Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| _ | _ | | | 0004 1 11 | | | | 22 2 2 2 2 | | | | | |
|--------------------------------|---------------|---|---|-----------------------------|--------------|------------------------------------|-------------|-------------------------|--------------|--|--|--|--|
| <u>A</u> | | | ar year, or tax year beginning 7/01 | , 2021, and endin | g 6/ | 30 | | 20 2022 | | | | | |
| В | Check | if applicable: | С | | | D Employ | er identi | fication number | | | | | |
| | А | Address change | VERTUELAB | | | 26-1 | 16529 | 936 | | | | | |
| | N | lame change | P.O. BOX 212 | | | E Telepho | ne numb | er | | | | | |
| | Ir | nitial return | PORTLAND, OR 97207 | | | 971 | -770- | -2378 | | | | | |
| | Fi | inal return/terminated | | | | | | | | | | | |
| | \square_{A} | mended return | | | | G Gross re | eceints \$ | 2,827 | 087 | | | | |
| | \vdash | application pending | F Name and address of principal officer: DAVID KENNEY | , | H(a) Is this | a group return | | <u> </u> | X No | | | | |
| | ⊔^ | application pending | | | ` ' | | | | No | | | | |
| _ | т | | SAME AS C ABOVE | 1047(-)(1) F07 | If "No, | l subordinates " attach a list. | See inst | tructions. | | | | | |
| <u> </u> | | -exempt status: | | 1947(a)(1) or 527 | | | | | | | | | |
| J | | | RTUELAB.ORG | | · · · | exemption nu | | | | | | | |
| K | | m of organization: | X Corporation Trust Association Other ► | L Year of formati | on: 200 | 7 M s | tate of le | egal domicile: OR | | | | | |
| Pa | art I | Summar | | | | | | | | | | | |
| | 1 | | e the organization's mission or most significant acti | | | | | | | | | | |
| a) | | ENTREPRENEURSHIP THAT WILL SOLVE ENVIRONMENTAL CHALLENGES AND CATALYZE SHARED | | | | | | | | | | | |
| Governance | | | PROSPERITY. PROVIDE FUNDING AND | HOLISTIC ENTR | EPRENI | EURIAL | SUPP | ORT_TO | | | | | |
| Ĕ | | CLEANTEC | H STARTUPS. | | | | | | | | | | |
| ŏ | 2 | Check this bo | | | | | net ass | sets. | | | | | |
| <u>ت</u> | 3 | | ing members of the governing body (Part VI, line 1 | | | | 3 | | 7 | | | | |
| တ္သ | 4 | | ependent voting members of the governing body (P | | | | 4 | | 7 | | | | |
| Activities & | 5 | | of individuals employed in calendar year 2021 (Part | · | | | 5 | | 13 | | | | |
| ∌ | 6 | | of volunteers (estimate if necessary) | | | | 6 | | 10 | | | | |
| ď | | | d business revenue from Part VIII, column (C), line | | | | 7a | | 0. | | | | |
| | D | Net unrelated | business taxable income from Form 990-T, Part I, li | ne II | _ | | 7b | | 0. | | | | |
| | | Cambributiana | and grants (Dart VIII line 1h) | | | Prior Year | 4.0 | Current Y | | | | | |
| e | 8 | | and grants (Part VIII, line 1h) | | | 2,265,3 | | 2,122 | | | | | |
| Revenue | 9 | | ce revenue (Part VIII, line 2g) | | | 56,5 | | | ,365. | | | | |
| ě | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | | 4,6 | 95. | 660 | <u>,648.</u> | | | | |
| _ | 11 12 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and – add lines 8 through 11 (must equal Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and | • | | 226 5 | 0.2 | 2 027 | 007 | | | | |
| | 1 | | | | | 2,326,5 | | 2,827 | | | | | |
| | 13 | | milar amounts paid (Part IX, column (A), lines 1-3). | | | 51,3 | 6/. | 29 | <u>,103.</u> | | | | |
| | 14 | | to or for members (Part IX, column (A), line 4) | | | | | | | | | | |
| Ø | 15 | | r compensation, employee benefits (Part IX, column | | 1,114,3 | 69. | 1,229 | <u>,299.</u> | | | | | |
| Jse | 16 a | Professional | undraising fees (Part IX, column (A), line 11e) | | | | | | | | | | |
| Expenses | b | Total fundrais | ng expenses (Part IX, column (D), line 25) ▶ | 262,592. | | | | | | | | | |
| Щ | 17 | Other expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 343,6 | 59 | 624 | ,679. | | | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), | | | 1,509,3 | | 1,883 | | | | | |
| | 19 | | expenses. Subtract line 18 from line 12 | | | 817,1 | | | | | | | |
| | 1 | Neveriue less | expenses. Subtract line 16 from line 12 | | | | | End of Ye | <u>,006.</u> | | | | |
| Net Assets or Fund Balances | 20 | Total accets | Part X, line 16) | | | ng of Curren | | | | | | | |
| sse: Bala | 21 | | (Part X, line 26) | | | 3,945,6 | | 6,880 | | | | | |
| A Pu | 21 | | | | | 829,5 | | 2,745 | • | | | | |
| | | | fund balances. Subtract line 21 from line 20 | | . 3 | 3,116,0 | 84. | 4,135 | <u>,075.</u> | | | | |
| Pa | art II | Signatur | e Block | | | | | | | | | | |
| Und | er pena | alties of perjury, I de | lare that I have examined this return, including accompanying scheduer (other than officer) is based on all information of which preparer ha | iles and statements, and to | he best of n | ny knowledge | and belie | ef, it is true, correct | , and | | | | |
| COIII | piete. L | I. | er (other than officer) is based on all information of which preparer ha | any knowledge. | 1 | | | | | | | | |
| | | Cimath | | | | -1- | | | | | | | |
| Sig He | gn | Signatu | e of officer | | Da | ate | | | | | | | |
| He | re | | ABIODUN | | EXEC | UTIVE I | DIREC | CTOR | | | | | |
| | | Type or | print name and title | | | | | | | | | | |
| | | Print/Type p | eparer's name Preparer's signature | Date | | Check | I if | PTIN | | | | | |
| Pa | id | CHERYI | L. MORGAN, CPA Cherk Mayor CPA | 5/5 | /2023 | self-employe | ed] | P00168869 | | | | | |
| | epar | | ► KERN & THOMPSON LLC | , 3, 4, | | | | | | | | | |
| Us | e Or | nly Firm's addre | | 10 | | Firm's EIN | 93 - | -1157146 | | | | | |
| | | | PORTLAND, OR 97201 | : - : • | | Phone no. | (503 | | 38 | | | | |
| Ma | v the | IRS discuss th | s return with the preparer shown above? See instruc | ctions | | 1 | ,,,,,, | X Yes | No | | | | |
| | , | | | . | | | | | | | | | |

| Part | III | Statement of Program Service Accomplishments | , |
|------|------------------|---|---|
| | | Check if Schedule O contains a response or note to any line in this Part III | Ż |
| 1 | - | y describe the organization's mission: | |
| | | UNLEASH INNOVATION AND ENTREPRENEURSHIP THAT WILL SOLVE ENVIRONMENTAL CHALLENGES | _ |
| | | CATALYZE SHARED ECONOMIC PROSPERITY. PROVIDE FUNDING AND HOLISTIC ENTREPRENEURIAL | |
| | SUPI | PORT TO CLEANTECH STARTUPS. | _ |
| | | | |
| | | e organization undertake any significant program services during the year which were not listed on the prior | |
| | | 990 or 990-EZ? | |
| | | s," describe these new services on Schedule O. | |
| | | e organization cease conducting, or make significant changes in how it conducts, any program services? | |
| | If "Yes | s," describe these changes on Schedule O. | |
| 4 | Descr Section | ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, | |
| | and re | evenue, if any, for each program service reported. | |
| | | | |
| 4 a | (Code | e:) (Expenses \$ 707,693. including grants of \$) (Revenue \$ |) |
| | CAT | ALYZE COMPANIES IS FOCUSED ON DIRECT ENGAGEMENT WITH STARTUPS TO PROVIDE COACHING | |
| | | SUPPORT, IMPROVING THEIR SUCCESS. THESE PROGRAMS HELP STARTUP COMPANIES ACCESS | - |
| | | DING, GET SUPPORT FROM EXPERIENCED ENTREPRENEURS, MEET CUSTOMERS, GROW THEIR | - |
| | | MS, AND TELL THEIR STORIES. | - |
| | <u> </u> | MO, IMD IEEE THEIR STORIES. | _ |
| | | | - |
| | | | - |
| | | | _ |
| | | | - |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | _ |
| 4 b | (Code | |) |
| | | ALYZE CAPITAL IS FOCUSED ON ADDRESSING THE NEED FOR IMPROVED ACCESS TO CAPITAL FOR | _ |
| | | LY-STAGE CLEANTECH VENTURES AND INCREASING THE BASE OF RISK CAPITAL AVAILABLE IN | _ |
| | <u>THE</u> | REGION. | _ |
| | | | |
| | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | _ |
| 4 c | (Code | e:) (Expenses \$ 225,635. including grants of \$) (Revenue \$ |) |
| | | ALYZE IMPACT ENCOMPASSES ACTIVITIES FOCUSED ON MEASURING AND MANAGING THE SOCIAL, | |
| | | NOMIC, AND ENVIRONMENTAL IMPACT OF VERTUELAB'S PIPELINE COMPANIES, AND THEIR | |
| | | TFOLIO COMPANIES, INCREASING THE IMPACT OF INNOVATION, AND CONVENING THE CLUSTER | - |
| | | INCREASE IMPACT, PLAN FOR AND VERIFY MAXIMUM TRIPLE-BOTTOM-LINE IMPACT: IMPACT | _ |
| | | | _ |
| | ric A. | | - |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | _ |
| | | program services (Describe on Schedule O.) SEE SCHEDULE O | |
| | (Expe | | |
| 10 | Total | program service expenses ► 1 339 550 | |

Form 990 (2021) VERTUELAB Part IV Checklist of Required Schedules

| | | | Yes | No |
|------|--|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 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 | | Х |
| 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 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| ā | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> . | 11 a | | Х |
| ł | a 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. | 11 b | | Х |
| (| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | Х | |
| C | 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 | 11 d | | Х |
| 6 | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| ŀ | 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| ł | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | X |
| | 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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> . | 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? <i>If 'Yes,' complete Schedule H</i> | 20a | | X |
| | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | Х | |
| | domestic government on rait in, column (m), line i: ii res, complete ochedule i, Faits rand ii | 41 | 41 | |

Form 990 (2021) VERTUELAB Part 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 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> . | 23 | Х | |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Χ |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | 25b | | Х |
| 26 | former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV | 28a | | X |
| | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV | 28b | | X |
| | c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV. | 28c | | Χ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Χ |
| | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 36 | | Χ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Χ |
| 38 | Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| | a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | . 55 | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| DΛ | (gambling) winnings to prize winners? | 1 c | X | 20001 |
| - n | I F F AUTUAL 11977/77 | Lorm | uun / | ・ルソウコ |

Form 990 (2021) VERTUELAB

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|------|--|----------|-----|----|
| 28 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13 | | | |
| ı | of If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Χ | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3 8 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| ı | b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i> | 3 b | | |
| 4 8 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х |
| | o If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5. | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were | | | 21 |
| 7 | not tax deductible? | 6 b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| ć | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | Х |
| | a If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | |
| | Form 8282? | 7 c | | Х |
| (| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| • | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| 9 | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | 7 ~ | | |
| ı | as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7 g | | |
| 8 | Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | 7h | | |
| Ū | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | V | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| ı | a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.). | | | |
| 12 a | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| ä | a 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. | | | |
| ı | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| (| Enter the amount of reserves on hand | | | |
| 14 a | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| ı | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | | Х |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| • | activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |

Form 990 (2021) VERTUELAB 26-1652936 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O...... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

971-770-2378

State the name, address, and telephone number of the person who possesses the organization's books and records

BOX 212 PORTLAND OR 97207

Form 990 (2021) VERTUELAB

26-1652936

Page 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(C)

(B)

Position (do not check more than one box, unless person power of the compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week | director/trustee) | | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the organization | | | | |
|------------------------------|---|-----------------------------------|-----------------------|---|--|--|--------|----------------|----------------|------------------------------|
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | MISC/1099-NEC) | MISC/1099-NEC) | and related organizations |
| (1) DAVID KENNEY | _ 40 _ | | | 77 | | | | 200 257 | 0 | 1.4.001 |
| EXECUTIVE DIR. | 0 | | | X | | | | 208,357. | 0. | 14,081. |
| | $-\frac{40}{0}$ | | | | | Х | | 141,654. | 0. | 4,749. |
| (3) JOHANNA BRICKMAN | 40 | | | | | | | , | | , |
| DEP DIR/IMPACT STR | 0 | | | | | Χ | | 126,869. | 0. | 11,311. |
| (4) HEATHER ANDERSEN | 2 | | | | | | | | | |
| CHAIR | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (5) JOE CONNORS | 2 | | | | | | | | | |
| SECRETARY/TREAS | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (6) MAURICE RAHMING | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| (8) ANNA MCCOY | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| (9) CAROL DAHL | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| (10) DENNIS WILDE | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| (11) KELLY LYONS | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| (12) JEFF_CANIN | 2 | | | | | | | | | |
| DIRECTOR | 0 | Χ | | | | | | 0. | 0. | 0. |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, 111 | (B) | ney | | ipic | _ | es, | anc | nighest Con | iperisateu Empi | oyees (continuea) |
|------------|---|----------------------------------|-----------------------------------|----------------------|------------|---------------|---------------------------------|--------------|---|--|--|
| | | (6) | | | • | • | | | (5) | (5) | (F) |
| | (A) Name and title | Average hours | box | , unle | ess pe | erson | than | n an | (D) Reportable | (E) Reportable | (F) |
| | Name and the | per week | L- | - | | | or/trus | | compensation from the organization (W-2/1099- | compensation from related organizations (W-2/1099- | Estimated amount of other |
| | | (list any hours | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC/1099-NEC) | (W-2/1099- MISC/1099-NEC) | compensation from the organization and related |
| | | for related | rect: | ution | œ | emp | est c oyee | <u>e</u> | · | | organizations |
| | | organiza - tions below | ¥ 2 | ाश क | | loye | omp | | | | |
| | | dotted line) | stee | etsu | | () | esne | | | | |
| | | | | ₹13 | | | ted | | | | |
| (15) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (13) | | | • | | | | | | | | |
| (20) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| <u>\</u> / | | | - | | | | | | | | |
| (25) | | | | | | | | | | | |
| | | | 1 | | | | | | | | |
| 1 b S | ubtotal | | | | | | | | 476,880. | 0. | 30,141 |
| | otal from continuation sheets to Part VII, Section | | | | | | | | 0. | 0. | 0 |
| | otal (add lines 1b and 1c) | | | | | | | <u> </u> | 476,880. | 0. | 30,141 |
| | otal number of individuals (including but not limited | to those I | ısted | abo | ve) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensation |
| | rom the organization ► 3 | | | | | | | | | | Yes No |
| 2 - | | | | | | | | | | | Tes No |
| 3 [| old the organization list any former officer, direct in line 1a? <i>If 'Yes,' complete Schedule J for suc</i> | tor, truste <i>h individu</i> | е, ке ıal | ey ei | mpi | oyee | e, or | nıgr | nest compensated | employee | . 3 Х |
| 4 F | or any individual listed on line 1a, is the sum of | renortah | le co | mne | nsa | ation | and | oth | er compensation | from | |
| tl | ne organization and related organizations greate | er than \$1 | 50,00 | 00? | If '\ | es, | com | ıple | te Schedule J for | 110111 | 4 X |
| | uch individual | | | | | | | | | | . 4 X |
| 5 D | or did any person listed on line 1a receive or accruber services rendered to the organization? If 'Yes | e compen s,' comple | isatio ete Sc | n tr chea | om Iule | any J fo | unre <i>r suc</i> | iate ch p | ed organization or erson | ındıvidual | . 5 X |
| Section | on B. Independent Contractors | | | | | | | | | | |
| 1 (| complete this table for your five highest compension pensation from the organization. Report compen | sated inde | epend | dent | t coi | ntrad Vear | ctors endi | tha | it received more the | nan \$100,000 of ganization's tax year | |
| | | | 110 0 | alcii | uui . | ycui | Crian | 119 1 | (B) | | (C) |
| | (A) Name and business address (B) Description of services | | | | | | | | of services | Compensation | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | otal number of independent contractors (including the | urt not live: | itad t | o +lo - | 200 1 | iota - | اماد | \(\alpha\) | who received as | than | |
| | otal number of independent contractors (including but 100,000 of compensation from the organization | | ned to | ว เทด | use I | ıstec | 1 900, | ve) | who received more | uian | |
| | 100,000 or compensation from the organization | U | | | | | | | | | Farm 000 (2021 |

Form 990 (2021) VERTUELAB Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or note to any | y line in this Part V | III | | |
|---|---------------------|--|-----------------------------|--|---|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1 a b c d e f | Federated campaigns | | | | |
| | h | Total. Add lines 1a-1f▶ | 2,122,074. | | | |
| ıne | | Business Code | | | | |
| Program Service Revenue | 2a b c | VERTUELAB IMPACT SUMMIT 541700 | 44,365. | 44,365. | | |
| ervi | d | | | | | |
| пS | е | | | | | |
| grai | f | All other program service revenue | | | | |
| Pro | g | Total. Add lines 2a-2f | 44,365. | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | 660,648. | 657,896. | | 2,752. |
| | 5 | Royalties | | | | |
| | • | (i) Real (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | |
| | | Less: rental expenses 6b | | | | |
| | | Rental income or (loss) 6c | | | | |
| | | Net rental income or (loss) | | | | |
| | | Gross amount from (i) Securities (ii) Other | | | | |
| | / a | sales of assets | | | | |
| | h | other than inventory Less: cost or other basis | | | | |
| | D | and sales expenses 7b | | | | |
| | С | Gain or (loss) 7c | | | | |
| | d | Net gain or (loss) | | | | |
| nue | 8 a | Gross income from fundraising events (not including \$ | | | | |
| Other Revenu | | of contributions reported on line 1c). | | | | |
| ď | | See Part IV, line 18 | | | | |
| hel | | Less: direct expenses 8b | | | | |
| ð | С | Net income or (loss) from fundraising events ▶ | | | | |
| | | Gross income from gaming activities. See Part IV, line 19 | | | | |
| | | Less: direct expenses 9b | | | | |
| | | Net income or (loss) from gaming activities ▶ | | | | |
| | | Gross sales of inventory, less | | | | |
| | | Less: cost of goods sold Net income or (loss) from sales of inventory | | | | |
| | С | Business Code | | | | |
| | 11 a | | | | | |
| že j | a h | | | | | |
| Mer Ja | | | | | | |
| Miscellaneous Revenue | 11 a b c d | All other revenue | | | | |
| Σ | | Total. Add lines 11a-11d | | | | |
| | | Total revenue. See instructions. | 2.827.087. | 702.261 | 0. | 2.752. |

Part IX | Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Total expenses

(A)

(B)

(C)

Management and general expenses

Fundraising expenses

1 Grants and other assistance to domestic

| | 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
|-----------------|---|----------------|--------------------------|---------------------------------|----------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 29,103. | 29,103. | | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 23,103. | 23,100. | | |
| 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 | 230,454. | 145,092. | 38,212. | 47,150. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 818,646. | 515,413. | 135,741. | 167,492. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 28,093. | 17,687. | 4,658. | 5,748. |
| 9 | Other employee benefits | 61,634. | 38,804. | 10,220. | 12,610. |
| 10 | Payroll taxes | 90,472. | 56,961. | 15,001. | 18,510. |
| 11 | Fees for services (nonemployees): | | | | _ |
| ā | Management | | | | |
| ŀ |) Legal | 25,158. | 25,158. | | _ |
| (| Accounting | | | | |
| C | I Lobbying | 40,000. | 40,000. | | |
| • | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | I Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH. Q | 232,511. | 180,495. | 52,016. | |
| 12 | Advertising and promotion | 202,031. | 201,276. | 315. | 440. |
| 13 | Office expenses | , | , , | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 11,357. | 7,040. | 2,424. | 1,893. |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | 11,125. | 11,125. | | |
| 21 | <u> </u> | | | | |
| | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 4,290. | 2,691. | 706. | 893. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | 1,2300 | 2,0020 | | 330. |
| ā | OPERATING_EXPENSES | 49,588. | 20,089. | 21,646. | 7,853. |
| | IMPAIRMENT OF VALUE | 28,000. | 28,000. | | |
| (| INTERNSHIPS | 20,613. | 20,613. | | |
| C | BAD DEBT | 3. | 3. | | |
| • | All other expenses | 3. | | | 3. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,883,081. | 1,339,550. | 280,939. | 262,592. |
| 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) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|------|---|---------------------------------|------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash — non-interest-bearing | 3,216,976. | 1 | 5,208,712. |
| | 2 | Savings and temporary cash investments. | | 2 | |
| | 3 | Pledges and grants receivable, net | 522,674. | 3 | 224,654. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | 19. | 7 | 14. |
| ts | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | 5,969. | 9 | |
| As | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | | Less: accumulated depreciation | | 10 c | |
| | 11 | Investments – publicly traded securities. | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | 200,009. | 13 | 1,446,993. |
| | 14 | Intangible assets. | , | 14 | , , |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,945,647. | 16 | 6,880,373. |
| | 17 | Accounts payable and accrued expenses | 30,594. | 17 | 138,798. |
| | 18 | Grants payable | 3,969. | 18 | |
| | 19 | Deferred revenue | 20,000. | 19 | 6,500. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ies | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| ij | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 775,000. | 24 | 2,600,000. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | 773,000. | 25 | 2,000,000. |
| | 26 | Total liabilities. Add lines 17 through 25 | 829,563. | 26 | 2,745,298. |
| ces | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | , | | , , |
| lar | 27 | Net assets without donor restrictions | 1,518,512. | 27 | 2,354,634. |
| Ba | 28 | Net assets with donor restrictions | 1,597,572. | 28 | 1,780,441. |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | , , | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sts | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| t A | 32 | Total net assets or fund balances | 3,116,084. | 32 | 4,135,075. |
| Ne | 33 | Total liabilities and net assets/fund balances | 3,945,647. | 33 | 6,880,373. |
| | | TEF 401111 00/00/01 | , -, - | | |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|-----|---|--------|-----------|------|--------------|
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,8 | 27,0 | 087. |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | 2 | 1,8 | 83,0 | 081. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 9 | 44,0 | 006. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,116,084 | | |
| 5 | Net unrealized gains (losses) on investments. | 5 | | 74,9 | 985. |
| 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 | 4,1 | 35,0 |)75 <u>.</u> |
| 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 O. | | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | d on a | | | |
| | 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 separa basis, consolidated basis, or both: | te | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| , | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | Х |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| BAA | TEEA0112L 09/22/21 | | Form | 990 | (2021) |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| iame o | une | e organization | | | | | Employer identific | auon numi | er | | | |
|------------|------|---|--|--|-----------------------|---------------------------------|---|---------------------------------|--------------------------------------|--|--|--|
| VER' | ľUľ | ELAB | | | | 26-1652936 | | | | | | |
| Part | I | Reason for Public Cha | rity Status. (All o | rganizations must | comple | ete this | s part.) See instru | ctions. | | | | |
| | | nization is not a private found | | <u> </u> | | | <u>'</u> | | | | | |
| 1 | Ň | A church, convention of church | ies, or association of ch | nurches described in sect | tion 1 70 (| b)(1)(A)(| i). | | | | | |
| 2 | П | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) | | | | | | | | | | |
| 3 | Ħ | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | | A medical research organiza | | | | | • • • | nter the | hospital's | | | |
| - | ш | 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 | | 1 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 | X | An organization that normally r in section 170(b)(1)(A)(vi). | receives a substantial p Complete Part II.) | art of its support from a | governm | ental un | t or from the general pu | ıblic desc | ribed | | | |
| 8 | | A community trust described | | A)(vi). (Complete Part I | 1.) | | | | | | | |
| 9 | | An agricultural research organi | | | • | oniunctio | on with a land-grant coll | eae | | | | |
| • | Ш | or university or a non-land-gran | | | | | | | | | | |
| | | university: | | | | | | | | | | |
| 10 | | An organization that normally from activities related to its investment income and unre June 30, 1975. See section! | exempt functions, sub lated business taxable | ject to certain exception in the community in the communi | ns; and | (2) no r | nore than 33-1/3% of | its suppo | ort from gross | | | |
| 11 | | An organization organized ar | nd operated exclusive | ly to test for public safe | ety. See | section | 1 509(a)(4). | | | | | |
| 12 | | An organization organized ar | nd operated exclusive | ly for the benefit of, to | perform | the fun | ctions of, or to carry of | out the pu | urposes of one | | | |
| | | or more publicly supported o lines 12a through 12d that de | rganizations describe | d in section 509(a)(1) o | or section | n 509(a | (2). See section 509(a | a)(3). Che | eck the box on | | | |
| а | П | Type I. A supporting organization | | | | | | | norted | | | |
| | Ш | organization(s) the power to re complete Part IV, Sections A | gularly appoint or elect | a majority of the directo | rs or trus | tees of t | the supporting organizat | ion. You i | nust | | | |
| b | | Type II. A supporting organiz management of the supporting must complete Part IV, Secti | organization vested in | ontrolled in connection the same persons that c | with its ontrol or | support manage | ed organization(s), by the supported organiza | having o tion(s). Y o | control or ou | | | |
| С | | Type III functionally integrated organization(s) (see instruction | | ion operated in connection | n with, aı Δ D an | nd function | onally integrated with, its | supporte | d | | | |
| d | | Type III non-functionally integrated. The c | rated. A supporting org | anization operated in cor | nection | with its s | supported organization(s | s) that is r | not | | | |
| е | | instructions). You must com Check this box if the organiz | plete Part IV, Section | s A and D, and Part V. | · | | | · | | | | |
| f | En | integrated, or Type III non-fuller the number of supported of | inctionally integrated : | supporting organizatior | ١. | | | | , | | | |
| g | Pr | ovide the following information | n about the supported | d organization(s). | | | | | | | | |
| (i |) Na | me of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | | s the ion listed overning | (v) Amount of monetary support (see instructions) | | Amount of other t (see instructions) | | | |
| | | | | | Yes | No | | | | | | |
| | | | | | | | | | | | | |
| A) | | | | | | | | | | | | |
| В) | | | | | | | | | | | | |
| C \ | | | | | | | | | | | | |
| C) | | | | | | | | | | | | |
| D) | | | | | | | | | | | | |
| E) | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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.)

| Cas | tion A. Public Support | under the tests his | ted below, piedse | complete r art ii | 1.) | | |
|------|---|--|---|--|---|----------------------------------|------------------|
| | | | | T | | | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'). | 1,437,700. | 1,641,237. | 2,278,869. | 2,265,348. | 2,827,088. | 10,450,242. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 1,437,700. | 1,641,237. | 2,278,869. | 2,265,348. | 2,827,088. | 10,450,242. |
| 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) | | | | | | 0. |
| 6 | Public support. Subtract line 5 | | | | | | |
| Sec | tion B. Total Support | | | | | | 10,450,242. |
| Cale | ndar year (or fiscal year | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 1,437,700. | 1,641,237. | 2,278,869. | 2,265,348. | 2,827,088. | 10,450,242. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 6,741. | 13,650. | 14,616. | 4,695. | | 39,702. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0,7111 | 10,000. | 11,010. | 1,0301 | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI | | | | | 2,752. | 2,752. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 10,492,696. |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | 1,467,911. |
| 13 | First 5 years. If the Form 990 is organization, check this box and | | | | | | ▶∏ |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| | Public support percentage for 20 | | | ne 11, column (f) |) | 14 | 99.60% |
| 15 | Public support percentage from | 2020 Schedule A, | Part II, line 14 | | | 15 | 99.62 % |
| 16a | 33-1/3% support test—2021. If t and stop here. The organization | he organization di qualifies as a pul | id not check the bolicly supported o | oox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, checl | this box |
| b | 33-1/3% support test—2020. If the and stop here. The organization | ne organization did qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a or 16a or 16a or 16a | a, and line 15 is 3 | 3-1/3% or more, o | check this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | nd-circumstances | s test, check this | box and stop here | Explain in Part | VI how |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and | meets the facts-a d-circumstances to | nd-circumstances est. The organiza | s test, check this tion qualifies as a | box and stop here publicly supporte | Explain in Part do organization. | VI how the ► |
| 18 | Private foundation. If the organize | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 1/b, check th | is box and see ins | structions |

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.)

| Sec | tion A. Public Support | | piedes sempiete . | <u> </u> | | | | | |
|-----|--|-------------------------|--------------------------|---------------------|--------------------|--------------------|------------------|--|--|
| | lar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | (4) 2017 | (8) 2010 | (4) = 1.10 | (4) 2525 | (0) 2021 | (ly rotal | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| | tion B. Total Support | | | | 1 | T | | | |
| | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | | |
| | Amounts from line 6 | | | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | | |
| | 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.) | | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | | | | ▶ | | |
| | tion C. Computation of Pul | | | | | 1 1 | | | |
| | Public support percentage for 20 | • | .,, | | • | | % | | |
| | Public support percentage from 2 | | | | | 16 | % | | |
| | tion D. Computation of Inv | | | | | 1 1 | | | |
| 17 | | • | • • • | - | | | % | | |
| | Investment income percentage for | | | | | <u> </u> | 8 | | |
| | 33-1/3% support tests—2021. If t is not more than 33-1/3%, check | this box and sto | p here. The organ | ization qualifies a | as a publicly supp | orted organization | ▶ ∐ | | |
| | 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|--|--------------|-----|----|
| 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. | 1 | | |
| 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). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. | 3a | | |
| 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. | 3b | | |
| 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. | 3с | | |
| 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. | 4a | | |
| 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. | 4b | | |
| 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. | 4c | | |
| 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 | 5a | | |
| | 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? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| 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 . | 9b | | |
| 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. | 9с | | |
| 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)? If 'Yes,' answer line 10b below. | 10a | | |
| 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.) | 1 0 b | | |

| 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing polarly of a supported organization? b A family member of a person described in line 11a above? 11a 11b 11c 11b 11 | Pa | rt IV Supporting Organizations (continued) | 1 | 1 | | |
|--|-----|--|---------|------|--|--|
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization. b A family member of a person described on line 11a above? c A 36% controlled withy of a person described on line 11a obove? 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 for regularly appoint or elect at least a majority of the organization's efficiency, activency, or trustees at all times during the tax year? If No. diseasches in Part VI how the supported normalization's officers, directors, or trustees at all times during the tax year? If No. diseasches in Part VI how the supported normalization's officers, directors, or trustees at all times during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organizations, and what controlled or remove difficers, directors, or trustees were allocated among the supporting Organization's and what controlled or remove difficers, directors, or trustees were allocated among the supported organization's and what controlled or remove difficers, directors, or trustees were allocated among the supported organization's and what controlled or remove difficers, directors, or trustees of each of the organization operate of displacation's properties of general of the supporting Organization's supported organization's properties of general of the supporting Organization's supported organization's properties organization of the supported organization's supported organization's supported organization's provided organization's povering documents in effect on the date on inclination, to the extent not previously provided? 2 Were any of the organization what was most recently fleed as of the date of notification, and (ii) copies of the organization may be a supported organization and the organization when the organization is the | 11 | Has the organization accepted a gift or contribution from any of the following persons? | Yes | No | | |
| b A family member of a person described on line 11 a above? c. A 35% controlled entity of a person described on line 11 a above? c. A 35% controlled entity of a person described on line 11 a or 11 b above? If '75s' to line 11a, 11b, or 11c, provide detail in Part VI. 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 apport or of select at least a majority of the organization's officers, directors, or fursities at all times during the tax year? If '10c' describe in Part VI have the organization's officers, directors, or fursities at all times during the tax year? If '10c' describe in Part VI have providing such benefit carried out the purposes of the supporting organization's activities. If the organization's activities were allocated among the supported organization's and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization's activities. If the organization's such powers during the tax year, and the operated, supervised, or controlled the supporting organization's activities. If the organization's such powers during the tax year often a majority of the organization's controlled the supporting organization's controlled the supporting organization's supported organization's vice in the organization and supported organization's invest | | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, | | | | |
| C A 35% controlled entity at a person described on line 11 or 11b above? If "Yes" to line 11a, 17b, or 17c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 officers acting in their official capacity, or membership of one or more supported organizations have the powers to apport and/organization or the organization's officers and what conditions or restrictions, if any, applied to such powers during the tax year? 2 Did the organization operate for the benefit of any supported organization of restrictions, if any, applied to such powers during the tax year. 3 Did the organization operate for the benefit of any supported organization? If Yes', explain in Part VI how providing such benefit carried out the purposes of the supported organization(s). If No. describe in Part VI how condition or management of the supporting Organization in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's efficers, directors, or trustees either (i) appointed or elected by the supported organization's provided organization's supported organization's supported organization's income or assets at all times during the support and organizatio | | | - | | | |
| Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their efficial 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 organization of the organization of the organization of the organization of the organization organization of products of the organization and more than one supported 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. 2 Did the organization operate for the benefit of any supported organization of the thing the tax year and one than one supported organization of the organization of the organization of the organization. Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or manager the supported organization of the programization was vested in the same persons that controlled or manager the supported organization of the organization was vested in the same persons that controlled or manager the supported organization or trustees of each of the organization was vested in the same persons that controlled or manager the supported organization or trustees of each of the organization was vested in the same persons that controlled or manager the supported organization or trustees of each of the organization supported organization organization organization supported organization organizati | | | | | | |
| 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 difficers, directors, or trustees at all times during the tax year? If No," describe in Part VI how the supported organization had more were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers user allocated among the supported organization and what conditions or restrictions, if any, applied to such powers user allocated among the supported organization and what conditions or restrictions, if any, applied to such powers user allocated among the supported organization and what conditions or restrictions, if any, applied to such powers user allocated among the supported organization and the supported organization or restrictions, if any, applied to such powers user allocated among the supported organizations or restrictions, if any, applied to such powers user allocated among the supported organizations or restrictions, if any, applied to such powers user allocated organizations or restrictions, if any, applied to such powers user allocated organizations or restrictions, if any, applied to such powers and the supported organizations or restrictions, if any, applied to such powers and the supported organizations or restrictions, if any, applied to such powers and the supported organizations or restrictions, if any, applied to such powers and applied to supported organizations or restrictions, if any, applied to such powers and applied organization powers of the supported organization and applied to supported organizations and applied to supported organizations, that the supported organization and the supported organizations and the supported organizations and the supported organizations and i | | - 100/0 contained only of a percent accompany on the critical accompany on the provide accompany of the percent accompany on the critical accompany of the percent accompan | : | | | |
| 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 requirely appoint or elect at least a majority of the organization's officers, directors, or frustees at all times during the tax year? If No.' describe in Part VI how the supported organization organization and the properties of the supported organization of the than the supported organization of the properties of | Sec | tion B. Type I Supporting Organizations | Vac | No | | |
| officers, directors, or frustees at all times during the tax year? If No,* describe in Part VI how the supported organization of properties of the organization and more than one supported organization persent organization and more than one supported organization and more than one supported organization secribe how the powers to appoint another remove officers, directors, or fusitees were allocated among the supported organizations and what conditions or restrictions, if any applied to such powers that operated, supervised, or controlled the supported organization of the than the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization. Section C. Type II Supporting Organizations 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 fine trustees and programization's supported organization's investment policies and in directing the use of the organizatio | 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one | res | NO | | |
| were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supporting organization benefit carried out the purposes of the supporting organization. 5 Section C. Type II Supporting Organizations 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). 5 Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization stax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most recently fleed as of the date of notification, and (iii) coppies of the organization's governing bocuments in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed organization is an interest of the organization is investment policies and in directing the use of the organizations have a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the organization is investment policies and in directing the use of the organizations have a significant voice in the | | 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more | | | | |
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| Pai | $\mathbf{r}_{\mathbf{t}}$ $\mathbf{v} = \mathbf{r}_{\mathbf{t}}$ \mathbf{v} in Non-Functionally integrated 509(a)(3) Supporting Orga | ınızat | ions | | | | |
|-----|--|---------|--|--------------------------------------|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | t on No | ov. 20, 1970 (explain ir st complete Sections A | n Part VI). See through E. | | | |
| Sec | Section A — Adjusted Net Income (A) Prior Year | | | | | | |
| 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 | | | | | |
| Sec | tion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | | | |
| a | Average monthly value of securities | 1a | | | | | |
| ŀ | Average monthly cash balances | 1b | | | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| • | 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 | | | | | |
| Sec | tion C — Distributable Amount | | | Current Year | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | grated | Type III supporting or | ganization | | | |

BAA Schedule A (Form 990) 2021

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti | inued) | |
|-----|---|--------|--------------|
| Sec | tion D - Distributions | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required — provide 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 organization is responsive (provide details | | |
| | in Part VI). See instructions. | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

BAA Schedule A (Form 990) 2021

Part VI

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

PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | | 2021 | 2020 | 2019 | 2018 | 2017 |
|-------------------|----|--------|----------|----------|----------|----------|
| | Ġ | 2 752 | | | | |
| TOTAL | \$ | 2,752. | \$ 0. | \$ 0. | \$ 0. | \$ 0. |

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

0001

Employer identification number

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

VERTUELAB 26-1652936 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Employer identification number

Name of organization **VERTUELAB** 26-1652936 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 1,173,333. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2_ **Payroll** 142,775. Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution Person 3_ **Payroll** 225,905. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person **Payroll** 159,060. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll**

(Complete Part II for noncash contributions.)

Noncash

Name of organization Employer identification number VERTUELAB 26-1652936 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|---|---|----------------------|
| | N/A | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | | | <u> </u> |

Schedule B (Form 990) (2021) Page 4 Name of organization Employer identification number VERTUELAB 26-1652936 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)...... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| | xy Tax) (See separate instruc Section 501(c)(4), (5), or (6) o | tions), then organizations: Complete Part III. | | | |
|----------------------|---|---|----------------------------|--|--|
| | of organization | | | Employer identific | ation number |
| VERTUELAB 26-1652936 | | | | | 36 |
| | | rganization is exempt under section | on 501(c) or is a s | | |
| 1 | Provide a description of the See instructions for definition | organization's direct and indirect political on of 'political campaign activities.' | ampaign activities in | Part IV. | |
| 2 | Political campaign activity ex | xpenditures. See instructions | | ▶ \$ | 5 |
| 3 | Volunteer hours for political | campaign activities. See instructions | | | |
| Pai | t I-B Complete if the or | rganization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ▶ ¢ | 0. |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955. | ▶\$ | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| ŀ | If 'Yes,' describe in Part IV. | | | | |
| Pai | t I-C Complete if the or | rganization is exempt under section | on 501(c), excep | t section 501(c)(3) | • |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt function | n activities▶\$ | 5 |
| 2 | | g organization's funds contributed to other | | | 5 |
| 3 | Total exempt function expen line 17b. | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | ▶¢ | 3 |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No |
| 5 | amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the all is received that were promptly and directly delal action committee (PAC). If additional spa | ivered to a separate po | olitical organization, such | ı as a separate |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule C (Form 990) 2021

| Schedule C (Form 990) 2021 | VERTUELAB | | | 26-165 | 2936 Page 2 |
|--|---|---|------------------------------|-------------------------------------|------------------------------------|
| Part II-A Complete if section 501(| the organization (h)). | is exempt under se | ction 501(c)(3) and | filed Form 5768 (e | lection under |
| A Check ► if the filing | g organization belongs | to an affiliated group (and | list in Part IV each affilia | ated group member's nam | ne, |
| | | share of excess lobbying | , , | | |
| B Check ► if the filing | ng organization check | ed box A and 'limited co | ntrol' provisions apply. | | |
| (The term | Limits on Lobbyin 'expenditures' means | g Expenditures s amounts paid or incur | red.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit | • | | | | |
| b Total lobbying expendite | - | | | 40,000. | |
| c Total lobbying expendit | | | | 40,000. | 0. |
| d Other exempt purpose | • | | | 1,843,081. | |
| e Total exempt purpose e | expenditures (add lines | s ic and id) | | 1,883,081. | 0. |
| f Lobbying nontaxable ar columns. | | unt from the following tal | | 244,154. | |
| If the amount on line 1e, col | ,,,,, | he lobbying nontaxable | amount is: | | |
| Not over \$500,000 | | % of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1 | | 00,000 plus 15% of the excess | | | |
| Over \$1,000,000 but not over \$ | | 75,000 plus 10% of the excess | | | |
| Over \$1,500,000 but not over \$ | | 25,000 plus 5% of the excess of | over \$1,500,000. | | |
| Over \$17,000,000 | | ,000,000. | | 61 000 | |
| g Grassroots nontaxable ah Subtract line 1g from line | | | | 61,039. | 0. |
| i Subtract line 1f from lin | | | | 0. | 0. |
| | | | | 0. | 0. |
| j If there is an amount other section 4911 tax for this | er than zero on either lir s year? | ne 1h or line 1i, did the org | ganization file Form 4/20 | reporting | Yes No |
| (Som | e organizations that i | Year Averaging Period l nade a section 501(h) el w. See the separate inst | ection do not have to o | complete all of the five rough 2f.) | |
| | Lobbyi | ng Expenditures During | 4-Year Averaging Peri | od | |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2 a Lobbying nontaxable amount | 233,073 | . 237,535. | 225,470. | 1,883,081. | 2,579,159. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 3,868,739. |
| c Total lobbying expenditures | | | | 40,000. | 40,000. |
| d Grassroots nontaxable amount | 58,268 | . 59,384. | 56,368. | 61,039. | 235,059. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 352,589. |
| f Grassroots lobbying expenditures | | | | | 0. |

Schedule C (Form 990) 2021 BAA

Schedule C (Form 990) 2021 VERTUELAB 26-1652936 Page **3**

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h))

| (election under Section 501(ii)). | | | | | | |
|--|------------------|-----------------|-----------------|---------------|-----|----|
| | (a | 1) | | (b) | | |
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | | Amou | nt | |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | | |
| a Volunteers? | | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | | |
| c Media advertisements? | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | |
| e Publications, or published or broadcast statements? | _ | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | _ | | | | | |
| i Other activities? | | | | | | |
| j Total. Add lines 1c through 1i. | | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | Υ | es | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | [| 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the | prior y | ear? | | 3 | | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) | (c)(5) Part I | , or s II-A, | ectio line 3 | n 501 , is | (c) | |
| answered 'Yes.' 1 Dues, assessments and similar amounts from members | | 1 | | | | |
| | | • | | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | | |
| a Current year. | | 2 a | | | | |
| b Carryover from last year. | | 2b | | | | |
| c Total | | 2 c | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 4 | | | | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | | 5 | | | | |

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

BAA Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VERTUELAB

Employer identification numb

26-1652936 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

| Part III Organizations Maintai | ining Colle | ections of | Art, Histor | ricai i reasures, | or Oti | ner Similar Asso | ets (contin | uea) |
|--|--|---------------|--------------------------|---------------------------------|-----------|--------------------------|---------------|----------|
| 3 Using the organization's acquisition items (check all that apply): | , accession, a | nd other reco | | , | | significant use of its | collection | |
| a Public exhibition | | (| d Loan o | r exchange program | n | | | |
| b Scholarly research | | (| e Other | | | | | |
| c Preservation for future generation | ations | | | | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collect | ions and expl | ain how they | further the organizati | ion's exe | mpt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | nan to be ma | intained as p | part of the or | ganization's collecti | ion? | | Yes | No |
| Part IV Escrow and Custodial line 9, or reported an a | amount on | Form 990 | nplete if the part X, li | ine 21. | answe | red 'Yes' on For | m 990, Pa | art IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodia | n or other in | termediary f | or contributions or o | other as | sets not included | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII a | and complete | the followin | g table: | | - | | |
| | | | | | | , | Amount | |
| c Beginning balance | | | | | | 1 c | | |
| d Additions during the year | | | | | | 1 d | | |
| e Distributions during the year | | | | | | 1 e | | |
| f Ending balance | | | | | | 1 f | | |
| 2a Did the organization include an a | mount on Fo | rm 990, Part | X, line 21, f | or escrow or custod | dial acco | ount liability? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. | Check here i | f the explana | ation has been prov | vided on | Part XIII | | |
| Part V Endowment Funds. C | omplete if | the organi | zation ans | swered 'Yes' on | Form | 990, Part IV, Iin | e 10. | |
| | (a) Current | year | (b) Prior year | (c) Two years h | back | (d) Three years back | (e) Four yea | ars back |
| 1 a Beginning of year balance | | | | | | | | |
| b Contributions | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | |
| d Grants or scholarships | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | |
| f Administrative expenses | | | | | | | | |
| g End of year balance | | | | | | | | |
| 2 Provide the estimated percentage | | nt year end | - | : 1g, column (a)) he | eld as: | | | |
| a Board designated or quasi-endowment | | | _% | | | | | |
| b Permanent endowment ► | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | | |
| c Term endowment ► | % | | | | | | | |
| The percentages on lines 2a, 2b, ar | | | | | | | | |
| 3a Are there endowment funds not in the organization by: | | | | | | | Yes | No |
| (i) Unrelated organizations | | | | | | | 3a(i) | |
| (ii) Related organizations | | | | | | | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the rela | - | | | | | | 3b | |
| 4 Describe in Part XIII the intended | | | 's endowmer | nt funds. | | | | |
| Part VI Land, Buildings, and I Complete if the organi | | | s' on Form | ı 990, Part IV, li | ine 11a | a. See Form 990 | D, Part X, I | line 10. |
| Description of property | | (a) Cost or o | other basis ment) | (b) Cost or other basis (other) | (0 | Accumulated depreciation | (d) Book | value |
| 1 a Land | | | | | | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | | | | | | | |
| d Equipment | | | | | | | | |
| e Other | | | | | | | | |
| Total. Add lines 1a through 1e. (Column | | qual Form 99 | 90, Part X, co | olumn (B), line 10c. | .) | | | 0. |
| BAA | | <u> </u> | , - | | - | | ıle D (Form 9 | |

Schedule D (Form 990) 2021

| Part VII | | - Other Securities. | | N/A | |
|--|--|--|--|---|-----------------------|
| | | | |), Part IV, line 11b. See Form | |
| (a) Desci | ription of security or cate | egory (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of-year market value |
| (1) Financi | ial derivatives | | | | |
| | held equity interes | ts | | | |
| (3) Other | | | | | |
| (A) (B) (C) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) (E) | | | | | |
| (<u>E</u>) | | | | | |
| (F) | | | | | |
| $\frac{(G)}{(H)}$ | | | | | |
| | | | | | |
| (l) | | 100. Part V. salumn (P) lina 12.) | | | |
| | | 90, Part X, column (B) line 12.) ► - Program Related. | | | |
| Part VIII | Complete if the | e organization answered | I 'Yes' on Form 990 |), Part IV, line 11c. See Form | 990, Part X, line 13. |
| | (a) Description of | | (b) Book value | (c) Method of valuation: Cost or en | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | 1 116 000 | | |
| | nn (b) must equal Form 9. Other Assets. | 90, Part X, column (B) line 13.) 🕨 | 1,446,993. N/A | | |
| Part IX | Complete if the | e organization answered | ۱ 'Yes' on Form 990 |), Part IV, line 11d. See Form | 990. Part X. line 15. |
| | | | scription | ,, , | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| <u>(4)</u> (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | | | | | |
| (10) | | | | | |
| (10) | | | B) line 15.) | | • |
| (10) | Other Liabilitie | es. | · · · · · · · · · · · · · · · · · · · | | |
| (10) Total. (Co | Other Liabilitie | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | le or 11f. See Form 990, Part X, line 2 | |
| (10) Total. (Co. Part X | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | · · · · · · · · · · · · · · · · · · · | | |
| (10) Total. (Co. Part X 1. (1) Fede | Other Liabilitie | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Feder (2) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Feder (2) (3) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4) (5) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4) (5) (6) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Fedee (2) (3) (4) (5) (6) (7) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Fedee (2) (3) (4) (5) (6) (7) (8) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F | form 990, Part IV, line 11 | | |
| (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) | Other Liabilitie Complete if the org | es. ganization answered 'Yes' on F (a) Descr | form 990, Part IV, line 11 iption of liability | le or 11f. See Form 990, Part X, line 2 | |
| (10) Total. (Co. Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Colum | Other Liabilitie Complete if the org ral income taxes an (b) must equal Form 9. | ganization answered 'Yes' on F (a) Descr | form 990, Part IV, line 11 iption of liability | le or 11f. See Form 990, Part X, line 2 | (b) Book value |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | | | | | | | | |
|--|---------|------------|--|--|--|--|--|--|--|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | | | | | | | | |
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 2,902,072. | | | | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | · · · | | | | | | | |
| a Net unrealized gains (losses) on investments | | | | | | | | | |
| b Donated services and use of facilities | | | | | | | | | |
| c Recoveries of prior year grants | | | | | | | | | |
| d Other (Describe in Part XIII.) | | | | | | | | | |
| e Add lines 2a through 2d. | 2 e | 74,985. | | | | | | | |
| 3 Subtract line 2e from line 1 | 3 | 2,827,087. | | | | | | | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | | | | | | | | |
| b Other (Describe in Part XIII.) | | | | | | | | | |
| c Add lines 4a and 4b. | 4 c | | | | | | | | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5 | 2,827,087. | | | | | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return |) . | | | | | | | |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | | | | | | | | |
| 1 Total expenses and losses per audited financial statements | 1 | 1 000 001 | | | | | | | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 1,883,081. | | | | | | | |
| Z 7 modities included on line 1 but not on 1 on 1 930, 1 drt 171, line 23. | | 1,883,081. | | | | | | | |
| a Donated services and use of facilities | | 1,883,081. | | | | | | | |
| | - | 1,883,081. | | | | | | | |
| a Donated services and use of facilities | - | 1,883,081. | | | | | | | |
| a Donated services and use of facilities 2 a b Prior year adjustments 2 b | - | 1,883,081. | | | | | | | |
| a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 c | 2 e | 1,883,081. | | | | | | | |
| a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) 2a 2b 2c d Other (Describe in Part XIII.) 2d | 2 e 3 | 1,883,081. | | | | | | | |
| a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. | | | | | | | | | |
| a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a | | | | | | | | | |
| a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b | 3 | | | | | | | | |
| a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b. | 3 4c | 1,883,081. | | | | | | | |
| a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b | 3 | | | | | | | | |

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2021

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Employer identification number 26-1652936 **VERTUELAB** Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section 1 (a) Name and address of organization (d) Amount of cash grant (f) Method of valuation (b) EIN (e) Amount of noncash (a) Description of (h) Purpose of grant (book, FMV, appraisal, noncash assistance or government assistance or assistance (1) GADUSOL LABS 750 SW C AVE APT 4 SCIENTIFIC CORVALLIS, OR 97333 82-0816257 0 5,200 RESEARCH **(2)** GYBE 311 SW 2ND AVENUE SCIENTIFIC CORVALLIS, OR 97333 RESEARCH 84-1956289 11,000 (3) SKIP TECHNOLOGIES 2113 SE 7TH AVENUE INTERNSHIP PORTLAND, OR 97214 GRANT 82-4612739 10,000 0 (4) ONBOARD DYNAMICS 62958 LAYTON AVENUE STE 2 INTERNSHIP BEND, OR 97701 88-1171957 10,000 0. GRANT (5) OSHERU 1901 NW RIVERMIST DRIVE SCIENTIFIC BEND, OR 97703 0 7,152 RESEARCH 93-1646457 (6)

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
- 3 Enter total number of other organizations listed in the line 1 table.

0

5

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| 3 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

A DESCRIPTION OF THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IS AS FOLLOWS:

VERTUELAB EXECUTES A STATEMENT OF WORK (SOW) FOR EACH GRANT. THE SOW REQUIRES THE PRIMARY INVESTIGATOR (PI) TO SUBMIT PROGRESS AND FINAL REPORTS ON THE PROJECT. THESE REPORTS DESCRIBE PROGRESS TO DATE (OR UPON CONCLUSION OF THE PROJECT), SIGNIFICANT RESULTS AS WELL AS ANY SIGNIFICANT OBSTACLES.

BAA Schedule I (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization

VERTUELAB

Employer identification number
26-1652936

| Par | TI Questions Regarding Compensation | | | | |
|-----|--|--|----------|-----|-----|
| | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant | following to or for a person listed on Form 990, tinformation regarding these items. | Part | | |
| | First-class or charter travel | Housing allowance or residence for person | al use | | |
| | Travel for companions | Payments for business use of personal res | idence | | |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (such as maid, chauffeui | r, chef) | | |
| | | | | | |
| b | o If any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described a | | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re | | | | |
| 3 | Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but expenses the compensation of the CEO/Executive Director. | s for methods used by a related organization | ı to | | |
| | Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | | | |
| | X Form 990 of other organizations | Approval by the board or compensation co | mmittee | | |
| | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, 3 organization or a related organization: | ection A, line 1a, with respect to the filing | | | |
| а | ${\bf a}$ Receive a severance payment or change-of-control payment? | | 4a | | Χ |
| | Participate in or receive payment from a supplemental nonque | · | | | Χ |
| С | Participate in or receive payment from an equity-based compe | _ | 4c | | Χ |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the a | olicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations | nust complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of: | organization pay or accrue any compensation | | | |
| а | The organization? | | 5 a | | Χ |
| b | Any related organization? | | 5 b | | Χ |
| | If 'Yes' on line 5a or 5b, describe in Part III. | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did th contingent on the net earnings of: | organization pay or accrue any compensation | | | |
| а | The organization? | | 6а | | Χ |
| b | Any related organization? | | 6 b | | Χ |
| | If 'Yes' on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, c payments not described on lines 5 and 6? If 'Yes,' describe in | the organization provide any nonfixed | | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accounts | ued pursuant to a contract that was subject | | | |
| • | to the initial contract exception described in Regulations section | 53.4958-4(a)(3)? | | | 3.7 |
| | If 'Yes,' describe in Part III | | | | X |
| 9 | If 'Yes' on line 8, did the organization also follow the rebuttable presention 53 (1958, 6(c))? | umption procedure described in Regulations | | | |

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

Schedule J (Form 990) 2021

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.

Page 2

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.

| | | (B) Breakdown of W-2 a | nd/or 1099-MISC and/o | r 1099-NEC compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation | |
|--------------------|-------------|------------------------|---|-------------------------------------|---|--------------------------------|-------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | benefits | columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| DAVID KENNEY | (i) | 208,357. | 0. | 0. | 8,348. | 5,733. | 222,438. | 0. |
| | (ii) | 0. | 0. | | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | 1 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | L | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | _ |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | _ |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | † | | | 1 |
| | (i) | | | | | | | |
| | (ii) | | | | | | t | 1 |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | T | 1 |
| DAA | | | TEE \(\lambda \) 10/2 | 7/01 | • | • | داد المحماد C | I (Farm 000) 2021 |

BAA TEEA4102L 10/27/21 Schedule J (Form 990) 2021

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.

BAA Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VERTUELAB

Employer identification number

26-1652936

FORM 990. PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

VERTUELAB IMPACT SUMMIT: AS PART OF ITS ENVIRONMENTAL AND SOCIAL IMPACT ACTIVITY,

VERTUELAB HOSTS FUEL, AN ANNUAL SUMMIT THAT BRINGS TOGETHER COMMUNITY OF

FUTURE-FOCUSED LEADERS, INNOVATORSS, ENTREPENEURS, AND INVESTORS TO CATALYZE

SOLUTION FOR CLIMATE CHANGE.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

SOME OF VERTUELAB'S BOARD MEMBERS MAY HAVE BUSINESS DEALINGS WITH ONE ANOTHER.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE OF THE BOARD, AND MADE AVAILABLE TO ENTIRE BOARD TO REVIEW PRIOR TO FILING.

FORM 990, PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THEIR TERM. THE POLICY REQUIRES THEM TO DISCLOSE ANY CONFLICT OF INTEREST. BOARD MEMBERS COMPLETE AN ANNUAL DISCLOSURE FORM THAT LISTS EMPLOYER AND ANY KNOWN CONFLICTS. BOARD MEETING AGENDAS INCLUDE A NOTE REMINDING BOARD MEMBERS TO DISCLOSE POTENTIAL CONFLICTS

FORM 990, PART VI. LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD REVIEWS COMPENSATION OF EXECUTIVE DIRECTOR AND SEEKS COMPARABILITY DATA.

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

REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE FURNISHED UPON REQUEST AT THE OFFICES OF VERTUELAB.

| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|
| VERTUELAB | 26-1652936 |

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

| | | | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) FUND- |
|--------------|------|---------|-------------|----------------|-------------------|--------------|
| | | - | TOTAL | SERVICES | & GENERAL | RAISING |
| PROFESSIONAL | FEES | | 232,511. | 180,495. | 52,016. | |
| | | TOTAL S | \$ 232,511. | \$ 180,495. | \$ 52,016. | \$ 0. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **VERTUELAB** 26-1652936

| (a) Name, address, and EIN (if applicable) of disregarded entity | | | | (c) Legal domicile (state or foreign country) | | (d) Total income | | (e) End-of-year assets | | (f) Direct controlling entity | | olling |
|---|------------------------------|---|-------------------------|---|--------------------------|----------------------------|--|---------------------------|-------------------------|-------------------------------|-----------------------|----------------------|
| (1) CLIMATE IMPACT FUND I | | DEPLOY CA | | | | | | | | | | |
| P.O. BOX 212 | | | | | | | | | | | | |
| <u>PORTLAND, OR 97207</u> 26-1652936 | | TECHNOI STARTI | | |)R | | 0. | | 0. | | N/A | |
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| Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized to the control of | ganizati anization | I ons. Complete is during the ta | if the orgax year. | l janization | answere | l d 'Yes | on Form 99 | 0, Part | IV, line 34, | becau | se it | |
| (a) Name, address, and EIN of related organization | Prim | (b) pary activity | Legal dom or foreign | icile (state country) | (d) Exempt section | Code | (e) Public charity (if section 501 | status (c)(3)) | Direct contro entity | olling | Sec 512 controlled | (b)(13) d entity? |
| | | | | | | | | | | | Yes | No |
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| 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. | , |
|----------|---|---|
| | because it had one of more related organizations treated as a partnership during the tax year. | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | Dispropor- tionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti |) ral or aging ner? | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------|--|---------------------------------|--|-----------------------------------|----|---------------------------------------|-----|---|-----------------------|------------------------------|--------------------------------|
| | | country) | | 512-514) | | | Yes | No | 1065) | Yes | No | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? | |
|--|--------------------------------|---|--|---|--|--|--------------------------------|---|----|
| | | country) | entity | or trust) | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

| | Makes Commission 1 if any antity is listed in Dayle II. III. as IV of this pelectula | | Yes | No | | | | |
|---|--|---------|--------|------|--|--|--|--|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | | | | |
| ١. | 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? | 1 - | | 3.7 | | | | |
| | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | 1 a | | X | | | | |
| | Gift, grant, or capital contribution to related organization(s) | 1 b | | X | | | | |
| | Gift, grant, or capital contribution from related organization(s). | 1 c | | X | | | | |
| | Loans or loan guarantees to or for related organization(s). | 1 d | | X | | | | |
| • | Loans or loan guarantees by related organization(s) | 1 e | | X | | | | |
| | | | | | | | | |
| | Dividends from related organization(s) | 1 f | | X | | | | |
| • | g Sale of assets to related organization(s) | 1 g | | X | | | | |
| | Purchase of assets from related organization(s) | 1 h | | Χ | | | | |
| | Exchange of assets with related organization(s) | 1i | | Χ | | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X | | | | |
| | | | | | | | | |
| ŀ | C Lease of facilities, equipment, or other assets from related organization(s) | 1 k | | X | | | | |
| ı | Performance of services or membership or fundraising solicitations for related organization(s). | 11 | | Χ | | | | |
| r | n Performance of services or membership or fundraising solicitations by related organization(s) | 1 m | | Х | | | | |
| r | 1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1 n | | Х | | | | |
| (| Sharing of paid employees with related organization(s) | 1 o | | Χ | | | | |
| | | | | | | | | |
| r | Reimbursement paid to related organization(s) for expenses | 1 p | | Х | | | | |
| • | Reimbursement paid by related organization(s) for expenses. | 1 q | | X | | | | |
| | | - | | | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | Х | | | | |
| | s Other transfer of cash or property from related organization(s) | 1s | | X | | | | |
| 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. | | | Λ | | | | |
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| ΑΑ | TEFA5003I 09/21/21 Schedule R | (Form | າ 990) | 2021 | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unre- lated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | | (k) Percentage ownership |
|--------------------------------------|-------------------------|---|---|---|----|---------------------------------|--|-----------------------------------|----|---|------------------------------|----|---------------------------------------|
| | | | from tax under sections 512-514) | Yes | No | • | | Yes | No | (1 01111 1 0 0 0) | Yes | No | - |
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Part VII Supplemental Information

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