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.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: NANOG INC Address change Doing business as 27-2534183 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 866-902-1336 305 E. EISENHOWER PKWY. SUITE 100 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ANN ARBOR 48108 2,871,901 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates' Application pending EDWARD MCNAIR 305 E. EISENHOWER PKWY. H(b) Are all subordinates included? SUITE 100 If "No." attach a list. See instructions ANN ARBOR 48108 **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 Tax-exempt status: WWW.NANOG.ORG Website: ▶ H(c) Group exemption number ▶ Form of organization: X Corporation Year of formation: 2010 Association Other > Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO MANAGE NANOG, AN EDUCATIONAL AND OPERATIONAL FORUM COLLABORATING TO MAKE Activities & Governance THE INTERNET BETTER 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 8 5 6 Total number of volunteers (estimate if necessary) 6 48 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 728,499 844,725 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 914,136 284,403 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 113,586 248,209 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,824 1,756,221 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,386,161 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 40,000 40,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 848,495 823,869 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,286,596 836,867 2,175,091 1,700,736 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -314,575 -418,870 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5,018,083 4,912,031 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 643,815 814,034 4,374,268 4,097,997 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is preparer (other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete. Declaration Sign EXECUTIVE DIRECTOR Here EDWARD MCNAIR Type or print name and title Print/Type preparer's name Preparer's Date 11/02/202 Check Paid KELLIE M. BOS self-employed P00448161 **Preparer** ANDREWS HOOPER PAVLIK 38-3133790 Firm's EIN ▶ Firm's name **Use Only** 5915 EASTMAN AVE STE

MIDLAND, MI

May the IRS discuss this return with the preparer shown above? See instructions

48640-6824

989-835-7721

Ch	neck if Schedule O	• • • • • • • • • • • • • • • • • • •	any line in this Part III	X
	ibe the organization's mi	ission:		
SEE SCHE	POOPE O			
*				
2 Did the organ	nization undertake any s	significant program services during the	year which were not listed on the	
prior Form 99	90 or 990-EZ?			Yes X No
	cribe these new services			
=	nization cease conductir	ng, or make significant changes in hov	v it conducts, any program	
services?				Yes X No
	cribe these changes on		its three largest program services, as mea	aurad by
			eport the amount of grants and allocations	-
	, , , ,	ny, for each program service reported		to others,
,				
4a (Code: SEE SCHE		1,068,771 including grants	s of\$) (Revenue	269,853
*				
*				
• • • • • • • • • • • • • • • • • • • •				
1b (Code:) (Expenses \$	14,550 including grants	of\$) (Revenue	\$ 14,550
FOR STUL	DENTS, AND T	RAINING FOR UNDERS VEL CONSTRAINTS, T	EDUCATIONAL AND CARE ERVED REGIONS WITHIN HE OUTREACH PROGRAM W	NORTH AMERICA.
		,		
4c (Code:) (Expenses \$	47,963 including grants	of\$ 40,000) (Revenue	
	LPS SUPPORT		GINEERING EDUCATION T	
SCHOLARS	HIPS. NANO	G PROVIDES SCHOLAR	SHIPS TO STUDENTS IN	A VARIETY OF
AREAS IN	ICLUDING NET	WORK ENGINEERING,	COMPUTER ENGINEERING,	ELECTRICAL
ENGINEER	RING, TELECO	MMUNICATIONS, AND	COMPUTER SCIENCE.	
d Other program	m services (Describe or			
· -		n Schedule O.)		
(Expenses \$		n Schedule O.) including grants of\$) (Revenue \$)

Form 990 (2021) NANOG INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
·	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	٣		
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	<u>-</u>		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			_ _ _
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	匚
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u>↓</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Ь
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			۱.,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝≏
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			٠.
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	١,,		٠.
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		┝ᢚ
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		\vdash
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		 ^^
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	ļ		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1		
annimilli	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2021) NANO	3 INC		2	27-2534	183			Pa	age 5
Pa	irt V Stateme	nts Regarding	Other IRS Filing	s and Tax Compl	liance (cor	ntinue	d)			No
2a	Enter the number of	employees reporte	d on Form W-3, Trans	smittal of Wage and Ta	х					
	Statements, filed for	the calendar year	ending with or within t	he year covered by this	return	2a	8			
b	If at least one is repo	rted on line 2a, did	d the organization file a	all required federal emp	oloyment tax r	eturns	?	2b	Х	
	Note: If the sum of lin	nes 1a and 2a is g	reater than 250, you n	may be required to <i>e-file</i>	e. See instruc	tions.				
3a	Did the organization	have unrelated bu	siness gross income o	of \$1,000 or more during	g the year?			3a		X
b			-	3b, provide an explana				3b		
4a			=	ve an interest in, or a si	=					l
				unt, securities account,	or other finar	ncial ac	count)?	4a		X
b	If "Yes," enter the na	-								
. .				, Report of Foreign Ban			ounts (FBAR).	_		v
_				action at any time durin	-			5a		X
b				a party to a prohibited to	ax sneiter trar	nsactio	n?	5b		
c 6a		=	ation file Form 8886-T	r ormally greater than \$10		id tho		5c		
va	=	=	•	tible as charitable contr		ia iiie		6a		x
b	•	•		n express statement tha		outions	or	Ou		
	gifts were not tax dec		ar every concluded a	r express statement the	at odom commi	Jacono	01	6b		
7	•		ctible contributions	under section 170(c).						
а	_	-		de partly as a contribution		for god	ods			
	and services provide							7a		х
b	If "Yes," did the organ	nization notify the	donor of the value of t	he goods or services pr	rovided?			7b		
С	Did the organization	sell, exchange, or	otherwise dispose of t	tangible personal prope	erty for which i	it was				
	required to file Form	8282?						7c		X
d	If "Yes," indicate the	number of Forms	3282 filed during the y	ear		7d				
е	=			to pay premiums on a p				7e		X
f	=			or indirectly, on a perso				7f		X
g	=		•	tual property, did the or	=			7g		
h	=		•	lanes, or other vehicles	=			7h		
8			=	nds. Did a donor advise ny time during the year?		ained i	by the	8		
9			ng donor advised fur	-	f			0		
а			=	ns under section 4966?	•			9a		
b	·	=	-	or, donor advisor, or rel				9b		
10	Section 501(c)(7) or	=		,						
а		-	included on Part VIII, I	line 12		10a				
b				ublic use of club facilitie	es	10b				
11	Section 501(c)(12) c	rganizations. En	ter:							
а	Gross income from m	nembers or shareh	olders			11a				
b	Gross income from o	ther sources. (Do	not net amounts due o	or paid to other sources	6					
	against amounts due					11b				
12a				ganization filing Form 9			041?	12a		
b		·		accrued during the year	r	12b				
13			t health insurance is							
а	-	-	alified health plans in					13a		
h				nization must report on						
b				maintain by the states in		13b				
С	Enter the amount of					13c		_		
14a				services during the tax				14a		х
b				"No," provide an explan			· · · · · · · · · · · · · · · · · · ·	14b		
15				nt(s) of more than \$1,00						
	excess parachute pa	-						15		x
	If "Yes," see instruction									
16				ection 4968 excise tax o	on net investm	nent ind	come?	16		x
	If "Yes," complete Fo		=							
17	Section 501(c)(21) c	rganizations. Did	the trust, any disqual	lified person, or mine o _l	perator engag	ge in				
	activities that would r	esult in the impos	ition of an excise tax u	ınder section 4951, 495	52 or 4953?			17		
	If "Yes," complete Fo	rm 6069.								

27-2534183 Form 990 (2021) NANOG INC 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 **Section A. Governing Body and Management** No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow ng: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA, MI 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. Own website Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records CLAUDIA BRISTOL 305 E EISENHOWER PKWY STE 100

ANN ARBOR

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 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, 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 (C) Position (A) (B) (D) (E) (do not check more than one Reportable Reportable Estimated amount Name and title Average box, unless person is both an compensation compensation of other hours officer and a director/trustee) from the from related compensation per week organization (W-2/ organizations (W-2/ from the (list any Individual Highest Former nstitutional trustee 1099-MISC/ 1099-MISC/ organization and hours for employee related 1099-NEC) related organizations 1099-NEC) compensate organizations trustee below dotted line) (1) EDWARD MCNAIR 40.00 Х X 0 EXECUTIVE DIRECTOR 216,073 0.00 15,049 (2) VINCENT CELINDRO 1.00 TREASURER 0.00 X X 0 0 0 (3) SUSAN FORNEY 1.00 PART YEAR TREASURER 0.00 X X 0 0 (4) PATRICK GILMORE 1.00 0.00 X 0 0 0 DIRECTOR (5) TINA MORRIS 1.00 CHAIR 0.00 X 0 0 0 (6) BENSON SCHLIESSER 1.00 SECRETARY 0.00 Х X 0 0 (7) DAVID SIEGEL 1.00 0.00 X X 0 0 VICE CHAIR (8) (9) (10)(11)

Part VII Section A. Officer	s, Directors, 11	rust	ees,	ĸey	Em	pio	/ees	s, and Highest Compens	ated Employees (contin	uea)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	k, unle icer ai		rson	is botl	h an tee)	(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
	dotted line)	ð	tee			sated				
1b Subtotal	·						>	216,073		15,049
c Total from continuation sh d Total (add lines 1b and 1c)		, Se	ctio	1 A .			>	216,073		15,049
2 Total number of individuals (reportable compensation from	including but no			to th	ose	liste	d ab			13,043
 3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on li organization and related or line 5 Did any person listed on line 	s," complete Sch ne 1a, is the sui anizations great 	nedu m of er th	le Jarepo an \$ e co	fo <i>r</i> sortab 150 mpe	u <i>ch</i> le co ,000 nsat	indivomp omp ? If	ridua ensa "Yes from	al ation and other compensa s," complete Schedule J fo any unrelated organizatio	tion from the	Yes No 3 X
for services rendered to the of Section B. Independent Contract		"Yes	s," C	ompi	ete	Sch	edul	e J for such person		5 X
1 Complete this table for your	five highest com									
compensation from the organ	nization. Report (A) d business address	com	ipen	sauc	on to	rthe	Cai		(B) stion of services	(C) Compensation
REVOLUTION SYSTEMS,					220)5	ķΙΙ	LLARNEY CT	olion of services	Compensation
LAWRENCE	KS	6	60	47				VEB DEVELOPME	NT	199,481
CLARITY EXPERIENCES LAKE FOREST		. 9	26	3 O		RA		HO CIRCLE AUDIO PROVIDE	R	120,841
	<u> </u>						-		-	220,012
2 Total number of independent									2	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (D) Revenue excluded Total revenue Unrelated function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 256,395 e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f 588,330 and similar amounts not included above g Noncash contributions included in lines 1a-1f 1a 844,725 h Total. Add lines 1a-1f Business Code Program Service Revenue 2a 900099 226,629 226,629 REGISTRATION 900099 43,224 43,224 MEMBERSHIP DUES 900099 14,550 14,550 OUTREACH f All other program service revenue 284,403 ▶ g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 96,749 96,749 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b **b** Less: rental expenses 6c C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 1,637,200 7a other than inventory Other Revenue **b** Less: cost or other 1,485,740 basis and sales exps 7b c Gain or (loss) 7с 151,460 151,460 151,460 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory scellaneous Revenue Business Code 900099 8,824 8,824 11a CREDIT CARD REWARDS b d All other revenue 8,824 Total. Add lines 11a-11d 1,386,161 284,403 257,033 Total revenue. See instructions

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											
Do n	ot include amounts reported on lines 6b, 7	b, (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising							
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	40,000	40,000									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and											
	foreign individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	231,122	194,466	36,656								
6	Compensation not included above to disqualified	•	•	•								
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	503,557	370,267	133,290								
8	Pension plan accruals and contributions (include	,		,								
-	section 401(k) and 403(b) employer contributions)	22,677		22,677								
9	Other employee benefits	14,874		14,874								
10	Payroll taxes	51,639		51,639								
11	Fees for services (nonemployees):	32,000		<u> </u>								
	Management (Horiemployees).	7,650	7,650									
b	l and	7,719	7,030	7,719								
	A	17,740		17,740								
d	Lobbying	17,710		177710								
	Professional fundraising services. See Part IV, line 1	7										
	Investment management fees	20,760		20,760								
	Other. (If line 11g amount exceeds 10% of line 25, column	20,700		207700								
9	(A) amount, list line 11g expenses on Schedule O.)	51,433	30,591	20,842								
12		1,095	30,371	1,095								
13	Office expenses	5,166		5,166								
14	Information technology	97,966		97,966								
15		21,200		51,500								
16	Royalties											
17	Occupancy Travel	3,760		3,760								
18	Payments of travel or entertainment expense			3,700								
10	for any federal, state, or local public officials	5										
19	Conferences, conventions, and meetings	488,310	488,310									
	- · ·	400,310	400,310									
20 21	Interest Payments to affiliates											
22	Depreciation, depletion, and amortization	86,044		86,044								
23	Insurance	4,290		4,290								
24	Other expenses. Itemize expenses not covered	1,250		1,250								
24	above (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
•	BOARD OFFSITE	17,789		17,789								
a b	EQUIPMENT RENTAL	12,218		12,218								
C	BANK SERVICE FEES	7,743		7,743								
d	PHOTOS/VIDEO	2,599		2,599								
		4,585		4,585								
e 25	All other expenses	1,700,736	1,131,284	569,452	0							
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	I,/00,/30	1,131,404	309, 432	 							
	organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)											
DAA	TOTIONWING OUT 30-Z (MOU 300-7ZU)				Form 990 (2021)							

11111111111111111	art)	Balance Sheet Check if Schedule O contains a response or not	o to any lin	o in this Part Y			
		Check if Scheddie O contains a response of hot	e to arry iiri	e III ulis Pait A	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			139,842	1	569,312
	2	Savings and temporary cash investments			456,983	2	160,087
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			35,000	4	92,000
	5	Loans and other receivables from any current or former	er officer, d	irector,			
		trustee, key employee, creator or founder, substantial	contributor	, or 35%			
		controlled entity or family member of any of these pers				5	
	6	Loans and other receivables from other disqualified pe	•				
sts		under section 4958(f)(1)), and persons described in se		6			
Assets	7	Notes and loans receivable, net				7	
A	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	q p		117,892	9	172,265
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	89,900			
	b	Less: accumulated depreciation	10b	76,415			
	11	Investments—publicly traded securities			4,040,246	11	3,562,895
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			196,655	14	341,987
	15					15	
	16	Total assets. Add lines 1 through 15 (must equal line			5,018,083	16	4,912,031
	17	Accounts payable and accrued expenses		19,695		61,401	
	18	Grants payable		405 300	18	750 633	
	19	Deferred revenue		497,320		752,633	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to any current or former offi					
billi		trustee, key employee, creator or founder, substantial		, or 35%			
Lia		controlled entity or family member of any of these pers				22	
		Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third			126,800	23 24	
	24 25	Other liabilities (including federal income tax, payables		third	120,000	24	
	25	parties, and other liabilities not included on lines 17-24					
		of Schedule D	r). Complet	Le Fait A		25	
	26	T-4-112-1242 Add Eng. 47 House of			643,815		814,034
		Organizations that follow FASB ASC 958, check he			013,013		011,031
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Niet eenste wither it demanderations			4,374,268	27	4,067,997
Ва	28	Net assets with donor restrictions			-, -, -, -, -,	28	30,000
pu		Organizations that do not follow FASB ASC 958, c	heck here	>			
.Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equipme	ent fund			30	
Ass	31	Retained earnings, endowment, accumulated income,		ınds		31	
Net Assets or Fund Balances	32	T			4,374,268	32	4,097,997
Z	33	Total liabilities and net assets/fund balances			5,018,083		4,912,031

Form **990** (2021)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,70		
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	L 4 ,5	<u> 575</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,37	4,2	<u> 268</u>
5	Net unrealized gains (losses) on investments	5	3	38,3	<u> 304</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,09	7,5	997
Pε	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, and the second			200	

Form **990** (2021)

(Rev. January 2022) Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits

	Titli, viole www.ms.govie me providerate me for onth		<u> </u>					
	6-Month Extension of Time. Only subr							
	ns required to file an income tax return other than F		-	rtnerships, REM	/IICs, and trusts			
	m 7004 to request an extension of time to file incor		ns.					
Type or	Name of exempt organization or other filer, see i	nstructions.		Taxpayer ider	ntification number (TI	N)		
print	NAMOG TNG			27 2524	100			
	NANOG, INC.	·		27-2534	T02			
	Number, street, and room or suite no. If a P.O. b							
File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
filing your								
return. See	ANN ARBOR MI	48108	2					
instructions.	ANN ARBOR MI	. 40100	<u> </u>					
Enter the Ret	urn Code for the return that this application is for (f	īle a separa	te application for each returi	n)		01		
Application	1	Return	Application			Return		
ls For	•	Code	Is For			Code		
	r Form 990-EZ	01	Form 1041-A			08		
Form 4720		03	Form 4720 (other than inc	dividual)		09		
Form 990-F	PF	04	Form 5227	,		10		
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870			12		
Form 990-T	(corporation)	07						
Telephon If the orga If this is fo	are in the care of ►ANN ARBOR e No. ► 866 - 902 - 1336 anization does not have an office or place of busine or a Group Return, enter the organization's four dig group, check this box ► □ . If it is for part or names and TINs of all members the extension is for	ess in the Ur lit Group Exe f the group,	emption Number (G <u>EN)</u>	. If this is	MI 481	▶ □		
the orga	st an automatic 6-month extension of time un 1 1/anization named above. The extension is for the or calendar year 2021 or tax year beginning , and ending x year entered in line 1 is for less than 12 months,	ganization's	return for:	ntion return for				
3a If this a	hange in accounting period pplication is for Forms 990-PF, 990-T, 4720, or 606 ndable credits. See instructions.	69, enter the	tentative tax, less any		3a \$	0		
	oplication is for Forms 990-PF, 990-T, 4720, or 600	69, enter an	y refundable credits and	<u> </u>	*			
	ed tax payments made. Include any prior year over				зь \$	0		
	e due. Subtract line 3b from line 3a. Include your p							
	FTPS (Electronic Federal Tax Payment System). S	-		3	3c \$	0		
Caution: If vo	ou are going to make an electronic funds withdrawa	al (direct del	oit) with this Form 8868 see	Form 8453-TF	and Form 8879-TF	for payment		

instructions.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047 **2021**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ.

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

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.)

NANOG INC Employer identification number 27 - 2534183

<u>'</u>	₹		ssociation of churches describ			(D)(1)(A)(I).				
2	=)(A)(ii). (Attach Schedule E ((4) (11)				
·	= '		vice organization described ir							
· [ted in conjunction with a hosp	ital descri	oed in se	ction 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and star		t of a college or university ow	ned or one	arated by	a governmental unit describe	 ad in			
		(b)(1)(A)(iv). (Complete Pa		ned or opt	rated by	a governmental and accomb	2 4 III			
			governmental unit described	in sectio i	n 170(b)(1)(A)(v).				
X	🕻 An organiza	tion that normally receives	a substantial part of its suppo	rt from a g	jovernme	ntal unit or from the general p	public			
	_	section 170(b)(1)(A)(vi). (
	=		170(b)(1)(A)(vi). (Complete							
		_	escribed in section 170(b)(1) e of agriculture (see instructio			-	_			
) [receipts fron support from acquired by	n activities related to its exe n gross investment income the organization after June	(1) more than 33 1/3% of its sempt functions, subject to cert and unrelated business taxab 30, 1975. See section 509(ad exclusively to test for public	ain except le income a)(2). (Con	tions; and (less sed oplete Pa	d (2) no more than 331/3% of tion 511 tax) from businesse rt III.)	its			
	An organizat	tion organized and operated	d exclusively for the benefit of ations described in section 5	f, to perfor	m the fur	nctions of, or to carry out the p				
	the box on li	nes 12a through 12d that d	escribes the type of supportin	ıg organiza	ation and	complete lines 12e, 12f, and	12g.			
а	the supp	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	control o	r management of the suppo	supervised or controlled in cor orting organization vested in t te Part IV, Sections A and C	he same p			_			
С			supporting organization oper				ted with,			
d		• , , ,	ed. A supporting organization				nization(s)			
u	that is no	ot functionally integrated. T	he organization generally must nmust complete Part IV, Sec	st satisfy a	distributi	on requirement and an atten				
е	Check th	nis box if the organization re	eceived a written determinatio	n from the	IRS that	it is a Type I, Type II, Type I	II			
			on-functionally integrated sup	porting or	ganizatio	n.				
f g		mber of supported organization about	ations the supported organization(s							
	me of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
	organization	(11) = 11	(described on lines 1-10	, ,	ur governing	support (see	other support (see			
			above (see instructions))		ment?	instructions)	instructions)			
				Yes	No					
)										
3)				+						
')										
;)				†						
))										
)				†						
tal			 uctions for Form 990 or 990-EZ				 chedule A (Form 990) 202 [.]			

Page 2 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.) Part II

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	,		, 1	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,620,898	1,523,865	1,265,766	728,499	844,725	5,983,753
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	1,620,898	1,523,865	1,265,766	728,499	844,725	5,983,753
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						358,040
_	tion B. Total Support						5,625,713
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,620,898	1,523,865		728,499	844,725	5,983,753
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,264	97,003		94,808	96,749	421,217
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3,846				8,824	12,670
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,417,640
12	Gross receipts from related activities, etc.	•				12	7,803,176
13	First 5 years. If the Form 990 is for the	organization's first	, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop he						b _
	tion C. Computation of Public S						
14	Public support percentage for 2021 (line	. , ,	•	lumn (f))		14	87.66%
15	Public support percentage from 2020 Sc					<u> </u>	87.46%
16a	33 1/3% support test—2021. If the orga				l is 33 1/3% or mo	ore, check this	⊾ ⊽
L	box and stop here. The organization qui						▶ X
b	33 1/3% support test—2020. If the orgation this box and stop here. The organization				ne 15 is 33 1/3%	or more, cneck	▶ □
17a					3 16a or 16b an	d line 14 is	············
174	10% or more, and if the organization me Part VI how the organization meets the forganization	ets the facts-and-	circumstances tes	st, check this box	and stop here. E	xplain in	> \[\]
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the	n meets the facts	-and-circumstanc	es test, check this	box and stop h e	ere. Explain	
18	organization Private foundation. If the organization of instructions						> [

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.)

	tion A. Public Support		1	1			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017	(6) 2010	(6) 2010	(4) 2020	(6) 2021	(i) rotar
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	umanization's firs	t second third fo	urth or fifth tax v	ear as a section 5	501(c)(3)	
	organization, check this box and stop h e	-					>
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2021 (line	8, column (f), div	ided by line 13, co	olumn (f))		15	%
<u>16</u>	Public support percentage from 2020 Sc	:hedule A, Part III,	line 15			16	%
Sec	tion D. Computation of Investm					, ,	
17	Investment income percentage for 2021			e 13, column (f))		17	%
	nvestment income percentage from 2020				<u> </u>	18	%
19a	• • • • • • • • • • • • • • • • • • • •	=					
1-	17 is not more than 33 1/3%, check this	-	_			-	► L
b	33 1/3% support tests—2020. If the org line 18 is not more than 33 1/3%, check	=					ind
20	Private foundation. If the organization						
	a.a .aaaaaan n an organization t	I I C C I I C C K & DC	oo 17, 10a	,,			· · · · · · · · · · · · · · · · · · ·

NANOG INC 27-2534183 Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a 3b		
3с		
3 0		
4a 4b		
4c		
5a		
5b 5c		
6		
0		
8 9a		
9b		
9с		
10a		

Schedule A (Form 990) 2021 NANOG INC 27-2534183 Page 5

Pa	rt IV	Supporting Organizations (continued)			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		low, the governing body of a supported organization?	11a		
b	A famil	y member of a person described on line 11a above?	11b		
С		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u> </u>		e detail in Part VI.	11c		
Seci	ion B.	Type I Supporting Organizations		T	
_				Yes	No
1		governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2			1		
2		e organization operate for the benefit of any supported organization other than the supported zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	_	providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sect		Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
	the sup	oported organization(s).	1		
Sect		All Type III Supporting Organizations			
				Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organiz	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	_	nanization maintained a close and continuous working relationship with the supported organization(s).	2		
3		son of the relationship described on line 2, above, did the organization's supported organizations have			
	_	ficant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S0.01		ted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
		Type III Functionally Integrated Supporting Organizations	'an-'		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons).		
a h		e organization satisfied the Activities Test. Complete line 2 below.			
b		e organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> e organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see i</i>	notru	etione)	
2		e organization supported a governmental entity. <i>Describe in Part vi now you supported a governmental entity</i> (see <i>l</i> i es Test. Answer lines 2a and 2b below.	เวเเนต	Yes	No
z a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
a		operted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's			
_		ment, one or more of the organization's supported organization(s) would have been engaged in? If			
		explain in Part VI the reasons for the organization's position that its supported organization(s) would			
		ngaged in these activities but for the organization's involvement.	2b		
3		of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

<u>Schedule A (Form 990) 2021</u> **NANOG INC** 27 - 2534183 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations	-
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			VI). See
instructions. All other Type III non-functionally integrated supporting organizations	s must o	complete Sections A throu	ıgh E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Filor fear	(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			(орцопат)
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	14		
(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
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 Check here if the current year is the organization's first as a pan functionally integr		no III oupporting organiza	tion

Schedule A (Form 990) 2021

(see instructions).

Par	Type III Non-Functionally Integrated 509(a)(3)) Suppo	rtin	ıg (<u>Orga</u>	<u>ani</u>	zat	ion	IS (con	<u>tinu</u>	ed)							
Sect	ion D – Distributions													С	urre	ent \	⁄eaı	r	
1	Amounts paid to supported organizations to accomplish exempt purp	poses																	
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of sup	porte	∍d															
	organizations, in excess of income from activity																		
3	Administrative expenses paid to accomplish exempt purposes of sup	oported or	gani	zati	ons														
4	Amounts paid to acquire exempt-use assets																		
5	Qualified set-aside amounts (prior IRS approval required—provide of	details in I	Part	VI)															
6	Other distributions (describe in Part VI). See instructions.																		
7	Total annual distributions. Add lines 1 through 6.																		
8	Distributions to attentive supported organizations to which the organ	ization is	resp	ons	ive														
	(provide details in Part VI). See instructions.																		
9	Distributable amount for 2021 from Section C, line 6												_						
10	Line 8 amount divided by line 9 amount												_						
Sect	ion E – Distribution Allocations (see instructions)	Excess	(i) Dist	ribu	ution	s	Uı	nde	i) rdist	•	ution	s		D		(iii) ibuta	abl€	<u>.</u>	
								I	Pre-	202°	1			Am	oun	t fo	r 20	21	
1	Distributable amount for 2021 from Section C, line 6																		
2	Underdistributions, if any, for years prior to 2021																		
	(reasonable cause required– <i>explain in Part VI</i>). See																		
	instructions.																		-
3	Excess distributions carryover, if any, to 2021																		
	From 2016																		
	From 2017																		
	From 2018																		
	From 2019																		-
	From 2020																		
	Total of lines 3a through 3e																		
	Applied to underdistributions of prior years																		
	Applied to 2021 distributable amount																		
<u></u> +	Carryover from 2016 not applied (see instructions)																		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.																		
4	Distributions for 2021 from																		
	Section D, line 7: \$																		
	Applied to underdistributions of prior years Applied to 2021 distributable amount																		
	Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if																		-
3	any. Subtract lines 3g and 4a from line 2. For result																		
	greater than zero, explain in Part VI . See instructions.																		
6	Remaining underdistributions for 2021 Subtract lines 3h																		
·	and 4b from line 1. For result greater than zero, explain in																		
	Part VI. See instructions.																		
7	Excess distributions carryover to 2022. Add lines 3j																		
•	and 4c.																		
8	Breakdown of line 7:																		
	Excess from 2017																		
	Excess from 2018																		
	Excess from 2019																		
	Excess from 2020																		
	Excess from 2021																		

Schedule A (Form 990) 2021

Page **7**

NANOG INC 27-2534183 Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** NANOG INC 27-2534183 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located **>** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. 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. b 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

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under FASB ASC 958 relating to these items:

\$

Pa	in iii Organizations Maintaining	Collections	οτ Απ,	Historica	<u>i ireasure</u>	es, or Oth	<u>er Simila</u>	<u>r Ass</u>	ets (co	ntini	uea,
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other rec	ords, che	eck any of the	e following th	nat make sign	nificant use o	of its			
а	Public exhibition	d	Loan or	exchange pr	rogram						
b	Scholarly research	e	Other								
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and exp	olain how	they further	the organiza	tion's exemp	t purpose in	Part			
	XIII.										
5	During the year, did the organization solicit or										1
	assets to be sold to raise funds rather than to		as part of	the organiza	ation's collec	tion?			Yes	;	No
Pa	rt IV Escrow and Custodial Arra		/ II	F 000	D = 4 D / 1				-1 1		
	Complete if the organization 990, Part X, line 21.				,	, 	eported ar	ı amo	unt on i	-orr	n
1a	Is the organization an agent, trustee, custodia	an or other interr	nediary fo	or contributio	ns or other a	assets not					1
	included on Form 990, Part X?								Yes	;	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	e followin	g table:							
									Amount		
	Beginning balance										
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				1
	Did the organization include an amount on Fo					•	?		Yes	٠	No
	If "Yes," explain the arrangement in Part XIII.	Check here if th	e explana	ation has bee	en provided o	on Part XIII		<u> </u>	<u> </u>		
Pa	irt V Endowment Funds.	1.43			5 (0)						
	Complete if the organization	answered "Y	<u>'es" on</u>	Form 990,	<u>, Part IV, li</u>	ine 10.					
		(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three years	back	(e) Four y	ears b	oack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and								ı		
	losses										
d	Grants or scholarships										
	Other expenditures for facilities and								ı		
	programs										
f	Administrative expenses										
	End of year balance								L		
2	Provide the estimated percentage of the curre		ance (line	1g, column	(a)) held as:						
а	Board designated or quasi-endowment ▶	%									
	Permanent endowment ▶ %										
С	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the orga	nization t	hat are held	and adminis	tered for the			_		
	organization by:									es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Polated organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	ırt VI 🔝 Land, Buildings, and Equip										
	Complete if the organization		es" on	Form 990.	, Part IV, li	ine 11a. Se	ee Form 9	90, P	art X, li	ne 1	10.
	Description of property	(a) Cost or other		(b) Cost or		(c) Accu		T	(d) Book va		
		(investment		(oth	ner)	depred	ciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				89,900		76,415	1	1	3 , 4	185
	Other						-,			. , .	
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990,	Part X, c	olumn (B), lir	ne 10c.)				1.	3,4	185

Schedule D (1	Form 990) 2021 NANOG INC		27-2334103	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	Form 990 Part	IV line 11h See Form 0	100 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(b) Book value	Cost or end-of-ye	
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or	· · · · · · · · · · · · · · · · · · ·	i	
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
. 4.0.0	Complete if the organization answered "Yes" or	Form 990 Part	IV line 11d See Form 9	90 Part X line 15
	(a) Description		17, 1110	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or line 25.	n Form 990, Part	IV, line 11e or 11f. See l	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	<u></u>
Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to tne organiza	ition's financial statements tha	t reports tne

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

Sche	dule D (Form 990) 2021 NANOG INC		<u> 27-2534183</u>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements Wit	h Revenue per Ret	urn.
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1	1,468,865
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	38,304	
b	Donated services and use of facilities	2b	44,400	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	82,704
3	Subtract line 2e from line 1		3	1,386,161
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,386,161
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements W	ith Expenses per R	eturn.
	Complete if the organization answered "Yes" on For	m 990, Part IV, li	ine 12a.	
1	Total expenses and losses per audited financial statements		1	1,745,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	44,400	
b	Prior year adjustments			
С	Other losses	•		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	44,400
3	Subtract line 2e from line 1		3	1,700,736
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1,700,736
Pa	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b	and 2b; Part V, line 4; Pa	ırt X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additi	onal information.	
P	ART X - FIN 48 FOOTNOTE			
T	HE ORGANIZATION IS A TAX-EXEMPT ORGAN	IZATION UN	DER SECTION !	501(C)(3) OF
T	HE INTERNAL REVENUE CODE. HOWEVER, I	NCOME FROM	CERTAIN ACT	IVITIES NOT
ъ.	TRECTIV RELATED TO THE ORGANIZATION C	TAX EXEMP	T DITEDOSE MAT	V BE CIIB.TECT

TAXATION AS UNRELATED BUSINESS INCOME (UBI). SINCE THE ORGANIZATION IS

EXEMPT FROM FEDERAL INCOME TAXES AND UBI IS NOT SIGNIFICANT, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

INTEREST OR PENALTIES RELATED TO TAX POSITIONS, IF ANY, WOULD BE RECORDED AS A COMPONENT OF MANAGEMENT AND GENERAL EXPENSES IN THE STATEMENTS OF

ACTIVITIES. NO INTEREST OR PENALTIES RELATED TO TAX POSITIONS HAVE BEEN

RECORDED IN THE STATEMENTS OF ACTIVITIES.

G	ENER	ALL	Υ,	TAX	YE	ARS	FR	OM	201	8 T	HRO	UGH	TH	E CT	JRR	ENT	YE	AR	REM	IAIN	OPI	EN I	' O
E	XAMI	NAT	'ION	•	NAN	OG,	IN	CI	OES	NO'	гв	ELI	EVE	TH	AT '	THE	RE	SUL	TS	FRO	м ті	ΙE	
E	XAMI	NAT	'ION	OF	AN	Y O	PEN	YE	ARS	WO	ULD	HA	VE .	A M.	ATE	RIA	L A	DVE	RSE	EF	FEC:	CON	THE
0	RGAN	IZA	TIO	N.																			

SCHEDULEI

Grants and Other Assistance to Organizations,

|--|

n number

(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.)
Name of the organization	Employer identification	atior
NA	NANOG INC 27-253418	8
Part I General	General Information on Grants and Assistance	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	>
2 Describe in Part IV th	ng the use of grant funds in the United States.	-
Part II Grants a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "	(()
Part IV, li	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	at received mo	re than \$	5,000. Part II can	be duplicated if	additional spac	ce is needed.	
(a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCHOLARSHIP AMERICA, INC. 7900 INTERNATIONAL DRIVE, STE 500 MINNEAPOLIS MN 55425	04-2296967	м	40,000				SCHOLARSHIPS
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
 Enter total number of section 501(c)(3) and government organizations listed in the Enter total number of other organizations listed in the line 1 table 	nt organizations lis line 1 table	sted in the li	le line 1 table				. →

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part

<u>ງ</u> ງ	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
_						
. 2						
ო						
4						
သ						
9						
7						
Part IV	Supplemental Information. Provide the information	vide the information	required in Part I, I	ine 2; Part III, colum	required in Part I, line 2; Part III, column (b); and any other additional information.	tional information.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2 THE ORGANIZATION HAS HIRED SCHOLARSHIP AMERICA TO MANAGE THE SCHOLARSHIP

PROGRAM AND THEREFORE, THEY ARE RESPONSIBLE FOR MONITORING THE USE OF GRANT

THE PROGAM IS REVIEWED ANNUALLY AND ANY CHANGES ARE AGREED UPON FUNDS.

PRIOR TO THE SELECTION PROCESS FOR THE CURRENT YEAR'S SCHOLARSHIPS

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NANOG INC

Employer identification number 27-2534183

				Yes	No
та	Check the appropriate box(es) if the organization provided				
	990, Part VII, Section A, line 1a. Complete Part III to provid				
		Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence Health or social club dues or initiation fees			
	Tax indemnification and gross-up payments				
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiza or reimbursement or provision of all of the expenses descri				
	explain		1b		
_					
2	Did the organization require substantiation prior to reimbur				
	directors, trustees, and officers, including the CEO/Executi	ve Director, regarding the items checked on line	_		
	1a?		2		
_					
3	Indicate which, if any, of the following the organization use	·			
	organization's CEO/Executive Director. Check all that appl				
	related organization to establish compensation of the CEO				
	Compensation committee	Written employment contract			
	X Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part V	II, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payme	nt?	4a		X
b	Participate in or receive payment from a supplemental non	qualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based cor		4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the	ne applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations must complete lines 5_9			
5	For persons listed on Form 990, Part VII, Section A, line 1a				
·	compensation contingent on the revenues of:	a, did the organization pay or accrue any			
а	The examination?		5a		х
	Any related organization?		5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.				
	in the entitle each est, accorded in that in.				
6	For persons listed on Form 990, Part VII, Section A, line 1a	a did the organization pay or accrue any			
•	compensation contingent on the net earnings of:	,, a.a. 1.e e gaa.e pay e: aeei ae ay			
а	The annualization 2		6a		x
	Any related organization?		6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describ	·	7		x
8	Were any amounts reported on Form 990, Part VII, paid or		· · · · · ·		<u> </u>
٠	to the initial contract exception described in Regulations se				
	3- D-4 III		8		x
			····· 		
9	If "Yes" on line 8, did the organization also follow the rebut	table presumption procedure described in			
-	Populations section 53 4958 6(a)?		ا ا		

NANOG INC Schedule J (Form 990) 2021

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

	(B) Breakdown of	of W-2 and/o	r 1099-MISC and/or 10	W-2 and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
EDWARD MCNAIR 1 EXECUTIVE DIRECTOR	(i) 180,7	793	35,280	0 0	15,049	0	231,122	0 0
	(C) (E)							
	(II)							
4	(II)							
	(II) (II)							
9	(II)							
1	. (11)							
8	(II) (0)							
6	(II)							
10	(II)							
11	(II)							
12	(ii)							
13	(11)							
14	(ii)							
15	(ii)							
16	(ii)							

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

NANOG INC

27-2534183

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

NANOG IS COMMITTED TO THE ONGOING ADVANCEMENT OF AN OPEN, SECURE, AND ROBUST INTERNET, BY PROVIDING A PLATFORM THAT INSPIRES, EDUCATES, AND EMPOWERS OUR COMMUNITY TO WORK TOGETHER IN BUILDING THE INTERNET OF TOMORROW.

FORM 990, PART I, LINE 6

VOLUNTEERS ARE BOARD AND COMMITTEE MEMBERS WHO PROVIDE NON-COMPENSATED TIME AND SERVICES.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

DUE TO THE CONTINUING PANDEMIC, NANOG WAS ONLY ABLE TO HOLD ONE MAJOR CONFERENCE IN PERSON WHICH WAS NANOG 83 IN MINNEAPOLIS, MN. NANOG 81 AND NANOG 82 WERE HELD VIRTUALLY ONLY. THESE CONFERENCES ARE NETWORKING CONFERENCES THAT PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS TO FURTHER ENHANCE NETWORKING DISCUSSIONS AND THAT PROVIDE FOR A RICH SET OF HACKATHONS ARE ALSO A PRESENTATIONS EXPLORING CURRENT AND RELEVANT TOPICS. PART OF THESE MEETINGS WHICH ARE A ONE DAY EVENT BRINGING PEOPLE TOGETHER IN A ROOM TO DEVELOP NEW IDEAS AND HACKS RELATED TO INTERNET NETWORKING. THERE WAS A \$100 CHARGE FOR THE VIRTUAL EVENTS, BUT ANYONE COULD REGISTER FOR FREE. VIRTUAL REGISTRATIONS FOR NANOG 81 WERE 921 AND 758 FOR NANOG 82. NANOG 83 WAS THE FIRST HYBRID EVENT AND HAD 312 IN-PERSON REGISTRATIONS AND 300 VIRTUAL. \$44,400 IN DONATED SERVICES WERE USED FOR THESE CONFERENCES.

Employer identification number

27-2534183

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS THE NANOG COLLEGE IMMERSION (NCI) PROGRAM SEEKS TO PROVIDE AN ENTRYWAY FOR HIGHER EDUCATION STUDENTS TO LEARN THE WORLD OF NETWORK OPERATIONS. ARE MANY FACETS TO THIS PROGRAM WHICH INCLUDE TUTORIALS, CLASSES, KEYNOTES, GENERAL SESSION CONTENT, AND TRACKS. IN ADDITION, THERE ARE REGULARLY SCHEDULED SOCIALS AND EVENTS THAT MAY BE OF INTEREST TO THOSE PARTICIPATING IN NCI. THIS PROGRAM AIMS TO PROVIDE THE NEXT-GENERATION OF NETWORK OPERATORS WITH AN EDGE IN TODAY'S HIGHLY COMPETITIVE MARKET. THE COLLEGE IMMERSION PROGRAM WAS NOT AVAILABLE FOR THE VIRTUAL CONFERENCES, AND DUE TO SAFETY CONCERNS WAS NOT OFFERED FOR NANOG 83 HYBRID HOWEVER, ANY STUDENT IS ELIGIBLE TO REGISTER FOR ALL CONFERENCE. VIRTUAL CONFERENCES AT NO CHARGE. THE PROGRAM IS EXPECTED TO CONTINUE IN FUTURE YEARS.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THERE IS ONE CLASS OF MEMBERSHIP WHICH IS OPEN TO ANY INDIVIDUAL WITH AN

INTEREST IN INTERNET OPERATIONS, ENGINEERING OR RESEARCH WHO WISHES FURTHER

EDUCATION AND KNOWLEDGE SHARING WITHIN THE INTERNET OPERATIONS COMMUNITY.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

EACH MEMBER IS ENTITLED TO VOTE IN ALL ELECTIONS, RUN AS A CANDIDATE FOR

THE BOARD OF DIRECTORS, SERVE ON ADMINISTRATAIVE COMMITTEES AND OTHER

PRIVILEGES AS SPECIFIED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

Employer identification number Name of the organization NANOG INC 27-2534183 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WILL SIGN A STATEMENT STATING THEY HAVE RECEIVED, READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY, THAT THEY AGREE TO COMPLY WITH THE POLICY AND THAT THEY UNDERSTAND THE ORGANIZATION IS CHARITABLE. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ORGANIZATION DOCUMENTS, BYLAWS, THE BUDGET, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

PAGE 2 OF 2

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number 27-2534183

NANOG INC Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 2,620,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less. enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 64,705 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions." Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2021 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction placed in (business/investment use period service only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I 27.5 yrs. MM S/L Residential rental property 27.5 yrs. ММ S/L 39 vrs. MM S/L Nonresidential real property ММ S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L S/L c 30-year 30 yrs. MM 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 64,705 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs