ▶ | 3 | |
| 4 | Balance at end of year (combine lines 1 through 3) | ▶ | 4 | |

Schedule J (Form 5471) (Rev. 12-2020)

**Transactions Between Controlled Foreign Corporation
 and Shareholders or Other Related Persons**

▶ Attach to Form 5471.
 ▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|---|--------------|--|
| Name of person filing Form 5471 THE NUJGE FOUNDATION | | Identifying number 47-4504533 |
| Name of foreign corporation NUJGE TECHNOLOGIES PRIVATE LIMITED | EIN (if any) | Reference ID number (see instructions) NTPL01 |

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ INR

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|--|------------------------------------|--|---|--|---|
| 1 Sales of stock in trade (inventory) | | | | | |
| 2 Sales of tangible property other than stock in trade | | | | | |
| 3 Sales of property rights (patents, trademarks, etc.). | | | | | |
| 4 Platform contribution transaction payments received | | | | | |
| 5 Cost sharing transaction payments received | | | | | |
| 6 Compensation received for technical, managerial, engineering, construction, or like services . . | | | | | |
| 7 Commissions received | | | | | |
| 8 Rents, royalties, and license fees received | | | | | |
| 9 Hybrid dividends received (see instructions) | | | | | |
| 10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) | | | | | |
| 11 Interest received. | | | | | |
| 12 Premiums received for insurance or reinsurance. | | | | | |
| 13 Loan guarantee fees received . | | | | | |
| 14 Other amounts received (attach statement) | | | | | |
| 15 Add lines 1 through 14 | | | | | |
| 16 Purchases of stock in trade (inventory) | | | | | |
| 17 Purchases of tangible property other than stock in trade. . . . | | | | | |
| 18 Purchases of property rights (patents, trademarks, etc.) | | | | | |
| 19 Platform contribution transaction payments paid | | | | | |
| 20 Cost sharing transaction payments paid . | | | | | |
| 21 Compensation paid for technical, managerial, engineering, construction, or like services . . | | | | | |
| 22 Commissions paid | | | | | |
| 23 Rents, royalties, and license fees paid | | | | | |
| 24 Hybrid dividends paid (see instructions) | | | | | |
| 25 Dividends paid (exclude hybrid dividends paid) | | | | | |
| 26 Interest paid | | | | | |
| 27 Premiums paid for insurance or reinsurance | | | | | |
| 28 Loan guarantee fees paid . . . | | | | | |
| 29 Other amounts paid (attach statement). . | | | | | |
| 30 Add lines 16 through 29. | | | | | |

Name of person filing Form 5471

Identifying number

| (a) Transactions of foreign corporation | (b) U.S. person filing this return | (c) Any domestic corporation or partnership controlled by U.S. person filing this return | (d) Any other foreign corporation or partnership controlled by U.S. person filing this return | (e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return) | (f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation |
|---|------------------------------------|--|---|--|---|
| 31 Accounts Payable | | | | | |
| 32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions | | | | | |
| 33 Accounts Receivable | | | | | |
| 34 Amounts loaned (enter the maximum loan balance during the year) - see instructions | | | | | |

CFC Income by CFC Income Groups

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|--|--------------|---|
| Name of person filing Form 5471 THE NUDGE FOUNDATION | | Identifying number 47-4504533 |
| Name of foreign corporation NUDGE TECHNOLOGIES PRIVATE LIMITED | EIN (if any) | Reference ID number (see instructions) NTPL01 |

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) _____
- C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) _____

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

- D** Indicate whether this Schedule Q is being completed for: U.S. source income or Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- E** If this Schedule Q is being completed for FOGEI or FORI income, check this box

| <i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i> | (i) Country Code | (ii) Gross Income | (iii) Definitely Related Expenses | (iv) Related Person Interest Expense | (v) Other Interest Expense | (vi) Research & Experimental Expenses | (vii) Other Expenses (attach schedule) |
|---|---------------------|----------------------|--------------------------------------|---|-------------------------------|--|---|
| 1 Subpart F Income Groups | | | | | | | |
| a Dividends, Interest, Rents, Royalties, & Annuities (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| b Net Gain From Certain Property Transactions (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| c Net Gain From Commodities Transactions (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| d Net Foreign Currency Gain (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| e Income Equivalent to Interest (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| f Other Foreign Personal Holding Company Income (Total) (attach statement - see instructions). | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |

Important: See *Computer-Generated Schedule Q* in instructions.

For Paperwork Reduction Act Notice, see instructions.

| | (viii) Current Year Tax on Reattributed Income From Disregarded Payments | (ix) Current Year Tax on All Other Disregarded Payments | (x) Other Current Year Taxes | (xi) Net Income (column (ii) less columns (iii) through (x)) | (xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars) | (xiii) Average Asset Value | (xiv) High Tax Election | (xv) Loss Allocation | (xvi) Net Income After Loss Allocation (column (xi) minus column (xv)) |
|----------|---|--|---------------------------------|---|--|-------------------------------|----------------------------|-------------------------|---|
| 1 | | | | | | | | | |
| a | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| b | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| c | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| d | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| e | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| f | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |

Important: See *Computer-Generated Schedule Q* in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

| | (i) Country Code | (ii) Gross Income | (iii) Definitely Related Expenses | (iv) Related Person Interest Expense | (v) Other Interest Expense | (vi) Research & Experimental Expenses | (vii) Other Expenses (attach schedule) |
|---|---------------------|----------------------|--------------------------------------|---|-------------------------------|--|---|
| 1 Subpart F Income Groups | | | | | | | |
| g Foreign Base Company Sales Income (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| h Foreign Base Company Services Income (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| i Full Inclusion Foreign Base Company Income (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| j Insurance Income (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| k International Boycott Income | | | | | | | |
| l Bribes, Kickbacks, and Other Payments | | | | | | | |
| m Section 901(j) income | | | | | | | |
| 2 Recaptured Subpart F Income | | | | | | | |
| 3 Tested Income Group (Total) | | 6,780. | | | | | 57,163. |
| (1) Unit name: NUDGE TECHNOLOG | IN | 6,780. | | | | | 57,163. |
| (2) Unit name: _____ | | | | | | | |
| 4 Residual Income Group (Total) | | | | | | | |
| (1) Unit name: _____ | | | | | | | |
| (2) Unit name: _____ | | | | | | | |
| 5 Total | | 6,780. | | | | | 57,163. |

Important: See *Computer-Generated Schedule Q* in instructions.

| | (viii) Current Year Tax on Reattributed Income From Disregarded Payments | (ix) Current Year Tax on All Other Disregarded Payments | (x) Other Current Year Taxes | (xi) Net Income (column (ii) less columns (iii) through (x)) | (xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars) | (xiii) Average Asset Value | (xiv) High Tax Election | (xv) Loss Allocation | (xvi) Net Income After Loss Allocation (column (xi) minus column (xv)) |
|----------|---|--|---------------------------------|---|--|-------------------------------|----------------------------|-------------------------|---|
| 1 | | | | | | | | | |
| g | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| h | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| i | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
| j | | | | | | | | | |
| (1) | | | | | | | <input type="checkbox"/> | | |
| (2) | | | | | | | <input type="checkbox"/> | | |
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| l | | | | | | | | | |
| m | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | 58,450. | -108,833. | | | | | -108,833. |
| (1) | | | 58,450. | -108,833. | | | <input type="checkbox"/> | | -108,833. |
| (2) | | | | | | | <input type="checkbox"/> | | |
| 4 | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| 5 | | | 58,450. | -108,833. | | | | | -108,833. |

Important: See **Computer-Generated Schedule Q** in instructions.

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

| | | |
|---|--------------|--|
| Name of person filing Form 5471 THE NUDGE FOUNDATION | | Identifying number 47-4504533 |
| Name of foreign corporation NUDGE TECHNOLOGIES PRIVATE LIMITED | EIN (if any) | Reference ID number (see instructions) NTPL01 |

| | (a) Description of distribution | (b) Date of distribution | (c) Amount of distribution in foreign corporation's functional currency | (d) Amount of E&P distribution in foreign corporation's functional currency |
|----|---------------------------------|--------------------------|---|---|
| 1 | NO DISTRIBUTIONS | 12/31/2023 | NONE | NONE |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
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| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |

U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

Go to www.irs.gov/Form8992 for instructions and the latest information.

| | |
|---|------------------------------------|
| Name of person filing this return THE NUDGE FOUNDATION | A Identifying number 47-4504533 |
| Name of U.S. shareholder THE NUDGE FOUNDATION | B Identifying number 47-4504533 |

| Part I Net Controlled Foreign Corporation (CFC) Tested Income | | | |
|--|---|---|-----------|
| 1 | Sum of Pro Rata Share of Net Tested Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (e). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder. | 1 | |
| 2 | Sum of Pro Rata Share of Net Tested Loss If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (f). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder. | 2 | (1,318.) |
| 3 | Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here. | 3 | -1,318. |

| Part II Calculation of Global Intangible Low-Taxed Income (GILTI) | | | |
|--|---|----|--|
| 1 | Net CFC Tested Income. Enter amount from Part I, line 3 | 1 | |
| 2 | Deemed Tangible Income Return (DTIR) If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the total from Schedule A (Form 8992), line 1, column (g), by 10% (0.10). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder. | 2 | |
| 3a | Sum of Pro Rata Share of Tested Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (j). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3a blank. | 3a | |
| b | Sum of Pro Rata Share of Tested Interest Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (i). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank. | 3b | |
| c | Specified Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line 3b from line 3a. If zero or less, enter -0-. If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder. | 3c | |
| 4 | Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0- | 4 | |
| 5 | GILTI. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |

For Paperwork Reduction Act Notice, see separate instructions.

SUPPLEMENTAL SCHEDULES TO FORM 5471

NUDGE TECHNOLOGIES PRIVATE LIMITED

| SCHEDULE C - LINE 17, OTHER DEDUCTIONS ----- | FUNCTIONAL CURRENCY ----- | U. S. DOLLARS ----- |
|---|---------------------------------|---------------------------|
| AUDIT FEES | 20,000. | 242. |
| BANK CHARGES | 3,953. | 48. |
| CONSULTANCY CHARGES | 5,900. | 71. |
| FILING FEES | 15,600. | 189. |
| COURIER | 410. | 5. |
| INCORPORATION EXPENSE | 50. | 1. |
| PROFESSIONAL FEES | 7,250. | 88. |
| TOTAL OTHER DEDUCTIONS | ----- 53,163. | ----- 644. |
| | ===== | ===== |

SUPPLEMENTAL SCHEDULES TO FORM 5471

NUDGE TECHNOLOGIES PRIVATE LIMITED

| SCHEDULE F - LINE 5, OTHER CURRENT ASSETS | BEGINNING BALANCE | ENDING BALANCE |
|---|----------------------|-------------------|
| ----- | ----- | ----- |
| TDS RECEIVABLE | 2,524. | |
| CGST INPUT | NONE | 6,052. |
| SGST INPUT | NONE | 6,052. |
| | ----- | ----- |
| TOTAL OTHER CURRENT ASSETS | 2,524. | 12,104. |
| | ===== | ===== |

| SCHEDULE F - LINE 16, OTHER CURRENT LIABILITIES | BEGINNING BALANCE | ENDING BALANCE |
|---|----------------------|-------------------|
| ----- | ----- | ----- |
| DUTIES & TAXES | 620. | |
| AUDIT FEES PAYABLE | | 20,000. |
| | ----- | ----- |
| TOTAL OTHER CURRENT LIABILITIES | 620. | 20,000. |
| | ===== | ===== |