PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2024 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.

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2023 calendar year, or tax year beginning and e	ending		
B (Check if	le: C Name of organization		D Employer identi	fication number
	Addr chan	EDESIA, INC.			
				26-0359866	5
	Initia	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final retur			401-272-552	1
	term ated			G Gross receipts \$	186,220,706.
	Ame	NORTH KINGSTOWN, RI 02852		H(a) Is this a group	return
	Appli tion pend	F Name and address of principal officer: DATAR OF PARALLE		for subordinate	es? Yes X No
				H(b) Are all subordinates	included? Yes No
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	,	a list. See instructions
	Nebs			H(c) Group exempti	
		f organization: X Corporation Trust Association Other	L Year o	of formation: 2007	M State of legal domicile: DE
F	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO TREA MALNUTRITION IN THE WORLD'S MOST VULNERABLE POPULATIONS.	AI AND FK		
Governance	2	Check this box if the organization discontinued its operations or dispose	od of moro	than 25% of its not a	sote
/err	3			1	
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			
کە م	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
itie	6	Total number of volunteers (estimate if necessary)			0
Activities &	7 a			78	-
_ <		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		10,923,199	. 73,724,592.
enu	9	Program service revenue (Part VIII, line 2g)		74,392,667	· · ·
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,817	· · ·
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		102,010	· · · · ·
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85,460,693	, ,
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		9,108,245	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,108,245	, ,
ens	168	Professional fundraising fees (Part IX, column (A), line 11e)		0	•
Expenses	17	Total fundraising expenses (Part IX, column (D), line 25) 235, 5 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		68,223,415	. 85,444,897.
	1 "	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,331,660	
	19	Revenue less expenses. Subtract line 18 from line 12		8,129,033	, ,
or				ginning of Current Year	
lanc	1	Total assets (Part X, line 16)		64,305,173	
Assets Balanc	21	Total liabilities (Part X, line 26)		17,694,019	. 19,559,105.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		46,611,154	. 135,285,530.
	+ II				

Part II | Signature Block

Т

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date		
Here	BRIAN O'FARRELL, CHIEF FINANCIAL OFFI	CER/ TREASURER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check] PTIN	
Paid	SANDY ROSS	SANDY ROSS		07/30/24	self-employed	P01399337	
Preparer	Firm's name KAHN, LITWIN, RENZA & CO.	, LTD.			Firm's EIN 05	5-0409384	
Use Only	Firm's address 951 NORTH MAIN STREET						
	PROVIDENCE, RI 02904				Phone no.401-2	274-2001	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23			Form 990	(2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2023) EDESIA, INC.		20	5-0359866	Page 2
Pa	t III Statement of Program Service Accon	nplishments			
	Check if Schedule O contains a response or note	to any line in this Part III			
1	Briefly describe the organization's mission:				
	EDESIA'S MISSION IS TO TREAT AND PREVENT	MALNUTRITION IN THE WOR	RLD'S		
	MOST VULNERABLE POPULATIONS. COMBATTING	MALNUTRITION AND POVER	Ϋ́Υ		
	THROUGH THE MANUFACTURE AND DISTRIBUTION	OF READY-TO-USE THERAPI	SUTIC		
	FOODS.				
2	Did the organization undertake any significant program	services during the year which	were not listed on the		
	prior Form 990 or 990-EZ?			Yes	X No
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make signific	ant changes in how it conducts	s, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplish	nments for each of its three larg	est program services, as meas	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of gran	ts and allocations to others, the	total expenses, ar	nd
	revenue, if any, for each program service reported.				
4a	(Code:) (Expenses \$94,823,783	including grants of \$) (Revenue \$	110,494	1,748.
	PRODUCE HIGH-QUALITY READY-TO-USE FOODS A	ND SUPPORT LOCAL PRODUC	CERS OF		
	READY-TO-USE FOODS IN THE DEVELOPING WORL	D (CURRENTLY PLUMPY'NU	Γ,		
	PLUMPY'SUP, PLUMPY'DOZ AND NUTRIBUTTER) F	OR HUMANITARIAN ORGANIZ	LATIONS		
	AND NON-PROFITS.				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$) (Bevenue \$		
					·
4d	Other program services (Describe on Schedule O.)				
τu	· · · · · · · · · · · · · · · · · · ·	¢) (Revenue \$)	
4e		\$ 4,823,783.)	
10		, , .		Eorm Q	90 (2023
33000	12 21 22				(2020
332002	12-21-23	F			

Par	t 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)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "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, 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 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,			
	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? If "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 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			
·	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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		x
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		x
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Form 990 (2023)

EDESIA, INC.

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Pa	t 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	n's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." com	plete			
	Schedule J		23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,0	00 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and co.	mplete			
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to	ſ			
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefi	ſ			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		Lou		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." α				
		Jonipiele	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key of		20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 3				
			27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule	· ·	21		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, instructions for applicable filing thresholds, conditions, and exceptions):	Fart 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? <i>If</i>		00-		x
L	"Yes," complete Schedule L, Part IV		28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		00-	x	
00	"Yes," complete Schedule L, Part IV		28c	X	
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29	<u></u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conse		-		x
~	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, P.		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				x
~~	Schedule N, Part II		32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or		~		x
05 -	Part V, line 1		34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a control	-	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		20		x
~-	If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		~-		x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		~~	x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance		38	Δ	
1 0	Check if Schedule O contains a response or note to any line in this Dart V				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	 X = -	
. د	Enter the number reported in boy 2 of Ferry 1000. Enter 0, if not easily able	31		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	0 0		v	
	(gambling) winnings to prize winners?		1c	X QQA	(0000)
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Par	TTV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	a 193			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	unts (FBAR).			
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	0			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	s provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	equired			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders1	a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand	Sc			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activit				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		_	000	
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Form	990 (2023) EDESIA, INC.	26-0359866	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b be	low, and for a "No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	er		
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct super	vision		
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>5</u>		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o	or 🛛		
	persons other than the governing body?			X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	-		
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form? 11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done			<u> </u>
13	Did the organization have a written whistleblower policy?		x	<u> </u>
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	lent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15	x	
	The organization's CEO, Executive Director, or top management official			<u> </u>
b	Other officers or key employees of the organization	<u>15b</u>		
	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	10		v
	taxable entity during the year?			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization o	ation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10		
800	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed <u>CA, CT, DC, FL, MA, NY, PA, RI, IL, VA</u>			- 1 -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	(ion 501(c)(3)s only	avalla	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule	,	! . 1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere-	st policy, and finar	icial	
00	statements available to the public during the tax year.	-		
20	State the name, address, and telephone number of the person who possesses the organization's books and recor BRIAN O'FARRELL - 401-272-5521	S		
	550 ROMANO VINEYARD WAY, NORTH KINGSTOWN, RI 02852			
220000		Ear	m 990	(2022)
JJ2006	9	FUII		(2023)
507	30 788564 1308015.0 2023.04010 EDESIA, INC.		13	080

Form 990 (2023) EDESIA,	INC.	26-0359866	Page 7
Part VII Compensation of Office	ers, Directors, Trustees, Key Employees, Highe	est Compensated	
Employees, and Indepe	ndent 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		
	irred to be listed. Report compensation for the calendar year of officers, directors, trustees (whether individuals or organization mpensation was paid.	5	
	key employees, if any. See the instructions for definition of "k	ey employee."	

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

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do			ition	۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	lirecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) BRIAN O'FARRELL	40.00			0	-					
CHIEF FINANCIAL OFFICER/ TREASURER		х		х				218,431.	0.	16,756.
(2) TOM STEHL	40.00									
VICE PRESIDENT OF GROWTH (AS OF 6/23						x		193,567.	0.	23,704.
(3) JOHN CLARK	40.00									
PROJECT MANAGER/ ENGINEERING MANAGER						X		188,733.	0.	19,822.
(4) MARIA KASPARIAN	40.00									
VICE PRESIDENT OF STRATEGIC PARTNRSH						x		177,842.	0.	22,570.
(5) BRIAN DUGAS	40.00									
DIRECTOR OF IT						X		185,787.	0.	7,242.
(6) ANDREW KAMARA	40.00									
VICE PRESIDENT OF OPERATIONS (AS OF					х			154,086.	0.	23,319.
(7) CAROLINE OGONOWSKI	40.00									
CHIEF OF STAFF/ SECRETARY (AS OF 6/2		Х		Х				160,925.	0.	12,626.
(8) NAVYN SALEM	40.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) DAVID DUFFELL	1.00									
SECRETARY (TO 6/23)/DIRECTOR		Х						0.	0.	0.
(10) ADELINE LESCANNE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KRISTEN GRIMM	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DELE OLOJEDE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) BONNIE GLICK	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) DOLF VAN DER BRINK	1.00									
DIRECTOR		х						0.	0.	0.
(15) LYNEE UTTER	1.00									
DIRECTOR		х						٥.	0.	0.
					I		I			- 000 (2222)

Form 990 (2023) EDESIA, INC.									26-03	5986	6	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offi	, unle	Pos heck ss per	more rson i	1 than d is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimati nount other	of
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	SC/	fi org an	ipensa rom th janizat d relat anizat	ie tion ted
		·											
1b Subtotal								1,279,371.		٥.		126,	039.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0.		0. 0.		126	0. 039.
2 Total number of individuals (including but n									000 of reportable	; ;			
compensation from the organization												Yes	7 No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	ghest compensated emp	loyee on			100	
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150	-		-						-		4	х	
5 Did any person listed on line 1a receive or a	Iccrue comper	Isati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	plete Schedule	e J fe	or si	ich i	bers	on .					5		X
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of comp	pensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thir		ear.				
(A) Name and business	address							(B) Description of s	ervices	С)) ompe	C) nsatic	n
CHELSEA REALTY LLC, 550 ROMANO VINEY	ARD,												
NORTH KINGSTOWN, RI 02852								RENT				500,	000.
MONROE STAFFING SERVICES LLC 6 RESEARCH DRIVE, SHELTON, CT 06484								STAFFING SERVICES				362	210.
JRM ELECTRIC LLC								ELECTRICAL SERVICE	S AND				
950 PLAINFIELD PIKE, STERLING, CT 06	377							INSTALLATION				265,	440.
ROBERT WENGLINSKI, 11742 SW CORAL CO	/E							MANAGEMENT AND PRO	DUCTION				
PARKWAY, PORT ST. LUCIE, FL 34987								CONSULTANT				184,	014.
MTG DISPOSAL LLC 19 INDUSTRIAL WAY, SEEKONK, MA 02771								RUBBISH REMOVAL				128	449.
2 Total number of independent contractors (iii	ncluding but no	ot lin	nited	d to	thos	se lis			ore than			120,	
\$100,000 of compensation from the organized	zation					5							

ar	t VII	2023) EDES Statement of Re								6 Pag
		Check if Schedule O	contai	ns a respo	nse d	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Am		Fundraising events								
ar		Related organizations								
<u>imi</u>		Government grants (contr				2,577,715.				
and Other Similar Amounts	f	All other contributions, gifts,	-			71 146 977				
Öth		similar amounts not included				71,146,877.				
pu	g	Noncash contributions included in Total. Add lines 1a-1f					73,724,592.			
Ø		Total. Add lines 1a-11				Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	2 a	PRODUCT SALES				624200	109,774,051.	109,774,051.	0.	
	b							, ,		
nue	c									
eve	d									
Revenue	е									
		All other program service								
_		Total. Add lines 2a-2f					109,774,051.			
	3	Investment income (incluc	0	,		,	1 210 925			1 210 0
		other similar amounts) Income from investment of tax-exempt bond proceeds					1,310,825.			1,310,8
	4 5			•		t i i				
	5	Royalties		(i) Real		(ii) Personal				
	6 a	Gross rents	6a	()		(
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	544,1	.30.	146,411.				
	b	Less: cost or other basis								
		and sales expenses	7b	496,6 47,4		19,907.				
		Gain or (loss)	7c			126,504.	173,936.			173,9
		Net gain or (loss) Gross income from fundraisi			·····		175,550.			1,3,5
	0 a	including \$								
ĺ		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fundra	aising ever	nts					
	9 a	Gross income from gamin								
	_	Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from			s					
	iu a	Gross sales of inventory, I and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
T						Business Code				
Revenue	11 a	OTHER INCOME/LOSS				624200	720,736.	720,736.		
enu	b	FOREIGN EXCHANGE GA	IN/			624200	-39.	-39.		
Sev	с									
4		All other revenue								
		Total. Add lines 11a-11d					720,697.	110 404 540		1 404 7
	12	Total revenue. See instruction	ons .				185,704,101.	110,494,748.	0.	1,484,7

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	652,868.	326,434.	326,434.	
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	10,033,047.	9,664,355.	189,128.	179,564.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	295,740.	287,074.	8,666.	
9	Other employee benefits	550,564.	546,418.	4,146.	
10	Payroll taxes	834,095.	759,197.	34,205.	40,693.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,212.		2,212.	
с	Accounting	76,375.		76,375.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,960.		12,960.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	551,176.		551,176.	
12	Advertising and promotion				
13	Office expenses	187,193.	138,157.	33,861.	15,175.
14	Information technology	587,873.	367,731.	219,992.	150.
15	Royalties	409,000.	409,000.	256 220	
16		4,910,442.	4,654,122.	256,320.	
17	Travel	197,373.		197,373.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings	19,216.		19,216.	
20	Interest	19,210.		19,210.	
21	Payments to affiliates	2,011,397.	1,854,627.	156,770.	
22	Depreciation, depletion, and amortization	312,033.	249,626.	62,407.	
23 24	Insurance Other expenses. Itemize expenses not covered	512,055.	210,020.	02,107.	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COMMERICAL RAW MATERIAL	34,341.		34,341.	
b	RAW MATERIALS	71,207,697.	71,207,697.		
c	SHIPPING COSTS	2,543,269.	2,543,269.		
d	PRODUCT TESTING	1,205,783.	1,205,783.		
е	All other expenses	1,176,557.	610,293.	566,264.	
25	Total functional expenses. Add lines 1 through 24e	97,811,211.	94,823,783.	2,751,846.	235,582.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11450730 788564 1308015.0

Form 990 (2023)

Form 990 (2023)

EDESIA, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Form 990 (
Part X	Balance Sheet

EDESIA, INC.

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			6,972,230.	1	8,980,19
2	Savings and temporary cash investments	3,147,555.	2	8,766,35		
3	Pledges and grants receivable, net			3	i	
4	Accounts receivable, net			16,765,230.	4	6,856,63
5	Loans and other receivables from any current or			· ·		
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif	-				
	under section 4958(f)(1)), and persons described	-			6	
7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
8	Inventories for sale or use			13,182,250.	8	26,658,26
9	–			699,565.	9	918,18
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	31,407,156.			
b			20,118,223.	6,469,502.	10c	11,288,93
11	Investments - publicly traded securities			7,486,205.	11	82,244,41
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	9,582,636.	15	9,131,64		
16	Total assets. Add lines 1 through 15 (must equa			64,305,173.	16	154,844,63
17	Accounts payable and accrued expenses			7,748,908.	17	7,351,0
18	Grants payable				18	
19	Deferred revenue		19	2,980,0		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrela			343,897.	23	50,00
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, par					
	parties, and other liabilities not included on lines					
	of Schedule D	,		9,601,214.	25	9,178,05
26	Total liabilities. Add lines 17 through 25			17,694,019.	26	19,559,10
	Organizations that follow FASB ASC 958, che	ck here	X	· ·		· · ·
	and complete lines 27, 28, 32, and 33.					
27				46,611,154.	27	70,285,53
28				28	65,000,00	
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		Γ		29	
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated in		Г		31	
32	Total net assets or fund balances			46,611,154.	32	135,285,53
1	Total liabilities and net assets/fund balances		F	64,305,173.	33	154,844,63

Form 990 (2023)

Form	990 (2023) EDESIA, INC.	26-0359866	5	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	185,	704,	101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,	811,	211.
3	Revenue less expenses. Subtract line 2 from line 1	3	87,	892,	890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46,	611,	154.
5	Net unrealized gains (losses) on investments	5		781,	486.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	135,	285,	530.
Pa	rt 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	0.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	L

Form **990** (2023)

(Form 990)

Total

Public Charity Status and Public Support

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

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

OMB No. 1545-0047	
2023	

Open	το	P	upi	IC
Insp	bec	cti	on	

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Nam	e of t	the organizati		0					Employer	identification number	
			EDESIA	A, INC.						26-0359866	
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete t	his part.) S	ee instructior	is.		
The	organ				For lines 1 through 12, c						
1	Ŭ		-		on of churches described	•	-	I)(A)(i).			
2					(Attach Schedule E (Forn						
3					anization described in s)(b)(1)(A)(ii	ii).			
4		A medical res	search organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170	(b)(1)(A)(iv). ((Complete Part II.)							
6					mental unit described in	section 1	70(b)(1)(A)	(v).			
7	X	An organizati	ion that norma	ally receives a substa	intial part of its support fi	rom a gov	ernmental	unit or from t	he general p	oublic described in	
				Complete Part II.)							
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operat	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or	
		university:									
10		An organizati	ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from	
		activities rela	ted to its exen	mpt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and ι	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqui	red by the or	ganization a	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	ion organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	ion organized	and operated exclus	ively for the benefit of, to	perform t	he function	ns of, or to ca	arry out the	purposes of one or	
		more publicly	/ supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		_lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	d 12g.		
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving	
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting	
				complete Part IV, S							
b					d or controlled in connect			•		-	
			-		anization vested in the sa	ame perso	ons that co	ntrol or mana	ge the supp	ported	
	_	¬ -		st complete Part IV,							
с			-		g organization operated				lly integrate	ed with,	
		¬ ··	0		s). You must complete l	-					
d					porting organization oper						
			-		zation generally must sat	-		-	an attentiv	/eness	
		_			mplete Part IV, Sections						
е			•		written determination fro			Type I, Type	II, Type III		
					nally integrated supporti						
		er the number vide the follow		n about the supporte	d organization(s)						
9		(i) Name of supp	•	(ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions)	

	A (Form 990) 2	2023
Part II	Support	Sc

EDESIA, INC.

26-0359866

Page **2**

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

Calei	ıdar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7,411,118.	6,285,367.	10,713,945.	10,923,199.	73,724,592.	109,058,221.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	7,411,118.	6,285,367.	10,713,945.	10,923,199.	73,724,592.	109,058,221.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						8,470,985.	
	Public support. Subtract line 5 from line 4.						100,587,236.	
Sec	tion B. Total Support							
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	7,411,118.	6,285,367.	10,713,945.	10,923,199.	73,724,592.	109,058,221.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	82,387.	195,958.	123,158.	167,180.	1,310,825.	1,879,508.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	260,042.	741,455.	1,188,818.	102,010.	720,697.	3,013,022.	
	Total support. Add lines 7 through 10						113,950,751.	
	Gross receipts from related activities,		,			12	329,661,998.	
13	First 5 years. If the Form 990 is for th	•	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
<u> </u>	organization, check this box and stop							
	tion C. Computation of Publi			. (2)			00 07	
	Public support percentage for 2023 (li					14	88.27 %	
	Public support percentage from 2022					15	71.22 %	
16a	33 1/3% support test - 2023. If the c	-					T	
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2022. If the c							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	-	-	• • • •				
b	10% -facts-and-circumstances test	•				-	10% or	
	more, and if the organization meets th							
40	organization meets the facts-and-circu		•					
18	Private foundation. If the organizatio	n ald not check a l	box on line 13, 16a	, 160, 17a, or 17b	, check this box ai		(Eorm 990) 2023	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 EDESIA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	tion,
	check this box and stop here	<u></u>			<u></u>	-	
Sec	tion C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2023 (ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17 18	 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 					17 18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						·
	23 12-21-23			, <u>.</u> ,,			A (Form 990) 2023
			18				,

2023.04010 EDESIA, INC.

1

2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

			Yes	No
44	Lies the experimentation accorded a rift or contribution from any of the following persons?		res	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a	+	├───
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. Stion B. Type I Supporting Organizations	11c		
Sec			T	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	<i>,</i>		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	4		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	ee instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
33202	5 12-21-23 Sche	edule A (Forr	m 990)) 2023

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 Schedule A (Form 990) 2023
 EDESIA, INC.

 Part IV
 Supporting Organizations (continued)

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²⁰ 2023.04010 EDESIA, INC.

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	(B) Current Year
Secti	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 EDESIA, INC.				26 - 0359866	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ed)		
Sect	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	EDESIA, INC.			26-0359866	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 lines 2 and 3; Part IV, Section	ations required by Part II, line 10; Pa bb, 9c, 11a, 11b, and 11c; Part IV, Se E, lines 1c, 2a, 2b, 3a, and 3b; Part ; 2, 5, and 6. Also complete this part	ction B, lines 1 and V, line 1; Part V, Se	d 2; Part IV, Sectior ection B, line 1e; Pa	n C,
	(See instructions.)					
332028 12-21-2	3				Schedule A (Form S	990) 2023
			23	-		,

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SCHEDULE D (Form 990) Supplementation intransformation 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. Implementation 100, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Bearting Review Service Implementation and the form 990. Department Review Service Implementation 100, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Beart IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Implementation 100, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Name of the organization organization answered "Yes" on Form 990, Part IV, line 6. Implementation answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) Yes No 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Yes No Part II Conservation easements held by the org		0	- Financial Otatomenta		OMB No. 1545-0047
Part W, ine §, 7, 8, 9, 0, 114, 115, 116, 116, 116, 117, 112, 116, 116, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 116, 117, 112, 112	SCHEDULE D				
Department Attach to For 990. Open to Public imperiod Name of the organization Employer identification number 22 033866 Part III control in the instructions and the latest information. Employer identification number 22 033866 Part III control in the instruction and the latest information. Employer identification number 22 033866 Part III control in the instruction and intermed to the instruction and the latest information. Employer identification number 22 033866 Part III control inform and intermed to the instruction and intermed to the instructin an	(Form 990)				2023
Name of the organization Employer identification number 24-035966 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Organization answered Yes' on Form 590, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of grants from (during year) (b) Funds and other accounts (b) Funds and other accounts 5 Did the organization inform all grantes, conce, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the barefit of the organization answered 'Yes' on Form 990, Part IV, Ine 7. (b) Funds and the accounts 1 Purpose(s) conservation eassements held by the organization (hecks all that apply). (b) Funds and the account in the account in the account in the form of a conservation assement included the account in the account in the account in the account in the account is a conservation easements. 2 Complete intera 2 the organization held a qualified conservation conservation assement included on ine 2a (c) Conservation cassements included on ine 2a		A	ttach to Form 990.		•
EXERT. INC. 26-0359866 Part II Organizations diminitaring 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 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of combinutions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of ants from (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of ants from (during year) (a) Donor advised funds (b) Funds and other accounts 6 Dd the organization inform all 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 importantial purposes and not for the benefit of the organization (heck all that app). Perservation of an historically important land area Percevation of that does meths held by the organization (heck all that app). Perservation of a historically important land area Percevation of that habitat Protection of analysis habitat app). Preservation of a historically important land area Percevation of the trace onservation easements 2a 2a 2a 1 total annes or c			0 for instructions and the latest information.		
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 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	7 Amount of expe	 enses incurred in monitoring, inspecting, hanc	lling of violations. and enforcing conservation e	asements du	uring the vear
 and section 170(h)(4)(B)(ii)?					0,
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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	8 Does each cons	servation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)	
 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 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	and section 170	0(h)(4)(B)(ii)?			Yes No
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 \$	9 In Part XIII, desc	cribe how the organization reports conservation	on easements in its revenue and expense state	ment and	
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 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	balance sheet, a	and include, if applicable, the text of the footr	note to the organization's financial statements t	hat describe	s the
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	organization's a	ccounting for conservation easements.		0:	
 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				Similar A	ssets.
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					
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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 \$	· •			oo shoot war	ke of
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 \$	-				
(i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$		· · · · · · · ·	or notion, equeation, or research in furtherall		
(ii) Assets included in Form 990, Part X				\$	

	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Sche	dule D (Form 990) 2023 EDESIA, IN						26-035		P	_{age} 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, or	^r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	e following that	make sig	gnificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or ex	xchange progra	ım					
b	Scholarly research	e	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's c		•	-			se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arran		te if the organizati	on answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	•						٦		٦
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					A		
								Amoun	L	
с	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f 2e	Ending balance Did the organization include an amount on F					1f		Yes		No
	If "Yes," explain the arrangement in Part XIII.		•				····· L			
	rt V Endowment Funds Complete in)				
	Complete	(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Fou	vears	back
1a	Beginning of year balance					<u>, , , , , , , , , , , , , , , , , , , </u>		()	<u> </u>	
h	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administer	ed for the	e				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm			~ ~ ~ ~ ~						
	Complete if the organization answere	ed "Yes" on Form 990								
	Description of property	(a) Cost or o basis (investr		ost or other is (other)	• •	cumulate preciation	d	(d) Boo	k valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements			893,959.		94,3	124.		799,	
d	Equipment		2	9,957,850.	1	19,725,8	889.	10	231,	
e	Other			555,347.		298,2	210.		257,	
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	X, line 10c, colum	n (B))				11	288,	933.

Schedule D (Form 990) 2023

11450730 788564 1308015.0

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

INC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	11,185.
(2) TRADEMARK	660.
(3) RIGHT-OF-USE ASSETS - OPERATING LEASES	9,119,804.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	9,131,649.
Part X Other Liabilities	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE PAYABLE	9,178,054.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	9,178,054.

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

Schedule D (Form 990) 2023

332053 09-28-23

X

Sche	dule D (Form 990) 2023 EDESIA, INC.			26-035	9866 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Ret	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	186,472,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	781,486.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	781,486.
3	Subtract line 2e from line 1			3	185,691,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	12,960.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	12,960.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	185,704,101.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	97,798,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	_ 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	97,798,251.
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	12,960.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,960.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	97,811,211.
Pa	t XIII Supplemental Information				

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHARITY UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT

THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH THEIR TAX-EXEMPT

STATUS AT BOTH THE STATE AND FEDERAL LEVELS.

THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO

MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE

SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF

THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX

EXAMINATIONS IN PROGRESS.

332054 09-28-23

Supplemental information (continued)	
	Schedule D (Form 990) 2023

332055 09-28-23

32 2023.04010 EDESIA, INC.

SC	HEDULE J	Compensation Information		OMB No.	1545-004	17	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	ΖJ)	
Depa	Department of the Treasury Attach to Form 990.						
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		mhau	
man	e of the organization		Employer ide 26-035		on nui	nber	
Pa	rt I Question	EDESIA, INC. s Regarding Compensation	20-035	9000			
	att Question				Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		165	NO	
101		line 1a. Complete Part III to provide any relevant information regarding these items.	000,				
	First-class or d		nal use				
	Travel for com	panions	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
~	lasticate othicle if a						
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati					
		ation of the CEO/Executive Director, but explain in Part III.	01110				
	X Compensation						
		compensation consultant X Compensation survey or study					
	·	ther organizations Approval by the board or compensation of	ommittee				
		······································					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		Х	
С	c Participate in or receive payment from an equity-based compensation arrangement?					X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
-	contingent on the r			Fo		х	
		ation?		<u>5a</u> 5b		X	
D		ation? or 5b, describe in Part III.		30			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
Ŭ	contingent on the r						
а	•			6a		х	
		ation?		6b		х	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
		nes 5 and 6? If "Yes," describe in Part III		7		х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section			9			
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990)	2023	

LHA 332111 11-06-23

11450730 788564 1308015.0

26-0359866

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) BRIAN O'FARRELL	(i)	218,431.	0.	0.	0.	16,756.	235,187.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) TOM STEHL	(i)	193,567.	0.	0.	6,928.	16,776.	217,271.	0.	
VICE PRESIDENT OF GROWTH (AS OF 6/23	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JOHN CLARK	(i)	188,733.	0.	0.	7,833.	11,989.	208,555.	0.	
PROJECT MANAGER/ ENGINEERING MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MARIA KASPARIAN	(i)	177,842.	0.	0.	5,814.	16,756.	200,412.	0.	
VICE PRESIDENT OF STRATEGIC PARTNRSH	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BRIAN DUGAS	(i)	185,787.	0.	0.	7,242.	0.	193,029.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ANDREW KAMARA	(i)	154,086.	0.	0.	6,511.	16,808.	177,405.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) CAROLINE OGONOWSKI	(i)	160,925.	0.	0.	6,563.	6,063.	173,551.	0.	
CHIEF OF STAFF/ SECRETARY (AS OF 6/2	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE L	•
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Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB	No.	154	5-004	7
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Open	to	Pu	bli	с

Internal Revenue Service	evenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Name of the organization Employer identification						
	EDESIA, I	INC.		26-0359	866	
Part I Exce	ss Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organ	izations only)		
		on answered "Yes" on Form 990, Part IV, I				
1		(b) Relationship between disqualified			(d) Cor	rected?
(a) Name of dis	qualified person	person and organization	(c) Description of trans	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2 Enter the amou	int of tax incurred by	y the organization managers or disqualifie	d persons during the year under			
section 4958				\$		
3 Enter the amou	int of tax, if any, on	line 2, above, reimbursed by the organiza	tion	\$		
Part II Loan	s to and/or Fro	m Interested Persons				
Compl	ete if the organizatio	on answered "Yes" on Form 990-EZ, Part `	V, line 38a, or Form 990, Part IV, line	e 26; or if the	organization	
reporte	ed an amount on Foi	rm 990, Part X, line 5, 6, or 22.				
(a) Name o		[/.n]	a) Original (f) Balance due	(a) In (h) Approved (i)	Written

	(a) Name of interested person	(b) Relationship with organization	(d) Lo fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In (l default?		(h) Approved by board or committee? (i) Writte		ritten ment?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total		· ·			\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

EDESIA, INC.

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
(1) ^{CHELSEA} REALTY	OWNED BY TWO BOARD	500,000.	RENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Part V Supplemental Information	n				

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CHELSEA REALTY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY TWO BOARD MEMBERS: PRESIDENT AND FORMER TREASURER

Schedule L (Form 990) 2023

332132 11-30-23

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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Employer identification number

26-0359866

Name of the organization

EDESIA, INC.

Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	100,051.	COST			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
15	1 K 1 K 1 K							
14	Austoric structures Qualified conservation contribution - Other							
15								
16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
19 20	Food inventory							
20 21	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			<u> </u>	
							Yes	No
30a	During the year, did the organization receive by		• • • •					
	must hold for at least 3 years from the date of t			-				v
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p	-	-	•	tions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

11450730 788564 1308015.0

Part II	Supplemental	Informa	tion.
	M (Form 990) 2023	EDESIA,	INC.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23		Schedule M (Form 990) 2023

11450730 788564 1308015.0

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SCHEDULE O	Supplemental Information to Form 990) or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific q	uestions on	2023
Department of the Treasury	Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organizatior	Go to www.irs.gov/Form990 for the latest informati		lnspection identification numbe
Name of the organization	EDESIA, INC.		359866
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS PR	EPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY		
MANAGEMENT. ONCE	ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A		
COPY IS SEND TO AL	L BOARD MEMBERS. AT THE SUBSEQUENT BOARD MEETING, THE		
BOARD IS ASKED IF	THEY HAVE ANY QUESTIONS OR COMMENTS AND A GENERAL REVIEW		
OF THE FORM IS CON	DUCTED BY MANAGMENT. REVISIONS, CORRECTIONS, ETC. ARE		
MADE AS NECESSARY.	SUBSEQUENT TO THIS MEETING, THE FORM IS SUBMITTED TO		
THE IRS.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
EACH YEAR THE ORGA	NIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALI		
OFFICERS, DIRECTOR	S AND KEY EMPLOYEES. THESE PEOPLE ARE ASKED TO REVIEW		
THE POLICY AN SIGN	A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY		
AND HAVE REPORTED .	ALL POTENTIAL CONFLICTS DURING THE PAST YEAR IN		
ACCORDANCE WITH TH	E POLICY AN WILL REPORT ALL POTENTIAL CONFLICTS DURING		
THE COMING YEAR.	ALL POTENTIAL CONFLICTS ARE EVALUATED TO DETERMINE IF A		
CONFLICT ACTUALLY	EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL		
TRANSATION IS A CO	NFLICT, THE BOARD EXAMINES THE TRANSATION AND A VOTE IS		
TAKEN (WITH THOSE	INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE		
ORGANIZATION WILL	ENTER INTO THE TRANSACTION.		
FORM 990, PART VI,	SECTION B, LINE 15:		
ANNUALLY THE BOARD	CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE		
EXECUTIVE DIRECTOR	. THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S		
COMPENSATION FOR T	HE FOLLOWING YEAR. THIS PROCESS INVOLVES THE EVALUATION		

OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OF COMPARABLE POSITIONS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

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Schedule O	(Form 990) 2023
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Name of the organization

EDESIA, INC.

OBTAINED FROM COMPENSATION SURVEYS. THE BOARD'S DELIBERATION AND DECISION

IS NOTED IN THE MINUTES OF THE MEETING.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION

AND BY-LAWS), ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST. THE ORGANIZATION WILL MAIL COPIES UPON REQUEST OR

PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRATIVE OFFICES DURING

NORMAL BUSINESS HOURS. THE ORGANIZATION CHARGES FOR THE COPIES IN

ACCORDANCE WITH IRS REGULATIONS.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

Employer identification number 26-0359866

332212 11-14-23

11450730 788564 1308015.0

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

EDESIA, INC.

Employer identification number 26-0359866

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

		-	-		
(a)	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
Name, address, and EIN (if applicable) of disregarded entity	Phinary activity	foreign country)	rotarincome	Enu-or-year assets	entity
EDESIA ENTERPRISES, LLC - 27-0410466					
550 ROMANO VINEYARD WAY	MAINTAINS NUTRISET LICENSE				
NORTH KINGSTOWN, RI 02852	AGREEMENT	DELAWARE			EDESIA, INC.
EDESIA INDUSTRIES, LLC - 61-1690067					
550 ROMANO VINEYARD WAY	BILLING SERVICES FOR				
NORTH KINGSTOWN, RI 02852	EDESIA, INC.	DELAWARE			EDESIA, INC.
	-				
	_				
	_				

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

organizatione danny the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	1						
	1						

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Schedule R (Form 990) 2023

2023 Open to Public

Open to Public Inspection

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

organizations treated as a pa									1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box 20 of Schedule	Gener mana partn	er? OV	ercentage wnership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										$\left \right $		
	1											
	1											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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

Schedule R (Form 990) 2023 EDESIA, INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes I	ю
											\square	

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

332165 09-28-23

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